



FEATURE ARTICLE

Portrayal of Youth Suicide in Canadian News

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Abstract

Objective: Responsible media reporting of youth suicide may reduce the risk of contagion and increase help-seeking behaviour. Accordingly, we conducted a content analysis of Canadian youth suicide newspaper articles to assess quality and summarize content (themes, age groups, populations and use of scientific evidence). **Method:** The Canadian Periodical Index Quarterly (CPI.Q) was searched (2008-2012) for full-text Canadian newspaper articles using the keywords "youth" and "suicide." The top five most relevant articles as judged by CPI.Q were selected sequentially for each year (n=25). Quality was assessed using World Health Organization (WHO) guidelines for responsible media reporting. Content analysis was completed in duplicate by two reviewers. **Results:** All articles addressed youth suicide generally rather than reporting exclusively on a specific death by suicide. Alignment of articles with individual WHO guideline items ranged from 16 to 60%. The most common content theme was prevention (80%). No article was judged to glamorize suicide. Help seeking was addressed in 52% of articles, but only 20% provided information on where to obtain help. Statistics were referenced more frequently than scientific research (76% vs. 28%). **Conclusions:** Our review suggests that Canadian media presents youth suicide as an issue for which hope and help exist. While the majority of reports aim to educate the public about suicide, increased use of scientific evidence about risk factors and prevention is recommended to facilitate the translation of rigorous scientific knowledge into improved mental health and reduced suicide risk among Canadian youth.

Key Words: *suicide, youth, responsible media reporting, Canada*

Résumé

Objectif: Les médias responsables qui rendent compte du suicide chez les adolescents peuvent réduire le risque de contagion et favoriser le comportement de recherche d'aide. Conformément, nous avons mené une analyse de contenu des articles de journaux canadiens sur le suicide d'adolescents pour en évaluer la qualité et résumer le contenu (thèmes, groupes d'âge, populations et utilisation de données probantes scientifiques). **Méthode:** Nous avons recherché (2008-2012) dans l'Index de périodiques canadiens trimestriel (IPC.T) le texte intégral des articles de journaux canadiens à l'aide des mots « adolescent » et « suicide ». Les cinq principaux articles les plus pertinents, selon l'IPC.T, ont été choisis séquentiellement pour chaque année (n=25). La qualité a été évaluée à l'aide des directives de l'Organisation mondiale de la santé (OMS) pour une couverture responsable des médias. L'analyse de contenu a été effectuée en double par deux réviseurs. **Résultats:** Tous les articles abordaient le suicide chez les adolescents généralement plutôt que de couvrir exclusivement un décès spécifique par suicide. L'alignement des articles contenant des éléments individuels des directives de l'OMS allait de 16 à 60%. Le thème le plus commun était la prévention (80%). Aucun article n'a été jugé sensationnaliser le suicide. La recherche d'aide a été mentionnée dans 52% des articles, mais seulement 20% donnaient de l'information sur l'endroit où obtenir de l'aide. Les références étaient plus fréquemment de l'ordre des statistiques que de la recherche scientifique (76% c. 28%). **Conclusions:** Notre revue suggère que les médias canadiens présentent le suicide chez les adolescents comme un enjeu pour lequel il existe de l'espoir et de l'aide. Bien que la majorité des articles visent à éduquer le public sur le suicide, le recours accru à des données probantes scientifiques sur les facteurs de risque et la prévention est recommandé pour faciliter la traduction de connaissances scientifiques rigoureuses en une meilleure santé mentale, et des risques de suicide réduits chez les adolescents canadiens.

Mots clés: *suicide, adolescent, couverture responsable des médias, Canada*

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Introduction

Youth suicide is a devastating event that affects many Canadian youth, families and communities. Responsible media reporting of youth suicide cannot be stressed enough because strong evidence exists that poor media reporting practices increase youth suicide through copycat effects or contagion (Mann et al., 2005; Pirkis, Blood, Beautrais, Burgess, & Skehan, 2006; Sisask & Värnik, 2012). Responsible reporting on the other hand could potentially reduce the risk of imitation as well as improve knowledge about suicide risk factors and effective prevention, and increase health-seeking behavior in youth struggling with suicide related behaviours (SRB; Sisask & Värnik, 2012; Silverman, Berman, Sanddal, O'Carroll, & Joiner, 2007). For example, a recent review concluded that although further investigation is needed, changes in media reporting style that align with recommendations regarding responsible media reporting may prevent suicide (Bohanna & Wang, 2012). Several sets of guidelines for responsible media reporting have been published (Canadian Association for Suicide Prevention, 2009; Canadian Mental Health Association, 2013; Doan, LeBlanc, Roggenbaum, & Lazear, 2012; The Irish Association of Suicidology, 2010; World Health Organization, 2008). Common across all guidelines are recommendations to avoid: i) language which sensationalizes or normalizes suicide or presents it as a solution to problems; ii) prominent placement and undue repetition of stories about suicide; and, iii) explicit description of the method and/or site associated with a completed or attempted suicide. Instead, guidelines emphasize the importance of providing information about where troubled youth can seek help, and the need to use a reporting opportunity to educate the public about suicide. Responsible scientific journalism has also been called for, emphasizing the need to go beyond reporting statistics, and incorporate rigorous scientific evidence about risk factors and effective prevention into media reports (Brown, 2009).

We conducted the present study to provide an analysis of how youth suicide has been portrayed in Canadian media over the past five years (2008 to 2012). Specific objectives were to: i) assess report quality using World Health Organization (WHO) guidelines for responsible media reporting (WHO, 2008); and, ii) summarize content with respect to themes, age groups, populations and use of scientific evidence.

Methods

Search Strategy: The Canadian Periodical Index Quarterly (CPI.Q) is an electronic database that provides access to full-text articles from 550 Canadian periodicals,

covering the years 1983 to present (Griffiths, 2012). Using the "Advanced Search" function, CPI.Q was searched with the keywords "youth" and "suicide" to identify Canadian newspaper articles about youth suicide published during the last five years (January 2008 to November 2012). The search was limited to an "article" document type with full text available. Only newspaper articles were included (as opposed to "Magazines" or "Academic Journals") because newspapers are sources of local news that are heavily relied on by the general public (Miller, Purcell, & Rosenstiel, 2012). The search yielded 106 articles from 2012, 79 articles from 2011, 57 articles from 2010, 57 articles from 2009, and 33 articles from 2008. The CPI.Q search engine then sorted articles by relevance using its own algorithm that is based on the number of times the keywords appear in an article. Next, we sequentially selected the top five "most relevant" articles, as determined by the CPI.Q algorithm, in each search year (2008 to 2012). This purposeful sampling strategy assumed that the first five articles resulting from the relevance rating would have the richest material for the purpose of our research question.

Inclusion/Exclusion Criteria: Inclusion criteria were as follows: i) focused on youth suicide in Canada; and, ii) an original report (i.e., not a commentary or response to another article). Articles meeting the inclusion criteria were excluded if the content did not: i) differ substantially from an already-included article; or, ii) was published in the same newspaper in the same year as an already-included article. A complete list of the 25 included articles can be found in Appendix A.

Data Extraction: Data regarding WHO reporting quality, content themes, age groups, special populations and inclusion of supporting scientific evidence were extracted independently by two reviewers (AE & SD and AE & AA) using a standardized form. All disagreements were resolved through discussion with the senior investigator (KB).

WHO Reporting Quality Criteria: We utilized the following six WHO criteria to analyze the quality of the 25 articles included in this review (WHO, 2008): i) Take the opportunity to educate the public about suicide; ii) Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems; iii) Avoid explicit description of the method used in a completed or attempted suicide; iv) Avoid providing detailed information about the site of a completed or attempted suicide; v) Word headlines carefully; and, vi) Provide information about where to seek help.

Content Themes: A provisional set of content themes was developed by AE to describe the main themes found in each of the 25 articles. Up to four main messages were recorded for each article. A second reviewer, AA, used

Table 1. Adherence to WHO responsible reporting guidelines, n (%)

Guideline	2008	2009	2010	2011	2012	Total
1. Take the opportunity to educate the public about suicide	4 (80)	3 (60)	1 (20)	2 (40)	3 (60)	13 (52)
2. Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems	4 (80)	4 (80)	4 (80)	2 (40)	1 (20)	15 (60)
3. Avoid explicit description of the method used in a completed or attempted suicide	0 (0)	0 (0)	1 (100)	1 (50)	1 (50)	3 (50)
4. Avoid providing detailed information about the site of a completed or attempted suicide	1 (100)	0 (0)	1 (100)	2 (100)	1 (50)	5 (83)
5. Word headlines carefully	1 (20)	0 (0)	1 (20)	1 (20)	1 (20)	4 (16)
6. Provide information about where to seek help	2 (40)	1 (20)	1 (20)	0 (0)	1 (20)	5 (20)

For guidelines 1, 2, 5 and 6, the n in each year is five, for a total n of 25. Guidelines 3 and 4 were not applicable for all articles (total n = six for each of guidelines 3 and 4).

the provisional set of themes to re-review the articles and identify additional themes missed by AE. Then AE and AA resolved discrepancies and finalized the full set of themes used to conduct a content analysis of the 25 articles.

Age, Special Populations and Use of Scientific Evidence: Age of youth was classed as: youth in general; elementary school aged; high school aged; elementary and high school aged; or, post-secondary school aged youth. Populations were coded as: no special population; male or female exclusive population; Aboriginal populations; or, lesbian, gay, bisexual, and transgender populations. Scientific evidence was coded as: none; statistics on suicide rates referenced; expert referenced; or, scientific research referenced (i.e., studies conducted by experts in the field).

Results

Quality Assessments: Table 1 shows the percent of articles that met each WHO guideline. Criteria 1, 2, 5, and 6 were relevant to all 25 articles. Adherence ranged from 60% for “avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems” to 16% for “word headlines carefully.” About half of the articles (52%) met the criterion “take the opportunity to educate the public about suicide.” Only 20% of articles met the criterion “provide information about where to seek help.” Guidelines 3 and 4 only applied to six of the 25 included articles. Of these six articles, five (83%) met the criterion “avoid providing detailed information about the site of a completed or attempted suicide”; three (50%) met the criterion “avoid explicit description of the method used in a completed or attempted suicide.”

Final Content Themes: Thirteen themes were derived as follows: i) Raising awareness of suicide through events or campaigns; ii) Funding, including a lack of funding or a need for funding; iii) Specific prevention efforts: strategies, programs, organizations, et cetera; iv) Eliminating stigma and stereotypes surrounding suicide; v) Speaking out and talking openly about suicide and suicidal thoughts; vi) Encouraging those with suicidal thoughts and behaviours to seek help; vii) Recognizing and determining warning signs of and risk factors for suicide, including depression, anxiety, substance abuse, et cetera; viii) Mention of specific cases of suicidal thoughts or suicidal completion; ix) Pharmacological medical treatments; x) Methods of suicide completion; xi) Youth involvement in preventing suicide; xii) Causes of suicide, including bullying, improper media reporting, poverty, poor health; and, xiii) How suicide is portrayed or reported in the media.

Content Analysis: Table 2 shows that the most common theme (included in 80% of articles) was reporting of suicide prevention efforts such as local or national suicide prevention strategies, youth centers, and in-school or community prevention programs for youth. Other common themes were: encouraging youth with suicidal thoughts to seek help (52% of articles); how to recognize and determine warning signs of and risk factors for suicide, including depression, anxiety, withdrawal from social interactions, and substance abuse (52% of articles); the importance of speaking openly about suicidal thoughts (48% of articles); and, causes of suicide, including bullying, poverty, poor health, improper media reporting, et cetera (48% of articles). Other less frequent themes include the importance of eliminating stigma surrounding suicide and suicidal thoughts (12% of articles); methods of suicide completion (12% of articles); the use of pharmacological medical treatments as a method

Table 2. Key themes, <i>n</i> (%)						
Theme	2008	2009	2010	2011	2012	Total
Raising awareness of suicide through events or campaigns	3 (60)	3 (60)	2 (40)	1 (20)	1 (20)	11 (44)
Funding, including a lack of funding or a need for funding	2 (40)	3 (60)	1 (20)	1 (20)	1 (20)	8 (32)
Specific prevention efforts: strategies, programs, organizations, et cetera	4 (80)	4 (80)	5 (100)	3 (60)	4 (80)	20 (80)
Eliminating stigma and stereotypes surrounding suicide	1 (20)	0 (0)	1 (20)	0 (0)	1 (20)	3 (12)
Speaking out and talking openly about suicide and suicidal thoughts	3 (60)	2 (40)	2 (40)	2 (40)	3 (60)	12 (48)
Encouraging those with suicidal thoughts and behaviours to seek help	5 (100)	3 (60)	2 (40)	2 (40)	1 (20)	13 (52)
Recognizing and determining warning signs of and risk factors for suicide, including depression, anxiety, substance abuse, et cetera	3 (60)	4 (80)	2 (40)	2 (40)	2 (40)	13 (52)
Mention of specific cases of suicidal thoughts or suicide completion	2 (40)	0 (0)	0 (0)	3 (60)	2 (40)	7 (28)
Pharmacological medical treatments	1 (20)	0 (0)	0 (0)	1 (20)	0 (0)	2 (8)
Methods of suicide completion	0 (0)	0 (0)	1 (20)	0 (0)	2 (40)	3 (12)
Youth involvement in preventing suicide	3 (60)	1 (20)	3 (60)	1 (20)	2 (40)	10 (40)
Causes of suicide, including bullying, poverty, poor health, improper media reporting, et cetera	3 (60)	3 (60)	2 (40)	3 (60)	1 (20)	12 (48)
How suicide is portrayed or reported in the media	0 (0)	1 (2)	0 (0)	1 (20)	0 (0)	2 (8)

The *n* in each year is five, for a total *n* of 25.

Table 3. Age of youth examined, <i>n</i> (%)						
Age	2008	2009	2010	2011	2012	Total
Youth in general	5 (100)	3 (60)	3 (60)	4 (80)	5 (100)	20 (80)
Elementary school aged	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
High school aged	0 (0)	1 (20)	0 (0)	1 (20)	0 (0)	2 (8)
Elementary and high school aged	0 (0)	1 (20)	2 (40)	0 (0)	0 (0)	3 (12)
Post-secondary school aged	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

The *n* in each year is five, for a total *n* of 25.

of alleviating suicidal thoughts and behaviours (8% of articles); and the appropriate portrayal of suicide in the media (8% of articles).

Age, Special Populations and Use of Scientific Evidence: As shown in Table 3, only five articles focused on specific age groups: two on high-school aged youth, and three articles discussed both elementary and high-school aged youth. As shown in Table 4, 52% of the articles did not examine specific populations. Amongst the articles that did focus on a particular population, the most frequently mentioned specific population was Aboriginal youth (40% of articles). The remaining 8% of articles focused on lesbian, gay, bisexual,

or transgender populations. Table 5 reports the types of supporting evidence referenced in the 25 articles. Seventy-six percent of articles used statistics alone or in combination with other types of supporting evidence. Experts and scientific research (alone or in combination with other types of supporting evidence) were rarely mentioned (28%).

Discussion

The portrayal of youth suicide in the media is important to monitor in order to minimize the consequences of poor reporting on increased risk of youth suicide and other SRB. Application of WHO guidelines for responsible reporting

Table 4. Specific populations examined, *n* (%)

Population	2008	2009	2010	2011	2012	Total
None	2 (40)	3 (60)	1 (20)	2 (40)	5 (100)	13 (52)
Gender	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Aboriginal populations	3 (60)	2 (40)	4 (80)	1 (20)	0 (0)	10 (40)
Lesbian, gay, bisexual, transgender populations	0 (0)	0 (0)	0 (0)	2 (40)	0 (0)	2 (8)

The *n* in each year is five, for a total *n* of 25.

Table 5. Supporting evidence utilized, *n* (%)

Supporting Evidence	2008	2009	2010	2011	2012	Total
None	0 (0)	2 (40)	1 (20)	2 (40)	1 (20)	6 (24)
Statistics on suicide rates referenced	4 (80)	1 (20)	3 (60)	1 (20)	3 (60)	12 (48)
Expert referenced	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Scientific research referenced	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Statistics and expert referenced	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Statistics and scientific research referenced	0 (0)	1 (20)	1 (20)	1 (20)	1 (20)	4 (16)
Statistics, expert and scientific research referenced	1 (20)	1 (20)	0 (0)	1 (20)	0 (0)	3 (12)
Total statistics referenced (alone or in combination with other sources)	19 (76)					
Total experts or scientific research referenced (alone or in combination with other sources)	7 (28)					

The *n* in each year is five, for a total *n* of 25.

revealed that most articles fell short on the six criteria applied. However, it is encouraging that our findings show that the positive themes of recognition and prevention were more common in the articles reviewed than the use of negative ideas such as the portrayal of suicide as an issue for which there is no hope. Information about the types of help available was also found, although specific information on where to get that help (one of the WHO criteria) appeared in only 20% of articles and requires increased emphasis. Stigma reduction, an important aspect of suicide prevention that can make individuals more likely to support friends and family members who suffer from mental illness (Brown & Sczersputowski, 2012) appeared infrequently. More media focus on the importance of eliminating stigma is called for. Descriptions of methods of suicide completion were found in three of six relevant articles and highlight the need for increased media awareness of research showing that this information may increase the risk of death by suicide in youth who are experiencing suicidal thoughts (Stack, 2003). Some evidence suggests that certain antidepressants may increase suicidal thoughts in some youth (Hatcher & Arroll, 2012), but this topic did not receive a great deal of attention in media reports. However, it is generally regarded that

antidepressant treatment has a beneficial population-based effect on youth suicide rates and that help seeking in depressed youth should be encouraged (Hawton, Saunders, & O'Connor, 2012). As risk factors and causes of suicide may vary with age (Brent, Baugher, Bridge, Chen, & Chiappetta, 1999), it would be beneficial for media reports to focus on specific age groups to be of optimal use to readers who may know of at-risk youth. While approximately half of the reviewed articles did not focus on a specific sub-population, ten articles focused on Aboriginal communities. This is not surprising considering that rates of suicide in some Canadian Aboriginal populations are among the highest in the world (McKenzie, 2012). It was interesting that none of the articles focused on how suicide risk factors and causes vary by gender: only two articles reported statistics based on gender, but these were not the main focus of the article. It was discouraging that only two articles focused on lesbian, gay, bisexual, and transgender populations, as suicide rates in these populations are elevated compared to the overall Canadian population (Pike, 2012).

What was exceptionally noteworthy was the limited reference to scientific evidence. While suicide statistics, often

from Statistics Canada, were frequently referenced, only seven articles in total referenced a medical expert or scientific literature. Reference to scientific resources is needed to document the validity of statements regarding risk factors for suicide and the potential effectiveness of various suicide prevention efforts. A deeper knowledge of available research by authors of media reports could also address the quality weaknesses described in the preceding paragraph.

We did not utilize five of the WHO guidelines because they were not applicable to the articles included in our review. “Avoid prominent placement and undue repetition of stories about suicide” and “exercise caution in using photographs or video footage” were excluded because we did not have access to the original newspapers in which the stories were published. None of the included articles reported on celebrity suicides, so we excluded the criterion “take particular care in reporting celebrity suicides.” None of the articles had a primary focus of reporting a specific case of a death by suicide. As such, we excluded the criteria “recognize that media professionals themselves may be affected by stories about suicide” and “show due consideration for people bereaved by suicide.”

Other potential limitations of our study center on the included articles. It is possible that CPI.Q did not capture a representative set of Canadian news results. LexisNexis® Academic is another source that may have provided us with more representative search results. LexisNexis® is described as powerful and precise, and a rich source of news content (LexisNexis, 2013). However, we were unable to find any previous reports that directly compared the quality of CPI.Q and LexisNexis®. As such, it is difficult to determine which database is preferable with respect to minimizing bias related to article representativeness. It is also possible that a larger number of articles over a longer time period may have provided a different result. The selection of 25 articles covering a five-year time period seems reasonable and aligned with the feasibility of conducting the study with the time and resources available to us.

The present study has several important implications for future research in this field. The fact that most articles fell short on the WHO guidelines for responsible reporting suggests that Canadian newspaper reporters could benefit from additional training in responsible media reporting. Future studies could examine the effects of such training on qualitative changes in the reporting of youth suicide-related topics in Canadian newspapers. Similar steps could be taken in order to improve the use of scientific evidence in newspaper articles. Additionally, it would be interesting to apply the WHO criteria to articles that have a primary focus of reporting a specific case of a death by suicide, as none of the

articles in our sample had such a focus. It is important to examine the quality of media reporting for specific cases of deaths by suicide, given the especially sensitive nature of this topic.

Conclusion

Our findings suggest that the Canadian media does not glamorize suicide, but rather presents it as an issue for which there is hope and help available. A high proportion of articles focused on specific prevention efforts and encouraged those with suicidal thoughts to get help. The majority of articles avoided language that sensationalizes or normalizes suicide, or presents it as a solution to problems. Further, more than half of the articles included content relevant to educating the public about suicide. However, as stated in WHO’s guidelines for media reports on suicide, articles should provide the public with accurate information that can increase their: i) awareness of suicide risk characteristics and effective prevention; and, ii) ability to respond appropriately to distress, whether personal or observed in others. We recommend a greater emphasis on the use of rigorous scientific evidence so that Canadian newspaper articles can be classified as scientific media reports. This can help minimize the likelihood of increasing suicide risk and facilitate the translation of rigorous scientific knowledge into improved mental health and reduced suicide risk for Canadian youth and their families.

Acknowledgements/Conflicts of Interest

The authors have no financial conflicts to report.

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Appendix A. Included articles	
Year	Article reference
2012	<p>"Suicide second leading cause of death among Canadian youth." South Asian Focus [Brampton, Ontario] 25 July 2012.</p> <p>"Youth centre addresses suicide with Not Alone! project." Kanata Courier Standard [Ottawa, Ontario] 17 Feb. 2012: 1.</p> <p>"Open dialogue about mental health." Burlington Post [Burlington, Ontario] 19 Sept. 2012: 1.</p> <p>Nagel, Jeff. "Bridge suicide barriers slow to advance." North Shore Outlook [North Vancouver, British Columbia] 3 May 2012: 1.</p> <p>"The youth of Pond Inlet write to MLA about suicide." Canadian Government News 21 Mar. 2012.</p>
2011	<p>"Video tries to provide hope for youths considering suicide." Oakville Beaver [Oakville, Ontario] 11 May 2011: 1.</p> <p>"Mental illness? Yes, but also homophobia." Globe & Mail [Toronto, Canada] 7 Oct. 2011: A21.</p> <p>"Ontario coroner considers review of youth suicides; Rights group requests probe, with focus on victims' sexual identity." Toronto Star [Toronto, Ontario] 3 Nov. 2011: A7.</p> <p>"Life after suicide." Mississauga News [Mississauga, Ontario] 5 Dec. 2011: 1.</p> <p>"Assembly of First Nations Responds to Chief Coroner's Report on Youth Suicide; Key recommendations focused on Opportunity Through Fair and Equitable Education." CNW Group 2 Sept. 2011.</p>
2010	<p>"Province continues to sanction youth suicides." CNW Group 25 Mar. 2010.</p> <p>"Native heads seek answers to suicide epidemic." Hamilton Spectator [Hamilton, Ontario] 29 July 2010: A04.</p> <p>Pogorzelski, Roy. "Suicide awareness campaign shows dedication of youth." Saskatchewan Sage 1 Mar. 2010: 10.</p> <p>Levin, Karen. "Hope thrives in the youth of the Okanagan Nation." Windspeaker June 2010: 15+.</p> <p>"Counsellors head north; Goal is to promote self-esteem, physical activity in remote areas with high rates of teen suicide." Toronto Star [Toronto, Ontario] 6 Oct. 2010: A10.</p>
2009	<p>"Talk to youth about suicide, seminar hears." Record [Kitchener, Ontario] 16 Oct. 2009: B4.</p> <p>"Students fight scourge of suicide with new DVD." Niagara This Week [Thorold, Ontario] 12 Mar. 2009.</p> <p>Reynolds, Sheila. "Youth suicide down, physical abuse rates up: Report." Surrey Leader [Surrey, British Columbia] 14 Apr. 2009: 1.</p> <p>Phalen, Chris. "Online suicide prevention program to assist First Nations." Alberta Sweetgrass 1 Sept. 2009: 13.</p> <p>Thompson, Isha. "Lack of cultural continuity could influence." Windspeaker July 2009: 18+.</p>
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