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Suicide: A Media Resource Book

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Media contacts
this resource book, we hope you will find the information contained within.

If your media organization does not already have a policy on or set of
criteria for reporting on suicide, we hope that this resource book

written message to balance the story.

more information Suicide risk.

1179). These studies showed how much publicity can be used.

(McDermott, 1983; Dilber, 1986; Coli & Stieger, 1986; Phillips).

Any amount can be reduced in the immediate, especially those that are

introduced after news reports about suicide, as shown.

Ehlers. Several studies show that the use of suicidal behavior

There is also some concern about the potential effect of images that

may have a positive influence on those people at risk of suicide.

If it is not our intent to direct the media on how to report on

issue of suicide.

resources about reporting on suicide, this resource book is intended to provide this and other

also put forward explanations for suicide deaths.

and community health specialists, we see both good trends, such as

each year, community service agencies receive hundreds of

AND THE MEDIA

Suicide Prevention

A Coordinated Effort: RISP

The Oklahoma Regional Integrated Suicide Prevention

program is sponsored by the Oklahoma Mental Health Department.

RISP is made up of key community leaders from such organizations

Oklahoma Mental Health.

prevent the occurrence of suicide in all age groups.

(OKRISP) Community was formed in early 1990 to manage efforts to

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Suicide is becoming an increasing concern in Ottawa-Carleton. In 1989, Ottawa-Carleton’s suicide rate was 13 deaths per 100,000 population. The chart below and the list next page describe the provincial average of 11.9 per 100,000 (see 1989, Ottawa-Carleton’s suicide rate was 13 deaths per 100,000). Suicide is becoming an increasing concern in Ottawa-Carleton. In 1989, Ottawa-Carleton’s suicide rate was 13 deaths per 100,000 population. The chart below and the list next page describe the provincial average of 11.9 per 100,000 (see 1989, Ottawa-Carleton’s suicide rate was 13 deaths per 100,000). Suicide is becoming an increasing concern in Ottawa-Carleton. In

Suicide Rates per 100,000 (1986-1989
Ottawa-Carleton and Ontario)

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Suicide

GENERAL FACTS ABOUT

Suicide in Canada

- More than 3,000 Canadians kill themselves each year.
- Suicide was first recognized as a major public health problem in Canada.
- National suicide rate is 14 per 100,000 people.

In Ontario, Canada, as in all North American communities, the

Factors:
- Women are more often unemotional and unfulfilled.
- Women find suicide more often as a means of survival than men.
- Women, including the use of guns, are more likely to use lethal means of committing suicide than men.
- This is partly because men tend to use more lethal means of suicide.
- The risk is considered higher than for females (see chart below).

Suicide rates for males is 18 per 100,000, and for females is 12 per 100,000.

Factors:
- People planning to commit suicide often communicate their plans, and are the same age, sex, and race.
- Complex factors contribute to the person who has similar stresses.
- Suicide can occur in children within a local area, in an international or global context.
- Suicide rates are higher in the spring and fall.

When does suicide occur?

Suicide rates are highest in the spring and fall.

Attempt

It is estimated that for every completed suicide, there are up to 100

1981 to 1989
Male & Female Suicide Rates/100,000
Ontario-Carleton
Suicide Ideation: Where there is a pattern of thoughts, but not implemented.

Suicide Plans: Where there is a specific plan developed, no intent to die.

Suicide Attempts: Where there is an attempt with little or no intent to die.

Suicide Behaviors: Where there is a clear death intent.

Suicide: A suicide attempt or completed suicide.

About Suicide:

Suicide attempts have been found to experience stress-related mental health problems more than individuals who have not attempted suicide.

Mental health problems that people who commit suicide are more likely to experience include:

- Physical illnesses that exist between psychiatric illnesses and physical health issues
- Injuries to family and emotional abuse, social stress, living and travel
- Problems with depression, alcohol abuse, loneliness, and suicide
- Stressful life events or recent death of a family member
- Social factors: stressful conditions, social mobility, and social isolation
- Increased in the workplace, school, and in the community

Suicide Attempts:

- About 90% of people who attempt suicide have had previous suicide attempts.
- About 70% of people who attempt suicide have had a mental illness prior to their attempt.
- About 50% of people who attempt suicide have had a mental illness prior to their attempt.
- About 20% of people who attempt suicide have had a mental illness prior to their attempt.
- About 10% of people who attempt suicide have had a mental illness prior to their attempt.
- About 5% of people who attempt suicide have had a mental illness prior to their attempt.
- About 2% of people who attempt suicide have had a mental illness prior to their attempt.
- About 1% of people who attempt suicide have had a mental illness prior to their attempt.
- About 0.5% of people who attempt suicide have had a mental illness prior to their attempt.

Why do people commit suicide?

- People who have experienced a loss or trauma.
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have a positive or negative effect on your audience.

As the following examples will illustrate, choices of wording can
police and prevent suicide message about suicide whenever possible.

We also recommend that the media use emotionally charged phrases a
may use it if they feel it or if they know of someone else.

In the past, public health information the reader/viewer/listener
must be possible reflect effect a suicide story may have by public-

Instead, suicide prevention experts recommend that the media use

Because of the news value of some suicide stories

Story would be desirable, we realize that this is not always possible

Because of phrases, Although we feel that "completing suicide"

Teen kills himself to avoid jail sentence, or "boy kills himself"

Death, or give simple cause-effect reasons for suicide, such as

It is wise to avoid reporting the specific details about the method of

It was a symbolic protest of some perceived wrong

Other people were somewhat affected by the event

Vicar was prominent

Report the

Many organizations agree that suicide should only be

well as educate and inform the public about the subject. Many local

choices of suicide prevention offers on objective yet persuasive messages, as

As suicide prevention professionals, we differ from media coverage

RECOMMENDATIONS

USE PHRASES LIKE...

AVOID PHRASES LIKE...

Media

13
WARNING SIGNS OF SUICIDE

When someone you know does any of the following, they may be exhibiting suicidal behavior:

- Seeks drugged or alcohol-free environment
- Appears depressed and sad
- Shows sudden changes in behavior, appearance, mood
- Talks about wanting to die, making suicide plans

If someone you know does any of the following, they may be exhibiting suicidal behavior:

- If missed
- Hard to notice; you know what to look for; these signs can be easy

People who commit suicide have given warning signs before.

In the case of electronic media, we feel that even a brief mention of suicide may sufficiently raise the concern and put those at risk for suicide in the best possible light.

We believe that the best possible treatment of the suicide issue must be printed or broadcast as part of the discussion with a mission to promote or broadcast as part of the discussion with a mission to promote awareness of the problem. We recommend that some of this material

If signs of suicide, how to help: who to call, and methods of suicide intervention.

On the following pages, we have included information on the symptoms

Suicide prevention experts believe it is important to provide

FOR REPRINT/BROADCAST
SUGGESTED MATERIAL
### Myths and Facts About Suicide

#### Myth 1

Contrary to popular belief, the problems are not in the minds of those who have attempted suicide and those who have tried to kill themselves. People who have attempted suicide are not usually people who have had previous suicide attempts.

#### Myth 2

Contrary to popular belief, the problems are not in the minds of those who have attempted suicide and those who have tried to kill themselves. People who have attempted suicide are not usually people who have had previous suicide attempts.

#### Myth 3

Contrary to popular belief, the problems are not in the minds of those who have attempted suicide and those who have tried to kill themselves. People who have attempted suicide are not usually people who have had previous suicide attempts.

### How To Call

If someone you know exhibits any signs of suicidal behavior, call the following 24-hour crisis lines:

**Hospital Emergency Departments**

- 1-888-568-8448
- 214-833-2931

**Distress Centre**

- 1-800-668-6868
- 214-833-2931

If you or someone else needs immediate help, please call one of these numbers.
Myth 6

Myth 5

Myth 4

Further Reading