



# Mindframe: A guide for reporting on child and youth suicide

This guide has been developed to support safe and sensitive public communication about child and youth suicide. Each youth suicide is a tragedy with far-reaching and long-lasting emotional impacts on various intersecting communities and groups including family, friends, schools, universities, sporting teams and workplaces.

Public conversations about youth suicide are important, with awareness and community support needed to create meaningful change. However, the timing, tone and content of these stories are essential to avoid increasing distress, suicidal behaviour or reinforcing stigma.

Research shows that sharing stories of people who have overcome a suicidal crisis or sharing alternatives to suicide can help prevent suicide.

**Sharing stories of young people who have navigated suicidal thoughts or survived a suicide attempt, with an emphasis on what has been helpful for them, provides knowledge and hope for other young people who may be going through a challenging experience.**

**Increased risk for further suicidal behaviour is seen when media include any of the following elements:**

- The method or location of a death or suicide attempt.
- High volumes of media reporting on a single incident.
- The cause of suicide is simplified to concentrate on a single factor.
- Information that allows someone to identify personally with the experiences or challenges of the person who has died.
- Sensationalised or alarmist language e.g. 'Youth suicide crisis', 'bullying epidemic killing our kids'.
- Portrayals that glorify, glamorise or present suicide as a solution to life's challenges.

## Remember

Don't wait until a young person has lost their life to talk about child and youth suicide. Where appropriate, proactively engage in stories that highlight how young people survive, live with and manage thoughts and experiences of suicide. This can provide hope and encourage others to seek support.

## Key guidance when reporting on child and youth suicide:

### Do

- ✓ Share stories about how young people survive, live with and manage thoughts of suicide to promote hope and encourage others to seek help.
- ✓ Identify that suicide is complex and rarely ever the result of one single factor.
- ✓ Use language that is inclusive, accurate and non-stigmatising and does not suggest suicide is a desired outcome (examples of preferred language are available in the guidance card featured on page 7 of this resource).
- ✓ Encourage help-seeking and help-offering by providing the details of at least two appropriate 24/7 sources of support for young people. It is also useful to provide information about what young people, family and friends can do to help, including how to engage in conversations about suicide.
- ✓ Seek cultural advice before using names or images of Aboriginal or Torres Strait Islander people who have died. Seek cultural advice to understand the cultural beliefs and rituals of the deceased and their family and understand how media reporting may impact this.
- ✓ Consider that media professionals may be affected when covering these stories.
- ✓ Avoid 'deadnaming' or 'misgendering' the person who has died, or emphasising an individual's innate variations of sex characteristics over other aspects of their identities.

### Don't

- ✗ Include details (including images) about the method or location of a suicide attempt or death, including new or unusual methods.
- ✗ Focus on a single education institution during a time of community bereavement. This can cause increased distress for students who still attend the institution.
- ✗ Approach young people or family members outside of educational institutions to speak directly to the media about an incident that has occurred.
- ✗ Report if there is already a high volume of reporting covering the incident. High volume reporting causes distress to people bereaved by suicide and can hinder support provided to those most impacted. This kind of support is known as 'postvention'.
- ✗ Identify suicide as the outcome of a single factor. Single cause narratives of suicide (e.g. bullying) can increase suicidal behaviour in young people with similar life experiences or place other young people at an increased risk of public harassment. All factors that contributed to a suicide may not be known immediately (e.g. mental illness, adverse childhood experiences, systemic violence and discrimination).
- ✗ Use alarmist or sensational language, or position suicide related content as the top story.
- ✗ Share details of suicide notes or details about the final wishes of someone who has died.

# Understanding the research and context behind the guidance

## Social transmission of suicide via news media and social media

Social transmission refers to the process where one suicide or suicidal act within a school, community or geographic area increases the likelihood that others will attempt or die by suicide. Transmission can also occur via news, entertainment media and social media when reports sensationalise or normalise suicide or provide details about suicide methods.

This effect is most prevalent for young people due to their developmental age and stage, particularly in relation to strongly identifying with peers. Reporting and discussion via media and social media surrounding the circumstances of a suicide can create distress and increase risk of suicidal behaviour as ongoing communication may make suicide seem like a justifiable solution for distressed young people. This risk is heightened when a single cause narrative for

a suicide is prominent (e.g. bullying or focusing on a single aspect of identity such as being transgender).

While it is important to talk about youth suicide, high volume and ongoing media coverage and social media content exposes children, young people and the community to unsafe discussion about suicide at a time when they are bereaved and need support. Research also shows it is not helpful to be exposed to ongoing coverage or stories about suicide deaths. Media should consider current reporting and whether it is in the public interest to have more coverage at this time. Media are encouraged to consider if any new information in the story is of public interest immediately, or if additional media coverage could be delayed until after a community has had time to grieve and connect with any additional support that may be needed.





## Suicide in the context of bullying

Many young people in Australia experience bullying either in person, online or a combination of both. They can also experience bullying at educational institutions, in workplaces, in co-curricular settings, in community or at home.

The [Australian Human Rights Commission](#) defines bullying as: *"When people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing. These actions are usually done by people who have more influence or power over someone else, or who want to make someone else feel less powerful or helpless."*

It is a highly distressing experience that impacts the lives of young people and their families. While bullying can be a contributing factor to a young person dying by suicide, it is rarely the only factor.

Many young people who experience bullying may also have experiences of mental health concerns, adverse childhood experiences, such as family and domestic violence, sexual assault or parental loss, discrimination, and other factors that contribute to their distress, approach to help seeking and subsequent suicide attempt.

While bullying must be taken seriously, attributing suicide solely to bullying can increase the risk of suicidal behaviour among other individuals experiencing bullying. Media focus on these incidents also leads to blame and public harassment of those involved, including bystanders, which can increase suicide risk of all parties. This risk is increased when compounded with bereavement, guilt, existing mental health concerns or adverse childhood experiences.



## Intersectionality and suicide

Young people have many aspects to their identity, including social, cultural or physical aspects such as gender, race, sexuality or disability. These aspects of identity are interdependent and can impact a young person's experiences in their family, school, communities or healthcare settings in different ways. Intersectionality is not inherently negative, but negative impacts arise from how society responds to historically marginalised or oppressed groups, such as Aboriginal and Torres Strait Islander

communities, LGBTIQ+ communities, or people with disabilities. Multiple or ongoing experiences of discrimination, racism, exclusion, violence and stigma, for example, compound health inequalities and increase distress.

When reporting on a young person's death, it is important to avoid focusing on a single aspect of their identity as the cause of suicide. Instead, acknowledge the broader social issues that may have contributed to distress, such as racism or discrimination.

# Understanding the voices and perspectives of child and youth suicide

## Highlighting youth voices

Including young people in media stories about youth suicide can be impactful. Young people have powerful messages to share and are uniquely positioned to discuss suicide in ways that are relevant and useful for their peers. They can also provide unique insights into the prevention of youth suicide.

Media should take care to ensure that young people are well-informed, can provide informed consent, and are supported throughout the process and that their expertise is treated respectfully.

Providing young people with the tools and skills to discuss suicide and how to engage safely with suicide-related content online is essential to suicide prevention.

Media training and clear pathways to support should always be offered to young people sharing their story in public facing media.

A list of resources to support this skill development is provided at the end of this resource.





## Sharing stories of family and friends bereaved by suicide

When young people die by suicide, their family and friends are profoundly impacted by grief and loss. This grief can also be accompanied by shock and questioning, particularly if the suicide has occurred suddenly and with seemingly no warning. Many people will experience a range of emotions and have ongoing questions about why the suicide occurred. They may also feel guilt or shame and wonder whether the suicide could have been prevented. The intensity of suicide loss can leave people with short-term and long-term impacts, emotionally, psychologically and physically.

It is important to encourage people who are recently bereaved to take time to process what has happened before engaging directly with the media. This may include connecting with bereavement and grief services for support throughout their initial period of loss, noting there is no timeline for this. People bereaved by suicide may experience their own thoughts of suicide and are at a higher risk of engaging in suicidal behaviour. Ensuring they are appropriately supported is paramount to navigating their experience of suicide bereavement.



### Other points for journalists to consider include:

- While people bereaved by suicide may attribute the cause of suicide to something specific, it is important that any reporting does not over-simplify the causes of suicide.
- People bereaved by suicide may not agree with each other about how to publicly discuss the death of a young person (or whether they want to discuss the death publicly at all) and this can cause additional difficulties for those connected to the person who has died.
- Due to personal, religious or cultural beliefs, a family may not acknowledge that the death is the result of suicide and may not want reporting on the young person's death to include a discussion of suicide. They may also wish for their loved one's name not to be used after they have died.
- It is important that all relevant family and friends are notified about the loss of a young person before it reaches the public domain via news or social media.
- People's perspectives and the way they speak about their story often evolve rapidly during the initial period of bereavement as they navigate their loss. At times, they may regret speaking to the media or what they said in the early stages of grief. Taking time to consider these impacts, understanding media syndication and providing informed consent are key aspects of the storytelling process. Resources are available for people bereaved by suicide to support their storytelling in the media or on social media (see page 8).
- Organisations, including support services, cannot release information about a suicide or suicide attempt.

## Consider the language you use when referring to suicide

Choosing language that reflects and empowers individual experiences, is not sensationalised, is understandable and is adapted to individual preferences or audience is recommended.

Preferred	Problematic
✓ Died by suicide; took their own life	✗ Successful suicide; completed suicide; committed suicide
✓ Suicide attempt; attempted to end their life	✗ Unsuccessful suicide; failed suicide bid
✓ Increased rates of suicide; higher rates of suicide	✗ Skyrocketing rates of suicide; suicide epidemic
✓ A person who attempted or died by suicide; he died by suicide	✗ Labelling terms associated with suicide methods
✓ Tragic death, a tragedy	✗ Set free; finally at peace; can rest at last
✓ Refraining from using suicide out of context	✗ Political suicide; suicide pass/ball (in sports); suicide mission
✓ Content advice; the content includes discussion of suicide	✗ Trigger warning; triggered

## Include youth-specific services in public communications about suicide

### Kids Helpline

Free, confidential and professional 24/7 online and phone counselling service for young people aged 5-25  
**1800 551 800 | [kidshelpline.com.au](https://kidshelpline.com.au)**

**headspace**  
1800 650 890 | [headspace.org.au](https://headspace.org.au)

**Reachout** [reachout.com.au](https://reachout.com.au)

**Blue Knot Foundation National Centre of Excellence for Complex Trauma**  
1300 657 380 | [blueknot.org.au](https://blueknot.org.au)  
9am-5pm AEST

**#chatsafe**  
[orygen.org.au/chatsafe](https://orygen.org.au/chatsafe)

**QLife**  
1800 184 527 | [qlife.org.au](https://qlife.org.au)  
LGBTIQ+ service available 3pm - midnight

**Lifeline** 13 11 14 | Text 0477 13 11 14 (24/7)  
[lifeline.org.au](https://lifeline.org.au)

**13 YARN** 13 92 76 | [13yarn.org.au](https://13yarn.org.au)  
Aboriginal and Torres Strait Islander service

**Suicide Call Back Service**  
1300 659 467 | [suicidecallbackservice.org.au](https://suicidecallbackservice.org.au)

**Beyond Blue**  
1300 224 636 | [beyondblue.org.au/forums](https://beyondblue.org.au/forums)

**StandBy Support After Suicide**  
1300 727 247

**Medicare Mental Health**  
[medicarementalhealth.gov.au](https://medicarementalhealth.gov.au)

# Additional resources to support safe communication of youth suicide

## For media

- [Reporting on suicide and mental ill-health: A \*Mindframe\* resource for media professionals](#)
- [Sharing our stories: How journalists and other media can support people to share their experiences of suicide](#)
- [\*Mindframe\* and Dart Centre Asia pacific: How news personnel can prioritise self-care when covering traumatic news](#)
- [Quick reference guide for media reporting on Aboriginal and Torres Strait Islander suicide](#)
- [Mindframe: A guide for reporting on suicide and mental health concerns in LGBTQIA+ communities](#)

## For people sharing their lived and living experience of suicide

- [Our stories matter: Sharing lived and living experiences of suicide publicly](#)  
A suite of *Mindframe* resources co-created with people with a lived experience of suicide, designed to assist others in sharing their own stories safely.
- [A First Nations guide for truth-telling about suicide](#)  
Guidelines supporting journalists and others to safely and respectfully work with people who have a lived and living experience of suicide when sharing their stories.
- [Roses in the Ocean: Voices of Insight](#)  
Workshops supporting people in developing structured, impactful prevention messages based on their own lived and living experience of suicide.
- [#chatsafe](#)  
A suicide prevention program that aims to empower and equip young people with the skills to communicate safely online about self-harm and suicide.
- [batyr: Being Herd](#)  
Free workshops for young people aged 18-30 to help shape personal experiences into empowering stories.





# Additional resources to support safe communication of youth suicide

## Support for people bereaved by suicide

- [Standby](#)  
Australia's leading suicide postvention program dedicated to assisting people and communities bereaved or impacted by suicide.
- [Thirrili](#)  
An Aboriginal and Torres Islander Community Controlled Organisation supporting communities in the aftermath of suicide or other fatal critical incidents.
- [Roses in the Ocean](#)  
A national lived experience of suicide organisation focused on saving lives and to reducing emotional distress and pain.

## For schools and educational institutions

- [Kids Helpline @ School](#)  
Free classroom resources and online learning sessions with qualified Kids Helpline counsellors.
- [headspace Schools & Communities](#)  
Programs and services for schools and universities across Australia to equip young people and those who support them in managing their individual and collective wellbeing.
- [batyr](#)  
Opening up mental health conversations, sharing real stories of overcoming tough times, and supporting young people and their communities to live mentally healthy and fulfilling lives.
- [Conversations matter](#)  
A practical online resource to support safe and effective community discussions about suicide.
- [#chatsafe for educators](#)  
Helping educators better equip young people to talk safely on social media about suicide.
- [be you](#)  
Professional development, tools and resources to support mental health and wellbeing in early learning services and schools.



This resource has been created with support and input from the following organisations:



## Mindframe resources and support

Access *Mindframe's* dedicated suite of resources for media, including self-help information and guidelines for safe reporting on suicide, mental health concerns, and alcohol and other drug concerns [here](#).

For free advice, including real-time support when reporting on suicide, mental health concerns or alcohol and other drug concerns, contact *Mindframe*:

☎ (02) 4924 6900

✉ [mindframe@health.nsw.gov.au](mailto:mindframe@health.nsw.gov.au)

🌐 [mindframe.org.au](http://mindframe.org.au)