

Let's talk about it

How to talk about suicide in the media?



How to talk about suicide in the media

If you are reading this section, you are probably a media professional such as a journalist, content creator, columnist, or similar. In your professional life, you are or have been called upon to deal with the subject of suicide, since it is an issue that touches Montreal and comes up in current events. In order to support you in your role and, above all, to give you the tools to address this subject in a safe and sensitive manner, this document is a reference to answer your questions.

Responsible media coverage of suicide can save lives!

Suicide is multifactorial and can be a difficult subject to address sensitively, both for the family and friends of the person who died by suicide, and for the people reading the article or column you are writing. That is why it is important to understand what we recommend doing and not doing when talking about suicide in the media.

Find out why responsible media reporting on suicide is essential.



Improve understanding

Some signs of distress

Suicide rarely occurs without signs of distress. However, these signs are often difficult to detect, or the person may be able to hide them well. Here are a few examples:

- Verbal signals: the person may say things like “I want to die,” “Soon I won't be here anymore,” etc.
- Behavioral signs: isolation, saying goodbye, stockpiling medication, etc.
- Psychological signs: despair, sadness, low self-esteem, etc.
- Biological signs: changes in the person's lifestyle, lack of energy, etc.

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suicides per week in
Montreal

548

hospitalizations for suicide
attempts were recorded in
2024 in Montreal

10 782

people went to the
emergency room for suicidal
thoughts in 2024 in Montreal

70 000

people aged 15 and over
have thought about suicide
or attempted to take their
own lives in the last 12
months in Montreal

Myths and realities surrounding suicide

Only isolated people die by suicide

False

Suicide occurs across all segments of the population, regardless of socioeconomic status, family situation, education level, or nationality. Although a stable living environment promotes the development of protective factors in a person, we are all at risk of having suicidal thoughts or experiencing moments in life that make us more vulnerable to acting on those thoughts. The important thing is to recognize these moments, surround ourselves with supportive people, and seek the help we need to get through the most critical periods.

All individuals at risk for suicide have mental health disorders

False

Suicidal thoughts do not always accompany mental health disorders. That said, mental health disorders are among the risk factors for suicide. In other words, a person with a mental health disorder is more likely to have suicidal thoughts, but beware: Suicide is a complex issue, and it is a combination of factors that causes a person to develop suicidal thoughts or attempt suicide.

You don't have to be a mental health professional to help someone considering suicide.

True

In everyday life, in their relationships with those around them, everyone can help a loved one who is suffering, using the means at their disposal and respecting their limits. Recognizing the warning signs, opening up dialogue, and finding solutions that work for the person are all ways to support a loved one. With openness, understanding, and mutual support, it is possible to help someone in distress. When helping someone who is thinking about suicide, whether you are a professional or a loved one, the same rule applies: you should never be alone with your distress; it is essential to talk about it and get help.

You can also contact a specialized professional at any time to seek additional help.



Talking about suicide

with sensitivity and compassion

To do

Inform the person that they are about to read content related to suicide

Not everyone is willing to read this type of content, especially if they are experiencing distress themselves or have experienced bereavement due to suicide. It is important to always give the person the choice of whether or not to read this type of content.

Always provide resources

When addressing the topic of suicide in an article, publication, or other medium, it is important to always provide resources for help. It is your duty to make the necessary tools available so that someone in distress can seek help.

Focus on the signs of distress that a person may be experiencing

It is advisable to emphasize the signs of distress in order to educate and raise awareness about how to recognize them.

To avoid

Mention of the means used

It is strongly discouraged to mention, describe, or even allude to the means used to carry out an act. This information is neither necessary nor essential. It is not responsible for the media to inform people of the means available to them to end their lives.

Look for someone to blame

Several factors may be behind the act. Although it is normal to try to understand why someone died by suicide, the reason is always complex and there is no point in looking for someone to blame or hold responsible for the act.

Give a reason for suicide

Suicide is multifactorial. It would be a serious mistake to simplify the act, explain it in simple terms, or reduce it to a single factor. The act is done during a period of suffering. Although the act is voluntary, it is not necessarily rational.

In all cases

Show sensitivity

When discussing suicide, it is essential to always be sensitive. It is not an easy topic to broach and can stir up a lot of emotion. As it is still a very taboo subject, the topic of suicide often makes people uncomfortable. Let's be sensitive and try to understand where the person is coming from so that we can raise their awareness of this issue.

Give hope

As much as possible, when we talk about suicide, we want to remind people that it is a permanent solution to a temporary situation. We also try to restore hope and highlight the resources that are available to help.

How to talk about suicide

with the right vocabulary

To do

We prioritize the use of vocabulary that is as neutral as possible and sticks to the facts. Here are the preferred terms:

- Suicide
- Suicide attempt
- The person who died by suicide

To avoid

Avoid using vocabulary that could glorify suicide. It is therefore strongly discouraged to use the following expressions:

- Successful suicide
- Failed suicide
- The suicide victim
- Commit suicide

Points to consider

Use and interpret statistics with caution and diligence.

Before using statistics, ensure that they are accurate, come from authentic and reliable sources, and are based on a representative population.

Multifactorial and complex

Suicide is multifactorial and cannot be reduced to a single reason for acting on suicidal thoughts. We must avoid presenting suicidal behavior as a reaction to social or cultural changes or to a phenomenon such as a pandemic. It is much more complex than that!

Do not make judgments and avoid generalizations.

Avoid making generalizations based on small numbers or unverified facts. It is also advisable to avoid using expressions such as “suicide epidemic” or “the place with the highest suicide rate.”

Suicide and mental health issues

There is no causal link between mental health disorders and suicide. One does not exclude the other, but neither is the cause. It is therefore important to avoid making a connection or stating that mental health disorders are the sole reason for acting on suicidal thoughts.

Avoid sensationalism

Sensationalism in cases of suicide must be avoided at all costs. Information given to the public should be limited as much as possible. Every effort should be made to avoid exaggeration. It is not advisable to publish photos of the deceased, suicide notes, the method used, or the location where the suicide took place. Avoid using the front page to report on suicides.

A permanent solution to a temporary situation

Suicide should not be presented as a solution to a specific problem or situation (e.g., breakup, bankruptcy, job loss, etc.). To raise awareness, you can emphasize the impact that suicide can have on those around them or the grief experienced by the loved ones of the person who died by suicide.

Our sources

and information resources

Our sources (French only)

- OMS, La prévention du suicide : Indications pour les professionnels des médias. Département de Santé Mentale et Toxicomanies. Genève. 2002.
- <https://www.inspq.qc.ca/publications/3294> (french only)
- <https://www.inspq.qc.ca/sites/default/files/publications/2842-suicide-quebec-2022.pdf>
- https://santemontreal.qc.ca/fileadmin/user_upload/Uploads/tx_asssmpublications/pdf/publications/RapportCourt_01.pdf

Resources to learn even more

Young people and suicide

- https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-03/talking_to_children_about_a_suicide_fr.pdf (french only)
- <https://www.camh.ca/fr/info-sante/guides-et-publications/de-leurs-parents-se-suicide>

Suicidal ideation and signs of distress

- <https://cps.ca/en/documents/position/suicidal-ideation-and-behaviour>
- <https://www.centredecrisebsl.qc.ca/document/1/signes-precursseurs-dune-personne-suicidaire/>

Intimate partner homicides and media coverage of suicide

- https://conseildepresse.qc.ca/wp-content/uploads/2019/11/HIRapport-final-fevrier-2015_web.pdf (french only)

LGBTQ2+ population

- https://www.suicideinfo.ca/local_resource/transgender-people-suicide/
- <https://publications.msss.gouv.qc.ca/msss/fichiers/2015/15-825-01W.pdf>
- <https://chairedspg.uqam.ca/wp-content/uploads/2017/07/Adultes-LGBT-et-suicide.pdf> (french only)

Officer-involved suicide

- https://www.enpq.qc.ca/fileadmin/Fichiers_client/centre_documentaire/Publications/Topo_CRDS_Suicide_Policier_Interpose.pdf (french only)

If you have any questions,
would like a consultation, or
need advice, please contact
us at:

medias@cpsm.ca



PHONE
1-866-277-3553



CHAT
SUICIDE.CA



SMS
535353