

Research recommends refining the way media reports suicide

July 2 2024, by Clare McKay



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It is time to use more precise terminology and change the way stories on mental illness and suicide are framed, according to research by the University of the Sunshine Coast that offers a new global framework for

media.

UniSC Lecturer in Journalism and Communications Dr. Jane Stephens said these included recommendations that journalists used the terms "died by suicide" instead of "[committed suicide](#)" and "'mental illness'" not "mental health."

Dr. Stephens said the research, [published](#) recently in the *Pacific Journalism Review: Te Koako*, showed how reframed or renewed word choices could remove the language of blame, normalize distress and promote healthy coping strategies

"This study considered the current suicide statistics 25 years after the implementation of national Mindframe media guidelines as a strategy for promoting responsible, safe and accurate reporting of suicide and mental illness in the media in Australia and found little change," Dr. Stephens said.

"More people die by suicide than on our roads. The toll is devastating, when you consider that each of these deaths is viewed by health experts as preventable. The current approach for [media coverage](#) is centered on keeping a person 'safe' but not healthy or well."

Key language recommendations

Dr. Stephens said the new framework added another layer by including 13 recommendations, with examples, centered on informing media how to use language that helped people feel cared about, connected and informed.

"We know that media of all types influence a community's knowledge and perceptions, so the way suicide is talked about is important. Words really do matter," she said.

"For example, the term mental health is used to encompass everything from unpleasant emotions, distress, overwhelming distress and mental illness—with a meaning so broad as to become meaningless."

Social media is adding to the challenge. Dr. Stephens said its influence was largely under-researched, despite its broad reach, essentially unregulated content, and the explicit and directive nature of the accessible material.

"Using precise terminology that does not stigmatize mental illness, and by helping people better understand emotions and coping, journalists can refine their stories and contribute positively to [suicide prevention](#) and community health and well-being," she said.

The evidence-based recommendations, developed with research partner and clinical psychologist Dr. Helen Stallman, include advice for journalists to consider if "mental illness" or "death by suicide" needs to be included in a story—or if it is being used sensationally to increase readership.

"If it was a different illness, such as pancreatitis, or a different cause of death, for example a heart attack, would it still be a story? Would the information be relevant?" Dr. Stephens said.

Naming the mental illnesses is also recommended.

"If the person provides permission, use the actual name of the illness, for example Major Depressive Disorder, not depression. Respect the medical privacy of the person if they do not want an illness disclosed," she said.

"Avoid derogatory terms such as 'crazy' when describing a person who has committed a crime or done something unconscionable. People with

mental illness are more likely to be the victims of violence than perpetrators," she said.

Dr. Stephens said small differences can have a big ripple effect. "I hope that media would be open to adapting their practice, even in small ways."

Other recommendations include:

- Do not turn the cause of death into a verb, such as "suicided" or adding stigmatizing verbs such as "committed suicide"
- Avoid including specific details about the method used and the place of death.
- Avoid stigma and preserve medical privacy, use the single word "illness" to describe any physical or mental illness where the actual illness is not the topic of the conversation
- For unpleasant emotions, use non-pathologizing words such as sad, worried, scared or disappointed
- Avoid "suicidal" to describe a person and instead use "had thoughts of suicide" or "attempted suicide" to accurately convey behavior.

More information: Elizabeth Jane Stephens et al, When safe is not enough: an exploration of improving guidelines on reporting mental illness and suicide, *Pacific Journalism Review: Te Koakoa* (2024). [DOI: 10.24135/pjr.v30i1.1275](https://doi.org/10.24135/pjr.v30i1.1275)

Provided by University of the Sunshine Coast

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