



# Sharing our stories: How journalists and other media can support people to share their experiences of suicide

This resource has been informed by a national survey of more than 300 people who have a lived and living experience of suicide, along with additional input from an advisory group comprising six individuals with experience sharing their story of suicide with the media.

The first part of this resource has been developed to provide guidance to journalists and other media professionals about how they can best support people to share their stories of suicide in a safe and empowering way. The second part provides guidance on what people with a lived and living experience would like to see included in media stories.

The aim of these guidelines is to increase the confidence and skills of media and communications professionals to work with people who have a lived experience of suicide, increase trust in media for those sharing their

experiences, and to improve media reporting on suicide.

This guidance is designed to be used in conjunction with the [Mindframe guidelines for reporting on suicide and mental ill health](#) and the Mindframe quick reference guide: [How news personnel can prioritise self-care when covering traumatic news](#). A set of guidelines and resources for people with a lived and living experience of suicide is also available [via this link](#) and can be offered to people who are sharing their story to help them prepare for an interview.

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# Snapshot

Media and public communication can play a significant role in shaping the public discourse about suicide. There is the potential to increase stigma and distress, isolate people and, in some situations, increase the risk of suicide. However, it can also challenge stigma, promote help seeking and help offering behaviours, provide education, hope, and raise awareness. Carefully considering how you include the perspectives or stories of people with a lived and living experiences of suicide is important. The more ownership and control people have over sharing their personal story, the more likely they are to report a positive experience with journalists and other media professionals.

Provided below are key elements that people with a lived and living experience of suicide believe should be considered when you are working with them, and when publishing or broadcasting stories of suicide.

## Things to remember when working with people to share their lived and living experience of suicide



Ensure informed consent



Offer breaks when discussing difficult topics



Provide a safe space



Allow for content review



Where possible provide questions prior to an interview



Check back in with the individual after the story has gone live to the public



Respect boundaries



## Things to remember when publishing or broadcasting stories about suicide



Include content advice



Include information about relevant and holistic support services (in addition to Lifeline)



Share diverse stories that acknowledge the complexity of suicide



Include discussion about hope and recovery



Include information about local suicide prevention activities and work



Include new or current research related to suicide where appropriate



Use safe and relatable language and imagery



# Part 1: Things to remember when working with people to share their lived experience of suicide



## Ensure informed consent is obtained prior to sharing someone's story

Informed consent means that people understand the possible impacts of sharing their personal story publicly. This includes considering how the story may be perceived by the public and how this may influence how others interact with them. It also includes understanding how their story may be shared further by other people and the permanency of having a personal story in the public domain. Informed consent also applies to the inclusion of specific names, photos and video footage to be included in the piece.

In the context of experiences with suicide, informed consent should also be sought if someone is sharing a story about someone else. For example, people sharing information about someone's else's suicide attempt should have the consent of the person whose story they are sharing. When sharing a story about a person's suicide death, consideration should be given to those bereaved by that death. Families and friends may not agree on how to tell their loved one's story, or there may be differing opinions on the contributing factors. There may also be cultural or religious reasons why a family may not wish for a person's death to be communicated publicly as a suicide.



## Provide a safe space

Providing a safe space supports people to feel comfortable and valued during the storytelling process. A safe space includes both the physical and emotional environment for storytelling. Location, furnishing, privacy and noise reduction are important physical aspects, but so too is a non-judgemental, emotionally supportive environment for ensuring people have a positive experience when sharing their experience of suicide.





## Where possible, provide questions prior to an interview

Where possible, provide people who have a lived and living experience with questions prior to the interview. This allows them time to prepare and know what to expect. While not all people with a lived and living experience find this helpful, being given the option to consider the questions in advance is important. If specific questions are not able to be given ahead of time, information about the topic area you want to focus on, or the angle of the story, can be useful.



## Respect Boundaries

While some people may not have boundaries around what and how they share their lived experience, others may. These boundaries need to be upheld and respected to support the person's wellbeing and ensure that the way they choose to share their story is on their own terms.

Examples for how to ask about or respond to people's boundaries are provided below:

- *'Are there any topics that are off-limits?'*
- *'Thanks for telling me about the areas of your story where you may get upset; if that happens during the interview, what could I do that would be helpful?'*
- *'If we start to go into territory where you're not comfortable, please let me know and we can take a break or redirect.'*
- *'I've made a note about those points to help remind me.'*

### Managing distress

Two key barriers to working with people who have an experience of suicide is the concern of causing distress and not having the confidence to manage this situation. It should be noted that most people with a lived and living experience are resilient and know their own limits and capacities well. By following the guidance in this resource, and interviewing people in a safe and sensitive way, you are decreasing the risk of causing people unnecessary distress. In some cases, you may even have a positive impact on people's lives by empowering them to share their story on their own terms.

If people become increasingly distressed during the storytelling process and you're concerned about them, ask them if they need support, and take their lead on how to manage that. It may be to terminate an interview, help them call a support person or service, or go for a walk together. You are not expected to be a mental health professional, but you can be a safe and compassionate person. If you are worried about their immediate safety, you can call 000.

If someone has become distressed during the storytelling process, it is even more important that you check-in with them in the following 24-48 hours.



## **Offer breaks when asking about difficult topics**

People may react differently when discussing difficult topics. Some people with a lived and living experience may get upset and be able to continue with an interview; others may not. Media and public communicators should provide opportunities for breaks where needed while, at the same time, respecting people's decisions whether to engage in these or not.

While deadlines may cause tension in the media and public communications space, working with people with a lived and living experience should not be rushed. Provide adequate time in the interview to allow people to take breaks and support their own wellbeing during the storytelling process if needed. This shows genuine acknowledgement of the complexity of the experience for those who are sharing.



## **Give the person sharing their story the option to review content before it is released to the public**

Providing people with an opportunity to review content before it reaches the public domain can ensure there has been no misunderstanding about the information they have shared. While this is not always possible, people have more positive experiences with the media when they feel they have true ownership over their story.



## **After the piece has gone live, check in on the person whose story you have shared**

Sharing lived and living experiences of suicide can be a complex, personal process that does not end once the content has been created. Checking in on people after the content has gone live improves people's experience of sharing their story and provides an opportunity for feedback on the process. In some cases, it also provides media and public communicators information to put additional measures in place, based on the public reaction to the story. This may include moderating comments on social media posts if comments are stigmatising.

Be sure to inform the person whose story you shared about any positive feedback you receive about the piece. They may not know the impact of sharing their story unless you let them know.



# Part 2: Things to consider when publishing or broadcasting stories about suicide

## What does the research say?

The research shows us two main effects when people share stories about suicide publicly.

**Negative impact (Werther effect):** The negative impacts of problematic public communication about suicide which includes distress and increased suicidal behaviour in the community. The negative effects are increased when communication is about a celebrity's death by suicide, when information about method or location is included, if people can relate to the person who has died and their challenges or when communication is sensationalised.

**Positive impact (Papageno effect):** The positive impacts of safe public communication about suicide that shares information about people living through and overcoming suicidal thinking and suicide attempts. Sharing lived experience stories of people overcoming or managing suicidal thoughts and behaviours can prevent further suicides from occurring and provide a blueprint for survival for others who are having these experiences.

**Note for journalists and other media professionals:** Don't wait until there is a tragedy in the community to talk about suicide. Proactive media stories are essential for suicide prevention efforts. Sharing stories about suicide loss are important, but we also need to share stories of survival and how people manage their experiences of suicide.





## Include content advice

Consider including content advice (also known as content warnings). The current evidence about the use of content advice is mixed with no specific evidence about the use of content advice in the context of suicide. However, Everyind's national research survey showed that people with a lived and living experience of suicide believe content advice should be included in media and public communication about suicide.

In the absence of direct evidence, we recommend using content advice when communicating about or portraying suicide. This provides the audience with information about what is going to be discussed so they can make an informed decision about whether they would like to engage with the content or not.

Content advice doesn't need to be complicated or make assumptions about how people will react. It may be the title of the story, in a verbal introduction to a live audience, included at the start of a podcast episode or a sentence at the top of a written piece. It may also be where people purchase tickets for a talk.

Here are some examples you could use:

- *This article includes discussion of suicide.*
- *Content advice: This play contains depictions of suicide. Viewers are advised that this death will not occur onstage but simulated sounds may be heard during the performance.*
- *This week's episode is a conversation with [Joe Smith], and he'll be sharing his story of surviving a suicidal crisis.*

**Note:** The term 'content advice' is preferred over 'trigger warning' as some people may find the latter expression distressing in the context of suicide, as it relates to a suicide method.



## Share diverse stories that acknowledge the complexity of suicide experiences

There are many different experiences of suicide, yet research has shown that most people who have a lived and living experience do not feel represented in public stories about suicide. People with a lived and living experience of suicide have identified the need to share diverse stories, that acknowledge the complexity across a range of life experiences, to shift the way we talk about suicide in the community. Remember suicide should not be discussed as the outcome of a single factor such as of someone's identity.

**"The experience of suicide and suicidality should also be represented in its diversity, in looking at the broad range of factors and influences on ideation, as well as addressing the elements of stigma associated with suicidal ideation and behaviour."**

Lived and living experience survey  
respondent: 26-35yrs

**"I'd like to see more about the subtlety of suicidal ideation sometimes - we often get the extreme cases reported, the deaths, the attempts, not enough of 'people like me' in different demographics who have had the slightest thoughts of suicide."**

Lived and living experience survey  
respondent: 46-55yrs





## Use safe and relatable language and imagery

Use language and imagery that does not perpetuate stigma or make assumptions about people's experiences of suicide. For more information on preferred language and imagery please see the [Our words matter](#) and [Images matter](#) guidelines.

“It is unhelpful to continue to portray people's lives as sad and one-dimensional - people are complex, with many intersecting aspects”.

Lived and living experience survey respondent: 56-65yrs

“It would be best to avoid detailing methods of specific suicides and avoiding using [stigma-inducing] language such as ‘committed suicide’, like it's a criminal act.”

Lived and living experience survey respondent: 56-65yrs



## Include contact information for support services such as Lifeline, in addition to diverse supports

It is important to include at least two 24hr service that people can access for support. However, including different types of support and a variety of modes, such peer support, family and friends, and cultural or spiritual practices allows for people to seek support in a way that works best for them. It is also important to acknowledge that people may have poor experiences of seeking support in mainstream mental health services and can feel isolated when these are the only support options discussed or provided.

“Recognition of all services available to support affected people not just Lifeline. I.e. non-government options, peer support and the like.”

Lived and living experience survey respondent: 65+yrs





## Include discussion about hope or recovery where appropriate

Including discussion about hope and recovery can encourage people to keep going when life is particularly challenging, however hope looks different for everyone. For some people hope may look like returning to work, getting the support they asked for, finding a house, leaving a relationship or even being alive despite life's obstacles. There will be some stories, such as when people are recently bereaved by suicide loss where it is inappropriate to ask people to include messages of hope and recovery.

“Sharing personal stories of resilience and recovery to emphasise hope and the possibility of overcoming crises.”

Lived and living experience survey respondent: 36-45yrs



## Include information about local or regional suicide prevention activities relevant to the media audience

It is important that people are aware of local suicide prevention activities, so they are able to seek support or even get involved. Many people who have a lived and living experience of suicide will feel drawn to engage in suicide prevention as an opportunity to help others. Providing points of community connection supports health and wellbeing.

“There’s always a local prevention group or a network that’s been working [hard] to help protect their communities. It’s not just one person being a hero.”

Lived and living experience survey respondent: 36-45yrs



## Include new or current research related to suicide where appropriate

Providing research when it is relevant and appropriate can support community understanding. The research perspective should always be balanced with the lived and living experience perspective, and not included to sensationalise content as this can cause additional community distress.

“I think at times data and medical advice is great to add weight to one’s story but it must be used carefully so as to not sensationalise.”

Lived and living experience survey respondent: 46-55yrs