



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

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ADMINISTRATIVE ORDER

No. 2022 - 0004

SUBJECT: Guidelines for Ethical and Responsible Reporting and Portrayal of Suicide in the Media, Audiovisual, and Films

I. BACKGROUND

Research suggests that the content of suicide reporting in media has associations with suicide rates in the population (Niederkröth et al, 2020). Suicide reported in the media may lead to an increase of copycat suicides through what is known as the Werther Effect (Phillips, 1974). Conversely, responsible reporting of suicide may likewise contribute to the prevention of suicide through what is known as the Papageno Effect (Niederkröth et al, 2010). Similar mechanisms may be observed for suicide portrayed in creative media (Till et al, 2015).

In line with Section 22 of the Implementing Rules and Regulations (IRR) of Republic Act 11036 or the Mental Health Act, the Department of Health (DOH) shall develop the National Strategic Plan for Suicide Prevention and Control. Subsection d) of Section 22 specifies "responsible media reporting and handling of suicide events" as one component of this strategic plan. The World Health Organization (WHO) likewise identifies responsible reporting of suicide in the media as one of the interventions for suicide prevention in their LIVE LIFE Framework (World Health Organization, 2021). The WHO also provides guidelines for media practitioners in preventing suicide (2017 and 2019).

To achieve meaningful suicide prevention outcomes in line with protecting and promoting people's right to health, it is essential to collaboratively address risk factors for suicide while promoting protective factors. Guidance for media practitioners in the creation of media that ensures the wellbeing of individuals who already may be at risk for suicide is needed. In line with these, the DOH hereby issues this Order.

II. OBJECTIVES

This Order aims to reduce the incidence of suicidal thoughts, suicide attempts, and deaths by suicide in the country through responsible and ethical reporting and portrayal of suicide and proper handling of suicide events. Specifically, it aims to:

- A. Ensure whole-of-government and whole-of-society approach in promoting responsible and ethical reporting and portrayal of suicide and proper handling of suicide events; and
- B. Provide guidance to reporters, journalists, writers, editors, directors, producers, and other media, audiovisual, and film practitioners on the responsible reporting and/or portrayal of suicide in their respective crafts and in developing material that increases help-seeking behavior in the general population.

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III. SCOPE OF APPLICATION

This Order covers DOH Bureaus, Services and Centers for Health Development including the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) subject to the applicable provisions of RA 11054 or the “Organic Law for the Bangsamoro Organic Autonomous Region in Muslim Mindanao” and subsequent rules and policies issued by the Bangsamoro government and other National Government Agencies (NGAs). Media practitioners, audiovisual and film practitioners, including independent vloggers and citizen journalists, media outlets and online platforms, schools and universities, watchdogs, and other related stakeholders are highly encouraged to observe the provisions of this Order.

IV. DEFINITION OF TERMS

- A. **Graphic photos, videos, audio and digital links showing details of suicide or non-suicidal self-injury** - refers to forms of media showing vivid and explicit documentation of suicide or non-suicidal self-injury
- B. **Language that glamourizes the suicide** - refers to the use of glorifying language to report a person’s death, this can include emotive or dramatic content or style
- C. **Language that normalizes suicide** - refers to language that makes suicide seem common or portrays it as an appropriate and adaptive coping mechanism
- D. **Media** - refers to platforms and tools used to communicate, this includes, but is not limited to, print, audio, visual, and broadcast
- E. **Non-suicidal self-injury** - refers to intentional infliction of harm on one’s own physical body by their self without the intention of dying
- F. **Portrayal** - refers to the fictional or fictitious showing of any motion picture, television series, or stage presentation, whether or not based on true, allegorical, or fictional events
- G. **Reporting** - refers to the delivery of news and information on print, broadcast, or online platforms, on a particular material and other related developments
- H. **Sensationalist Headlines** - refers to the use of the word “suicide” or elaboration of the details in headlines to attract attention from the public, or the misuse of suicide epidemiologic information to exaggerate claims of increasing suicide
- I. **Suicide** - refers to the act of deliberately killing oneself

V. GUIDING PRINCIPLES

- A. **Protection for those At-Risk for Suicide and those who have Died from Suicide** - This policy upholds state policy to “protect and promote the right to health of the people and instill health consciousness among them” as enshrined in the 1987 Philippine Constitution Article II Section 15. The right of Filipinos “to measures that protect and enhance the right of all the people to human dignity” as stated in Article XIII Section 1 of the same document, as well as in relevant provisions in other international and regional conventions and declarations, are also upheld. The state shall develop and implement evidence-based interventions for suicide prevention.

Specific to this policy, the state and private sector shall provide media practitioners and organizations with support to ensure the upholding of health and dignity of Filipinos.

- B. Freedom of Speech, of Expression, and of the Press** - This policy upholds the rights of Filipinos enshrined in Article III Section 4 of the 1987 Philippine Constitution wherein “No law shall be passed abridging the freedom of speech, of expression, or of the press, or the right of the people peaceably to assemble and petition the government for redress of grievances,” as well as in other relevant provisions in the United Nations Declaration of Human Rights and other international and regional conventions and declarations. Media practitioners and organizations are encouraged to practice self-regulation in line with responsible reporting and portrayal of suicide with no interference or censorship from government entities.

VI. GENERAL GUIDELINES

- A. Mechanisms shall be set up to enable and support news media, audiovisual, and film practitioners to develop their skills in responsible and ethical reporting and portrayal of suicide and handling of suicide events. Relevant resources shall be developed and provided for their guidance. Partnerships with the news media, audiovisual, and film practitioners shall also be fostered to ensure uptake of resources and implementation of suggested practices.
- B. News media, audiovisual, and film practitioners, including but not limited to reporters, journalists, writers, editors, directors, and producers shall be encouraged to develop content and media placement that promotes respect for life. Likewise, publishers, marketers, distributors, and other practitioners involved in the promotion of media, audiovisual, and film shall give readers and viewers necessary warning or information to make informed choices regarding consumption of media, audiovisual, and film that may have suicide-related content.
- C. Employers of media practitioners are encouraged to ensure that measures are in place for protecting the mental health of news media, audiovisual, and film practitioners who may be adversely affected in the process of creating media, audiovisual, and film with suicide-related content, in line with relevant provisions of the Mental Health Act and Occupational Safety and Health guidelines.
- D. Implementation and adoption of these guidelines shall be monitored regularly through content analysis of relevant news media, audiovisual, and film. Monitoring and evaluation of relevant resources, guidance, and other related engagements in the implementation of this Order shall likewise be undertaken.
- E. Concerned organizations, entities, and the public are encouraged to provide feedback on media content and practice that may or may not be aligned with the objectives of this Order.

VII. SPECIFIC GUIDELINES

A. Capacity Development

Multi-level action areas for capacity development shall be initiated by the DOH and relevant government agencies to promote the responsible and ethical reporting and portrayal of suicide in media. This shall include provision of resources for capacity development, activities, and other assistance that may be relevant for developing institution-level and practitioner-level processes, skills, and practices.

1. Provision of resources for capacity development

- a. Resources or materials for news media, audiovisual, and film practitioners on responsible reporting and portrayal of suicide and proper handling of suicide events shall be developed and made available on the DOH Academy website, and shall likewise be promoted by relevant entities.
- b. Partnerships with media outlets, companies, and organizations, including with learning and training institutions, shall be fostered for the development, promotion, implementation, and monitoring and evaluation of the resources and training activities under this Order.
- c. Partnerships shall be guided by the relevant provisions outlined in the DOH Administrative Order No. 2021-0063 or the "Health Promotion Framework Strategy 2030" which state that:
 - i. "All partnerships with the public health sector shall be developed and implemented in accordance with the goals and objectives of the Health Promotion Framework Strategy 2030, and in conformity with the public health sector's strategic directions, technical norms, and standards;
 - ii. Conflicts of interest in relation to development and implementation of policies, programs, and activities of the partnership shall be effectively managed and, where appropriate, avoided to prevent any potential risks and undue influence, and to protect the independence and objectivity of the public health sector in the performance of its mandates; and
 - iii. All engagements, projects, or activities with entities whose interests, goals, and objectives contradict those of the DOH or the public health sector shall not be permitted."

2. Capacity development at institution-level

- a. Media outlets, companies, organizations, other relevant stakeholders are encouraged to adopt and utilize the above-mentioned resources and materials, or develop their own that are in line with the principles and guidelines set out in this Order. They are likewise encouraged to collaborate and/or enter into partnerships with each other to mutually promote the responsible and ethical reporting and portrayal of suicide, as well as the proper handling of suicide events, in their field.
- b. Media outlets, companies, and organizations are encouraged to ensure that their institutions have a policy and capacity development activities in place to enable the responsible and ethical reporting and portrayal of suicide in media. For this purpose, learning and training institutions shall be engaged by the DOH and other government partners for the development, promotion, and/or implementation of relevant capacity development activities to support the provisions of this Order.
- c. Media outlets, companies, and organizations are encouraged to ensure the provision of psychosocial support for employees and practitioners, who may be adversely affected in the process of developing media with suicide-related content, and other stakeholders involved in the process (e.g. bereaved family member who is interviewed for an article).

3. Promotion of practitioner-level safeguards and practices

- a. News outlets, radio stations, journalists, citizen journalists, and other media practitioners reporting suicide-related content are enjoined to:
 - i. **Provide reliable information on suicide and suicide prevention.** Use of resources from the DOH or WHO is highly encouraged.
 - ii. **Be certain of the facts of the incident.** Avoid reporting that a death is a suicide unless it has been confirmed by the proper authorities. Media practitioners are discouraged from attributing the case of suicide to a single cause, such as loss of a job, as the causes of suicide are complex.
 - iii. **Avoid describing the details of a suicide.** Practitioners are highly discouraged from describing the method and location of the death and refrain from using graphic photos, videos, audio, etc. depicting the same. They are discouraged from publishing the suicide note or any related letters, etc. of those who are suspected or confirmed to have died by suicide.
 - iv. **Observe relevant provisions from the Data Privacy Act.** Practitioners are highly discouraged from using the names and photographs of the person suspected or confirmed to have died by suicide, especially in the case of minors. The use of other personal and sensitive information that could be used to identify the person who died is also strongly discouraged. If these will be used, these shall be subject to the relevant provisions of the Data Privacy Act and consent shall be obtained from the legal representative of the person who died.
 - v. **Be careful with language used.** Practitioners are discouraged from using language that belittles, blames, or shames people who have thoughts of suicide or past suicide attempts. They are also discouraged from using language that glamorizes or normalizes suicide. They are encouraged to report the facts of the incident in a factual manner and use non-judgmental and non-discriminatory language.
 - vi. **Be cautious when interviewing persons bereaved by suicide.** Practitioners are encouraged to afford privacy to those bereaved by suicide. Practitioners are encouraged to seek their feedback on a report or article before its publishing. Media organizations and practitioners are encouraged to have referral mechanisms in place to provide support to those interviewed and are bereaved by suicide.
 - vii. **Ensure that the audience knows where to get help in the report itself.** Practitioners are encouraged to include resources, help lines, etc. for mental health and support services in their reporting such as the National Center for Mental Health Hotline.
 - viii. **Develop stories featuring proven coping mechanisms or interventions, people with lived experiences of suicide who have found effective tools to deal with suicide and non-suicidal self-injury, etc.** Media practitioners are highly encouraged to report on stories focusing on coping, receiving support, and/or seeking professional help for mental health and suicide, subject to related provisions in the Mental Health Act and Data Privacy Act.
 - ix. **Consult a mental health professional prior to reporting.** Media practitioners are highly encouraged to consult with mental health professionals or other experts on suicide prevention in order to validate facts on suicide, acceptable and appropriate terminologies, and other mental health concerns.

- b. News outlets, radio stations, journalists, citizen journalists, and other media practitioners working with the layout/placement/order and frequency of suicide-related reporting are enjoined to:
 - i. **Avoid giving prominent space or airtime to a suicide report.** Media practitioners are discouraged from displaying the story on the front page of a newspaper or news website and/or making the report the main story in a news segment or show. They are likewise discouraged from repeatedly running the same report or iteration of a single suicide.
 - ii. **Avoid mentioning the method or location of suicide or the words “suicide” or “nagpakamatay” in the headline of any report.** Practitioners are also discouraged from attributing the suicide to a single cause in the headline. The use of sensationalist headlines is highly discouraged.

- c. Filmmakers, institutions and media practitioners working on the portrayal of suicide are enjoined to:
 - i. **Be careful with dialogue and language used.** Practitioners are discouraged from using language that belittles, blames, or shames people who have thoughts of suicide or past suicide attempts. They are also discouraged from using language that glamorizes or normalizes suicide. It is recommended that the script use neutral language and special effects when dealing with suicide and its effects.
 - ii. **Develop respectful and responsible storylines.** Practitioners are highly encouraged to ground suicide-related plotlines on real life and research. Practitioners are discouraged from attributing the suicide to a single cause, such as loss of a job, as the causes of suicide are complex. Practitioners are highly encouraged to depict suicide without romanticization or suggest that good outcomes are brought out of suicide whether for the individual or for the people surrounding them. Practitioners are discouraged from portraying the method or act of suicide in their stories.
 - iii. **Consult with mental health professionals throughout the creative process.** Media practitioners are also encouraged to consult with service users with lived experience of suicide and other experts when planning and developing suicide-related content.
 - iv. **Portray stories focusing on coping, receiving support, and seeking professional help for mental health and suicide.** Practitioners are also encouraged to consider depicting potential warning signs of suicide and healthy ways of coping with them and recovery from such.
 - v. **Provide audiences with necessary information for informed decision-making.** Practitioners are encouraged to flash or announce trigger warnings, content advisories, and/or disclaimers prior to the feature/show/movie/play/musical/etc., as necessary.

- d. Filmmakers, distributors, institutions and media practitioners working on promotion of media portraying suicide are enjoined to observe the same guidelines above for promotion purposes, as well as the following:
 - i. **Provide audiences with necessary information for informed decision-making.** Practitioners are encouraged to announce and report trigger warnings and content advisories in the promotion of the

feature/show/movie/play/musical/etc., even if the trailer or other promotional material itself does not contain suicide-related themes.

- ii. **Ensure that the audience knows where to get help.** Practitioners are encouraged to include resources, helplines, etc. for mental health and support services in their flyers, posters, tickets, etc. Referral of the National Center for Mental Health is recommended.

B. Monitoring and Evaluation

The implementation of the provisions and activities under this Order shall be regularly reviewed to monitor media adoption and adherence, and to ensure the relevance and quality of the guidelines. For this purpose:

1. A monitoring and evaluation plan shall be developed and regularly implemented by the DOH and other relevant government agencies. Partners from media outlets, companies, and organizations are encouraged to monitor the same within their respective institutions.
2. Content analysis of relevant news media, audiovisual, and film shall form part of the methodology to be used for monitoring and evaluation.
3. Adherence to the guidelines set in this Order shall be monitored against suicide surveillance data, with the assistance of the National Center for Mental Health and Mental Health Division of the Disease Prevention and Control Bureau.

C. Feedback Mechanisms

Feedback mechanisms shall be established to encourage the participation of concerned organizations and the general public in suicide prevention through responsible and ethical reporting and portrayal of suicide in the media.

1. Mechanisms and criteria for giving feedback and content analysis of media, film, and audiovisual shall be detailed in a Standard Operating Procedure to be issued and regularly updated by the DOH.
2. Private citizens, organizations, and watchdogs are encouraged to provide feedback on media in line with these guidelines. Media that may contribute to the Werther Effect may be recommended to the DOH for review. If necessary, the practitioner or outlet shall be invited to voluntarily correct/revise the media piece concerned and voluntarily attend capacity development activities.
3. Media released prior to the issuance of this Order that may also contribute to the Werther Effect in accordance with these guidelines may likewise be recommended to the DOH for review. If necessary, the practitioner or outlet shall be invited to voluntarily correct/revise the media piece concerned and voluntarily attend capacity development activities.

VIII. ROLES AND RESPONSIBILITIES

A. The DOH Health Promotion Bureau (HPB) shall:

1. Coordinate with relevant government agencies and sectors to ensure a collaborative, whole-of-government approach in promoting responsible and ethical reporting and portrayal of suicide in media and proper handling of suicide events;
2. Disseminate the guidelines in this Order to the relevant stakeholders and the general public;
3. Develop resources for media, audiovisual, and film practitioners for responsible reporting and portrayal of suicide, in coordination with the National Center for

Mental Health, WHO, media, audiovisual, and film practitioners, and other experts;

4. Implement capacity-building programs for relevant stakeholders pursuant to the implementation of this Order;
5. Develop the Standard Operating Procedures for incidents of irresponsible reporting and portrayal of suicide in forms of media; and
6. Monitor and evaluate the implementation of these guidelines in coordination with relevant government agencies, other DOH offices, the academe, etc, including facilitating research.

B. The DOH Disease Prevention and Control Bureau (DPCB) shall:

1. Develop resources for media, audiovisual, and film practitioners for proper handling of suicide events, in coordination with the National Center for Mental Health, WHO, media, audiovisual, and film practitioners, and other experts;
2. Develop efficient linkages with other agencies and organizations that provide or make arrangements to provide accessible, available, affordable, and acceptable mental health services as well as continuing care relative to the possible impacts to mental health of media reporting or portrayal of suicide;
3. Provide recommendations on the effective implementation of the guidelines in this Order based on relevant data;
4. Provide the necessary technical assistance in the implementation of capacity-building programs pursuant to the implementation of this Order; and
5. Monitor suicide cases in the population against media reports and portrayal of suicide.

C. The DOH Communications Management Unit (CMU) shall:

1. Assist the HPB in communicating guidelines, capacity building resources and activities, and feedback to relevant media practitioners; and
2. Assist the HPB in monitoring media for incidents of unethical or irresponsible reporting or portrayal of suicide.

D. The Philippine Council for Mental Health (PCMH) shall:

1. Provide recommendations on the effective implementation of the guidelines in this Order based on relevant data; and
2. Ensure that the training of first responders, health professionals, and volunteers to recognize suicidal behaviors, provide telephone counseling, and support those beraved by suicide is part of the overall suicide prevention strategy and monitor its implementation.

E. The National Center for Mental Health (NCMH) shall:

1. Strengthen existing or establish new systems for suicide surveillance;
2. Coordinate and link twenty-four seven (24/7) helplines or crisis hotlines to available appropriate services within the territorial jurisdiction of the crisis call; and
3. Provide policy-makers and program implementors with data (demographics, methods used, catchment area, etc.) to be used in development of policies and programs for suicide prevention.

F. Media Practitioners, Journalist Associations, Film/Stage/Screen Professional Groups, and the General Public are encouraged to:


1. Develop and implement their own guidelines or ethical codes on the responsible reporting and/or portrayal of suicide, as applicable, and in alignment with the guidelines of this Order;
2. Establish referral mechanisms for mental health services for those adversely affected in the process of developing media with suicide-related content; and
3. Report incidents of unethical or irresponsible reporting or portrayal of suicide to the DOH and other relevant actors.

IX. SEPARABILITY CLAUSE

In the event that any provision or part of this Order is declared unauthorized or rendered invalid by any Court of law, those provisions not affected by such declaration shall remain valid and effective.

X. EFFECTIVITY

This Order shall take effect fifteen (15) days after following its publication in a newspaper of general circulation and upon filing with the University of the Philippines Law Center (UPLC) of three (3) certified copies of this Order.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

Annex A. References

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