Introduction

Death rates for suicide have continued to rise both nationally and in Indiana, despite efforts to curtail these trends. Based on recent data (2018), suicide is a top 10 leading cause of death in Indiana for people aged 10-64 years, and is the 11th overall leading cause of death for all ages.\(^1\) While each suicide death or attempt is different, there are ways to address the multiple factors involved. Suicide prevention efforts must utilize different strategies, require a wide range of partners, coordinate community response language, and draw on a diverse set of resources and tools.

This toolkit is aimed to help address the need for practical, and when possible, Indiana-specific tools for various sectors/professionals. Within this document, the first portion details new suicide trends based on 2018 data and the second portion includes best practice tools for the following professional groups: healthcare, first responders, government, stakeholder groups, justice, employers, faith-based, media, coroners, family, education, and populations of special consideration.

This toolkit was developed in partnership between the Suicide Learning Collaborative, a multi-disciplinary working group addressing suicide in Indiana, and the Indiana Department of Health’s Fatality Review and Prevention Division. Throughout the development process, members of the Collaborative were asked to supply relevant tools to their topical area as well as provide feedback on proposed tools.

The hope for this document is that professionals from these various subgroups can utilize these tools in their work. While none of these sections are fully comprehensive for suicide prevention, there are many toolkits that specialize in just one of these topics. This toolkit serves as a simplified, action-oriented version of the other toolkits. The tools highlighted in this toolkit are primarily based off of existing national toolkits and best practice guides. We do recommend professionals read through other profession-specific toolkits referenced for further context and detail.
Introduction
Often when there is a suicide death, there is accompanying media coverage. Over the years, research worldwide has shown that unsafe media reporting can be correlated with an increase in suicide. That is why it is vital for news organizations to follow safe reporting guidelines. Covering suicide carefully can change perceptions, dispel myths and inform the public on the complexities of the issue.

Contrary to popular opinion, a recent study found that when articles covered suicide correctly, the article was more likely to be shared and have positive engagement. By utilizing this approach, the content is less sensationalized and individuals can be connected with care.

Media Resources:
- Best Practices and Recommendations for Reporting on Suicide
- Quick Checklist for Responsible Reporting on Suicide
- Tips for Online Media Coverage
- Resources for Connecting Individuals with Care
- Tips for Working with Media
- Staff Care Checklist for Editors
## Best Practices and Recommendations for Reporting on Suicide

<table>
<thead>
<tr>
<th>Describing or depicting the method and location of the suicide.</th>
<th>Report the death as a suicide; keep information about location general.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing the content of a suicide note.</td>
<td>Report that a note was found and is under review.</td>
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<tr>
<td>Describing personal details about the person who died.</td>
<td>Keep information about the person general.</td>
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<tr>
<td>Presenting suicide as a common or acceptable response to hardship</td>
<td>Report that coping skills, support, and treatment work for most people who have thoughts about suicide.</td>
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<tr>
<td>Oversimplifying or speculating on the reason for the suicide.</td>
<td>Describe suicide warning signs and risk factors (e.g. mental illness, relationship problems) that give suicide context.</td>
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<tr>
<td>Sensationalizing details in the headline or story.</td>
<td>Report on the death using facts and language that are sensitive to a grieving family.</td>
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<tr>
<td>Glamorizing or romanticizing suicide.</td>
<td>Provide context and facts to counter perceptions that the suicide was tied to heroism, honor, or loyalty to an individual or group.</td>
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<tr>
<td>Overstating the problem of suicide by using descriptors like “epidemic” or “skyrocketing.”</td>
<td>Research the best available data and use words like “increase” or “rise.”</td>
</tr>
<tr>
<td>Prominent placement of stories related to a suicide death in print or in a newscast.</td>
<td>Place a print article inside the paper or magazine and later in a newscast.</td>
</tr>
</tbody>
</table>

This was adapted from Reporting on Suicide’s “Best Practices and Recommendations for Reporting on Suicide” which can be found here: https://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf.
Quick Checklist for Responsible Reporting on Suicide

☑️ Report suicide as a public health issue. Including stories on hope, healing, and recovery may reduce the risk of contagion.

☑️ Include Resources. Provide information on warning signs of suicide risk as well as hotline and treatment resources. At a minimum, include the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) and Crisis Text Line (text “IN” to 741741) or local crisis phone numbers.

☑️ Use Appropriate Language. Certain phrases and words can further stigmatize suicide, spread myths, and undermine suicide prevention objectives such as “committed suicide” or referring to suicide as “successful,” “unsuccessful” or a “failed attempt.” Instead use, “died by suicide” or “completed” or “killed him/herself.”

☑️ Emphasize Help and Hope. Stories of recovery through help-seeking and positive coping skills are powerful, especially when they come from people who have experienced suicide risk.

☑️ Ask an Expert. Interview suicide prevention or mental health experts to validate your facts on suicide risk and mental illness.

This was adapted from Reporting on suicide’s “Checklist for Responsible Reporting” which can be found here: https://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf.
TIPS FOR ONLINE MEDIA COVERAGE

As online content is increasingly taking over the media market, it is vital that safe suicide messaging is considered. Online content can include anything from social media sites, blogs, and online content to traditional media organizations. Below are a few tips to follow when writing online content.

1. Include hyperlinks to resources, such as suicide warnings and risk factors, or to the National Suicide Prevention Lifeline to help inform readers and reduce the risk of suicide.

2. Think about reporting on suicide as a health issue, not just in response to a recent death. For example, you can report about:
   a. Effective suicide prevention programs
   b. New research on suicide prevention or mental illness
   c. Advocates working to reduce suicide
   d. Individual stories of people who have overcome suicidal ideations
   e. Stories on families bereaved by suicide loss who are helping others cope or working to prevent suicide in their community
   f. New treatments for depression or other mental illnesses that can lead to suicide
   g. Steps local/federal government agencies are taking to prevent suicide

3. Remember that most online stories also allow for public commentary. Websites and bloggers should develop policies and procedures for safe message board comments and monitor them for hurtful messages or comments from posters who may be in crisis. It might be helpful for webmasters, bloggers, or message board moderators to post the National Suicide Prevention Lifeline information in the first comment box in any story about suicide.

4. Traditional media journalists who also blog, either for their news organization or as an individual, should follow the media recommendations and be consistent. Try not to be sensational in your online coverage just because there is more space or less oversight.

This was adapted from Reporting on Suicide’s “Online Media” webpage which can be found here: https://reportingonsuicide.org/linemedia/.
RESOURCES FOR CONNECTING INDIVIDUALS WITH CARE

When reporting on suicide, it is vital that news organizations share resources. This can be simply including the numbers below at the end of an article or including, “If you or someone you know is in need of help, contact the National Suicide Prevention Lifeline.” Regardless of the method of communication, these resources can be provided.

The National Suicide Prevention Lifeline: Call 1-800-273-TALK (8255)
A free, 24/7 confidential service that can provide people in suicidal crisis or emotional distress, or those around them, with support, information, and local resources.

Crisis Text Line: Text “IN” to 741-741
This free text-message service provides 24/7 support to those in crisis. Text 741-741 to connect with a trained crisis counselor right away.

Additional Phone Resources:
- The Veterans Crisis Line and Military Crisis Line: Call 1-800-273-TALK (8255) Press 1, Text 838255
- Trevor Project (LGBTQ+ Youth): Call 1-866-488-7386, Text “TREVOR” to 202-304-1200
- Trans Lifeline: Call (877)565-8860
- Crisis Line for Individuals Deaf and Hard of Hearing: Call 1-800-273-8255 (video relay service or voice/caption phone), Call 1-800-799-4889 (TTY)
- Ayuda en Español: Llama al número 1-888-628-9454

Mental Health Website Resources (these resources should not be the only resources provided; the National Suicide Prevention Lifeline should be included in any relevant story):
- Mental Health America’s “Where to Get Help”: https://www.mhanational.org/get-involved/b4stage4-where-get-help-0

This was adapted from Reporting on suicide’s “Get and Share Support” webpage which can be found here: https://reportingonsuicide.org/onlinemedia/. The graphic is from Noun Project (phone by monkik).
TIPS FOR WORKING WITH MEDIA

As a non-media organization, it can be confusing to navigate the multi-faceted world of media. The media play an important role in building public opinion and attitudes. Media interest can, at times, be very high, but the relationship can also be challenging. Below are some tips that organizations and coalitions can use on working successfully with media.

1. Work with the local media to develop media campaigns that inform about suicide and its prevention, promote mental health and reduce stigma. Strengthen health promotion messages on the link between stressors, mental health and physical health.

2. Encourage the local media to report responsibly about suicide, including the National Suicide Prevention Lifeline (1-800-273-8255 [TALK]) and text line (text “IN” to 741-741).

3. Invite the local media to participate in the community activities.

4. Encourage the local media to develop a communication strategy that includes the development and distribution of a press information kit that provides a resource for reporting responsibly on suicide and contact information for local spokespersons. Share available resources on suicide and the media.

5. Encourage the media to follow a code of ethics regarding suicide.

6. Implement a media monitoring process to collect information about appropriate coverage of suicide and provide constructive feedback on misleading or hurtful depictions of suicide.

7. Develop a process for nominating local media for existing media awards for excellence in reporting or collaborate to establish new awards to recognize journalists.

8. Involve media professionals in a workshop on the responsible reporting of suicide.

9. Develop a social media strategy to target certain demographics. For example, youth use Snapchat, Tik Tok and Instagram at the highest rates. Each platform has a different culture. Get to know it. As far as a few tips:
   a. Utilize a call to action
   b. Give a link with a snapshot of information
   c. Include an image as this will increase the number of views
   d. Use relevant hashtags to reach others looking for the same information.

This was adapted from Reporting on suicide’s “Checklist for Responsible Reporting” which can be found here: https://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf. Also, from SAMHSA’s “Social Media Tips,” which can be found here: https://www.samhsa.gov/childrens-awareness-day/resources/social-media.
When thinking about media messaging, it can be helpful to embrace a core message. Consider the following messages below. The ones in dark blue are actual campaigns (information included below) and the light blue boxes are helpful messages to include that do not necessarily have a campaign attached.

<table>
<thead>
<tr>
<th>You are not alone.</th>
<th>It’s Okay Not to Be Okay.</th>
<th>Help is available.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seize the Awkward.</td>
<td>#BeThe1To</td>
<td>#SaveLGBTQ Lives</td>
</tr>
<tr>
<td>Take 5 to Save Lives.</td>
<td>Know the Signs.</td>
<td>#BeThere</td>
</tr>
</tbody>
</table>

You are Not Alone - https://www.nami.org/Get-Involved/Awareness-Events/Mental-Health-Month
Seize the Awkward - https://seizetheawkward.org/?gclid=EAIaIQobChMI1a-Uwa-s6gIVCr3ACh0ZaQR-EAAYASAAEgKg-vD_BwE
#BeThe1To - https://www.bethe1to.com/
#SaveLGBTQLIVES - https://www.thetrevorproject.org/save-lgbtq-lives/
Take 5 to Save Lives - https://www.take5tosavelives.org/toolkit
Know the Signs - https://emmresourcecenter.org/initiatives/know-signs
#BeThere - https://www.veteranscrisisline.net/support/be-there#reach
STAFF CARE CHECKLIST FOR EDITORS

Reporters, photographers, videographers, designers, and other news staff may undergo traumatic stress during any news event, regardless of whether they are at the scene or behind the desk. It’s important for editors to have specific care practices in place to help staff during these difficult moments.

Staff Care Checklist for Editors

☐ Create an open newsroom culture. To encourage trauma-informed self-care practices among your staff, your newsroom should nurture and reinforce an open and supportive newsroom culture. Encourage your staff to speak openly with you and with each other and to feel able to do so without sharp criticism or backlash.

☐ Trauma awareness – educate. Set aside time to educate your staff on trauma, traumatic stress, PTSD, and the effects of covering traumatic news events. By educating your staff and making them “trauma-aware,” they will be better prepared to respond and cope when an event occurs.

☐ Emergency Contact Lists. Create an emergency contact tree for your newsroom. This emergency contact tree should lay out the protocol of who to call during a traumatic news event. This should be accessible to everyone on staff via print copy and digitally.

☐ Check-in often. Before any of your staff go out to cover a traumatic event, let them know that you appreciate and value their work. This will remind them that they have your support as they tackle challenges that lie ahead. Let them know that being in regular contact with you and others in the newsroom is encouraged. They should check in with you and other staff members while out reporting on the event so that you know they are safe.

☐ Listening ear. When your staff is out in the field covering a traumatic event, or even when they are behind the desk, make sure that they know that you are there for them and the newsroom is a supportive environment. Those who feel alone or lack other support networks are more likely to be at risk for traumatic stress than those who have other sources of support. Provide encouragement as they are working on a difficult story and let them know that they should not hide their stress, feelings or emotions in these moments. Let them know that it’s important for them to acknowledge difficult feelings and to express them to you or others in the newsroom.

☐ Encourage healthy self-care practices and be a role model. Remind your staff before, during and after covering a traumatic event that they should do their best to take care of themselves: eat healthy food, get exercise, take breaks, and sleep. You should also encourage them to talk with family and friends about their experiences. Make sure that you are also practicing what you preach and serve as a role model who is following these same self-care practices.
- **Be on the lookout for trouble signs.** Pay attention to any trouble signs your staff members may be showing while covering a traumatic event or afterwards. Some examples are:
  - Sleeplessness
  - Upsetting dreams
  - Intrusive images or thoughts of the event
  - Avoidance of reminders of the trauma or feeling numb
  - Feeling that bad things are about to happen
  - Being jumpy and easily startled, anger
  - Difficulty concentrating; feeling “hyper”
  - Physical reactions such as sweating, rapid heartbeat, dizziness or nausea when reminded of a traumatic event

  If your staff members show any of these signs, find a way to have a conversation and offer a listening ear. Keep an eye on them and monitor their wellbeing. If they are showing any of these signs for several weeks or months after covering a traumatic event, you might want to refer them to a trauma specialist. Teach your staff members to look out for these signs among their peers – the more people on your staff who are educated about signs of distress, the easier it will be to ensure they get the help they need.

- **Remind your staff of the impact of trauma.** Remind your staff that the adrenaline of the chaos can impair their judgment and they must try to remain centered throughout the experience. They should be reminded that the way they cover the story, how they interview sources, and the way the story is presented to the public can all have an impact on those affected by the event as well as the general public. It is essential to convey the importance of reporting in an ethical, humane and respectful way.