

A Guide for Medical Examiners and Coroners

Best Practices for Talking to Media About Suicide

The following best practices were developed by SAVE, informed by an advisory board of Medical Examiners and Coroners, and endorsed by the National Association of State Mental Health Program Directors (NASMHPD).

About This Guide

Medical Examiners and Coroners oversee medicolegal death investigations, perform postmortem examinations, and certify cause and manner of death (NIST). This guide is intended to help Medical Examiners and Coroners (ME/Cs) communicate to the media about suicide death. Before using the best practices, ME/Cs should ensure that any communications with the media are done in compliance with state law or their employer's governing policies and procedures.

Best Practices

◆ Inform media personnel about suicide contagion

One of the first things Medical Examiners (MEs) and Coroners can do when they talk to the media is to address the issue of contagion right away. Tell members of the media what suicide contagion is, and stress that they have a professional responsibility to help minimize the risk of further suicide deaths. Be sure to have hard copies available and/or inform media of the Reporting on Suicide Recommendations (<http://reportingonsuicide.org/>).

What is suicide contagion?

(1) An infection; (2) Psychiatry: Risk of suicide linked to exposure to suicidal behavior in family, peer group or media. Segen's Medical Dictionary. © 2012 Farlex, Inc.

Suicide contagion occurs when messages, often from the media, result in copycat suicides, or even a suicide cluster. A suicide cluster is defined as an unexpected increase in the number of suicides occurring within a short timeframe in a geographical area, or among a peer, interest, or other associative cohort—e.g., social media networks.

Research shows that the risk of other suicides increases when there is extensive media coverage of a suicide that includes details on the method, graphic images, dramatic headlines, or when coverage sensationalizes or glamorizes suicide or the decedent.



Contagion Research

Niederkrotenthaler et al. (2012), in a comprehensive meta-analysis of 10 studies containing data on 98 celebrity deaths due to suicide, found a corresponding increase in suicides in the general population.

The majority of studies on media reporting on suicidal behaviors supports that media reporting and suicidal behavior are associated. Merike & Värnik (2012).

"Data clearly show that exposure to suicidal behavior (ideation and attempts), or a fatality, raises the risk of subsequent suicide in people who have been exposed" (Survivors of Suicide Loss Task Force 2015).

"Mental health services are critical for people showing signs of suicidal thoughts or behavior, but we must go beyond this to address the broader community, and societal issues contributing to suicide."

-Debra Houry, Director, CDC's National Center for Injury Prevention and Control and Paolo del Vecchio, MSW, Director of SAMHSA's Center for Mental Health Services

◆ Be prepared for media to contact you

- ✓ Have a **media plan** in place that includes the following information: who will do a presentation; when, where, and what will be shared; a back-up plan if the original plan isn't possible.
- ✓ Talk to family or survivors before speaking to the media.
- ✓ Prepare a 5-10 second soundbite before meeting with media. If you know the angle they will take with the story, develop your soundbite accordingly.
- ✓ Speak normally. Use terms that are understandable to most people.
- ✓ Put away confidential documents. Be mindful of your surroundings if reporters are videotaping in your office.
- ✓ Avoid stating information, data, or research that you are not sure about.
- ✓ Ask reporters to include crisis resources and the warning signs of suicide in their work. Have these ready to email, or hand them to the reporters.



◆ Steer the conversation from crime to public health

MEs and Coroners should explain to media that suicide is a public health issue and not a crime. Stress that we take a public health approach to suicide prevention for the following reasons:

- Public health focuses on primary prevention—stopping suicidal behavior before it occurs—and addresses a broad range of risk and protective factors.
- A public health approach mandates a strong commitment to increasing our understanding of suicide prevention through science, so that we can develop new and better solutions.
- Public health values multi-disciplinary collaboration, which brings together many different perspectives and experiences to enrich and strengthen solutions that will fit the needs of diverse communities.
- Suicide is not illegal, and presenting it as a crime exacerbates societal stigma and negative stereotypes of suicide and mental health struggles.

◆ Request that media include resources in the story

Provide the media with sample text of crisis resources. For example:

"If you or someone you know may be experiencing suicidal thoughts, call the National Suicide Prevention Lifeline at 1-800-273-8255 or text "Hello" to 741741 to talk with a trained helper at the Crisis Text Line."

◆ Explain the complexities of suicide

MEs and Coroners should acknowledge contributing factors, including natural disease or medication, when such factors are present. Avoid oversimplifying contributing factors, or trying to pinpoint a single reason or cause for suicide. Explain to the media that suicide is complex, and that there are almost always multiple causes, including psychiatric illnesses that may not have been recognized or treated.

◆ Seek basic media training

It's best to be prepared for handling inquiries related to a suicide death, especially if the death becomes a high-profile story in your community. Some basic skills and training can help MEs and Coroners establish a good relationship with the press, helping you minimizing the risk of being misquoted, ensuring the use of appropriate language in the story, and developing a soundbite—which is the one thing most reporters are looking for. For information on media training for suicide-prevention professionals, contact SAVE.org.

◆ Avoid presenting suicide as common or acceptable

Emphasize that suicide is not a normal reaction to common mental health issues or daily stressors, and emphasize that prevention and recovery are both possible.

◆ Avoid sharing suicide method or location

Follow your local jurisdiction's laws and regulations on what must be released publicly, and whenever possible only state that the person died by suicide and leave it at that.

◆ Avoid sharing personal details of the deceased

If you are privy to personal details about the person who died by suicide, avoid sharing such details with the media. Individuals who may already be struggling with suicidal thoughts may identify with or connect with the person in a story, and may then be at increased risk of copycat suicide. Only include details that may help put the suicide into context, like observed warning signs, previous suicide attempts or threats, or relevant mental health issues or substance abuse problems.

◆ Do not share the content of a suicide note

You can share that a note was found, but exclude further details.

◆ Use reliable data

If you share data with the media, be sure to use current statistics from a reliable source like the Centers for Disease Control (CDC). Some recent stats include:

- Each year there are more than 47,000 suicides in the US – an average of about 129 every day.
- In addition to these deaths, every year some 1.1.-1.3 million adults attempt suicide.
- More than 500,000 people are treated in U.S. emergency departments for nonfatal, self-inflicted injuries.
- Suicide is the tenth leading category of death in the United States.



◆ Know how to respond to high profile cases

High profile cases (e.g. celebrity suicides, suicides in public places) generate media and public interest. There is an increased risk of copycat suicides in the 14-17 days following the initial reporting of the suicide. There was an excess of approximately 1,841 suicides in the United States in the four months after the death of Robin Williams compared to what would be expected for that time period. Researchers found a rapid increase in suicides in August 2014 that paralleled the time and the method of Williams' death. There was a dramatic increase in media reports on suicide in general and Robin Williams' suicide specifically during this same period. (Fink DS, Santaella-Tenorio J, Keyes KM (2018) Increase in suicides the months after the death of Robin Williams in the US. *PLoS ONE* 13(2): e0191405. <https://doi.org/10.1371/journal.pone.0191405>)

When talking to the media about a high profile case, consider taking the following steps:

- ✓ Schedule a press conference when all interested media can attend at one time. This helps you control the situation and provide one consistent message to the media.
- ✓ Prepare a press release or statement to address the repeated questions that you have received. Ensure your responses follow your local jurisdiction's required release of information and have someone read it prior to your making the statement.
- ✓ Minimize the details of the mechanism of death as much as possible. For example, in a death by hanging, it is not necessary to state that "the body was found hanging from the shower rod in the master bathroom of the home."
- ✓ Make sure you have talked with the family prior to your release of any statement or your holding a press conference.
- ✓ Do not speculate on things that are unknown at the time of the statement/press conference regardless of how many times reporters ask you to.
- ✓ Always include a statement about the preventability of suicide, the availability of treatment, and resources people can turn to in times of crisis.