

## **Media, New Media, Safe Messaging and Suicide Prevention**

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We live in a digital age where stories, pictures and videos can be transmitted worldwide in a matter of seconds. This reality presents unique challenges for suicide prevention efforts. Research indicates that providing suicide prevention training or asking someone at risk if they are suicidal does not increase their risk for suicide. However, research does show that how the media and entertainment industry depict suicide can increase risk for suicide. As a result, promoting "safe messaging" is an important component of suicide prevention efforts and working with media is included as part of the National Strategy For Suicide Prevention as well as the NH Suicide Prevention State Plan.

At the heart of this issue is the phenomenon of suicide contagion. Contagion is when exposure to a suicide death or suicidal behavior influences others (who may already be at risk) to take their life. More research needs to be done about contagion, however we do know it is relatively rare, and we know young people are more prone to contagion. Related to this issue is the fact that having known someone who dies by suicide is itself a risk factor for suicide.

Thus *how* media reports on suicide is very important. Specifically, research finds suicide by readers or viewers may increase when:

- The number of stories about individual suicides increases.
- Graphic details of a suicide death are portrayed
- A particular death is reported at length or in many stories.
- The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast.
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By contrast media can play an important role in suicide prevention efforts. Stories which increase awareness of the warning signs for suicide and provide information on local suicide prevention resources and the National Suicide Prevention Lifeline 1-800 273-8255 are helpful. Also focusing on the fact that mental illness and substance use disorders can be effectively treated encourages people who may be at risk to get help. Toward that end, the US Center For Disease Control and other organizations have issued recommendations for the media for reporting on suicide. These recommendations are available at:

[http://www.sprc.org/library/at\\_a\\_glance.pdf](http://www.sprc.org/library/at_a_glance.pdf). In NH, the Suicide Prevention Council Media and Communications Committee regularly works to encourage local media following the recommendations. As part of this effort, they also do presentations to Journalism students at UNH and Keene state.

Safe messaging is not just for the media. Training people who talk to the media about suicide, like law enforcement, or family members who have lost a loved one to suicide or for public awareness campaigns are an important aspect of reducing risk and preventing suicide. Like the media recommendations, safe messaging recommendations encourage avoiding graphic details about the death and encouraging help seeking and prevention efforts. Safe messaging recommendations can be found here

<http://www.sprc.org/library/SafeMessagingfinal.pdf>.

There are similar recommendations for the entertainment industry to guide how they portray suicide. The recent live television performance of Lady Gaga graphically enacting her own suicide is a classic example of an irresponsible and dangerous depiction particularly given her celebrity status and enormous popularity among young people.

Which brings us to the challenges of new media, while ten years ago these depictions would have been hit or miss (you saw it when it was broadcast or you didn't) they are now available online 24/7. Links posted on social networking sites like MySpace, Facebook and Twitter can further promote "viral" dissemination of this type of information.

New media presents challenges for schools, colleges and even workplaces. For instance following a suicide death or serious attempt, information and often misinformation travels at lightning speed via text messaging, email and social networking sites. Postings may inadvertently glorify the person or the act thus increasing risk for contagion. It is essential for counselors or social workers working in these settings to have developed response plans in place so they may respond quickly and effectively to reduce further risk. We need to develop new norms and ethical guidelines for online communication such as when would it be appropriate to identify and monitor postings of a client or student at risk? Or under what circumstances would it be ok to post warning signs and hotline information on the social networking page of an individual who died by suicide as a way of reducing risk for family and friends?

With new media we need to promote the concept of digital citizenship. Users of social networking sites need to recognize certain types of postings as warning signs for suicide and get the person help. Website administrators also need to recognize their role in identifying and facilitating help for users at risk. Tragic examples of where this broke down such as the young man who broadcast his suicide on a web cam while hundreds watched with no one calling police for hours, or when cyber bullying, which occurred openly on social networking sites, resulted in a suicide inform the need for education and public awareness regarding suicide prevention, intervention and postvention efforts.

Studies show that 8 out of 10 internet users go on line for health information. While this can be a great benefit there is a darker side which social workers and counselors need to recognize. There are a plethora of internet sites which give detailed instructions on how to kill yourself and some sites even offer live chat rooms where visitors are advised on methods and encouraged to act on their suicidal thoughts. When social workers are assessing risk with an individual and asking whether they have a plan or have sought out means, they may also want to ask if the person has ever looked up websites on how to die by suicide.

We often hear of the importance of reducing stigma as an essential aspect of suicide prevention efforts. However often left out of these discussions is that there is positive stigma and negative stigma. Negative stigma is what prevents people from asking for help and is the type of stigma which we want to eliminate. Positive stigma is what prevents people from acting on suicidal thoughts. An example of positive stigma would be an individual who reports they have been having thoughts of killing themselves but resist these thoughts because they believe suicide is a sin – it would not be a good idea to for a therapist to talk with the person about god being all forgiving! Unfortunately differentiating between positive and negative stigma can be difficult and is an area where more research is needed.

Lastly, it is important to think about our use of language. For obvious reasons we should not use the terms successful and unsuccessful and instead should use the terms “lethal” and “non lethal” to differentiate between a suicide death and a suicide attempt. Many people who have lost a loved one to suicide also object to the term committed as it often connotes a negative act and it belies the ambivalence between living and dying that research shows is present even when people make highly lethal attempts.

*It is everyone's responsibility to prevent suicide.* Warning signs include: talking about death or dying, isolation, anger/rage, hopelessness, increased use of alcohol or other drugs and mood changes. If you are worried about someone you think is at risk of suicide call the National Suicide Prevention Lifeline 1-800-273-TALK (8255).

This is the eleventh in a series of articles for the NH NASW newsletter on suicide prevention. Series articles include: Suicide Prevention: A Public Health Issue, Suicide Prevention Efforts in NH, Survivors of Suicide, Restricting Access to Lethal Means, Suicide Prevention and Veterans, No Harm Contracts, Suicide and Older Adults, Suicide Risk in Lesbian, Gay and Transgender Youth, Clinicians as Survivors, and Suicide and the Economy. These articles can be viewed in the Newsroom/Articles section of the Connect website at [www.theconnectproject.org](http://www.theconnectproject.org). Ken Norton is the Director of NAMI NH's Connect Suicide Prevention Project and can be reached at (603) 225-5359 or [knorton@naminh.org](mailto:knorton@naminh.org).

