SOCIAL MEDIA GUIDELINES FOR MENTAL HEALTH PROMOTION AND SUICIDE PREVENTION

TEAM³up
Tools for Entertainment and Media

CAMERA
RTDNA
EIC
NAB
The Entertainment Industries Council’s TEAM Up Social Media Guidelines for Mental Health Promotion and Suicide Prevention provide tips for organizations and individuals communicating about mental health and suicide on social media to reduce stigma, increase help seeking behavior and help prevent suicide. Additional recommendations for news and entertainment professionals can be found in TEAM Up’s Mental Health Reporting Style Guide and other resources at eiconline.org/teamup.

**Table of Contents**
- Social Media Strategy (p. 2)
- Content Considerations – Mental Health (p. 2)
- Content Considerations – Suicide Prevention (p. 3)
- Language and Images (p. 4)
- Building Online Engagement (p. 4)
- Privacy and Safety Concerns (p. 5)
- Addressing Suicide-Related Posts by Others (p. 5)
- Additional Resources (p. 6)

**SOCIAL MEDIA STRATEGY**
- **Know your goal.** Why do you want to use social media? To counter stigma and discrimination? To increase use of mental health services? To encourage people to reach out to a friend who needs help? The outcome you’re seeking should drive your strategy and should fit into your larger program goals.
- **Identify your audience and where to reach them.** Whom do you want to reach with your online communications—people experiencing mental health challenges, friends or family members of people in crisis, potential supporters and allies of your organization’s work, mental health providers? Where do they spend their time online? What content will appeal to them?
- **Assess your available resources.** Consider your capacity to carry out a social media program in terms of staff, time and expertise, and be realistic in your expectations. Can you supplement your efforts with ads promoting your posts?
- **Be in it for the long haul.** Because the issue of mental health is such a personal one, recognize that trust is built up over time, through ongoing participation with the online community. Know that you need to think long-term to be most effective, and that success will likely not come overnight.
- **Track the results of your efforts.** Evaluating what engages your audience and what misses the mark will help you be more effective and efficient in the future.

**CONTENT CONSIDERATIONS – MENTAL HEALTH**
- **When linking to mental health information, use a reliable source.** Misinformation is rampant online, so make sure you’re not spreading inaccurate information from sites that may be unreliable. Accurate sources generally include government agencies (e.g., MentalHealth.gov), professional associations, well-known national nonprofits and academic journals.
- **If retweeting or sharing a link, look at the entire content before passing it along.** Assess whether it contains any inaccurate, stigmatizing, or unsafe content (see next section for safety recommendations).
• **Be transparent.** If you work for an organization that has a commercial interest in the issue, make that clear in your profile. Whether you’re a mental health advocate or provider, people like to know with whom they’re talking.

• **Social interactions with people living with mental illness are the most effective way to reduce public stigma.** Using social media to matter-of-factly talk about your own experience can help online friends and followers gain a better understanding of mental illness.

• **Consider sharing positive stories about recovery, rather than only posting mental health-related content when there is a negative incident.** For examples, see the veteran-focused stories at MakeTheConnection.net (or its Facebook page), messages of hope at OK2TALK.org and “Real Stories” from youth at ReachOutHere.com.

• **Avoid sharing stories that imply that mental illness often causes violence.** The vast majority of people who are living with mental illness are never violent, and are in fact more likely to be victims than perpetrators of violence. Refer to our Mental Health Reporting Style Guide (eiconline.org/teamup/for-journalists/) for guidance on when mental illness is relevant to a story about a violent incident.

• **When you see someone else posting stigmatizing or disparaging content, consider saying something.** You have the power to influence how someone thinks about people living with mental illness. If it is a celebrity or corporate account, you have the opportunity to make an even bigger difference. Rather than attacking them, explain why what they posted is hurtful.

• **Consider adding the phrase “[Trigger Warning]” when linking to graphic stories or images.** Though what might cause some people to experience a painful psychological response varies, a trigger warning may be appropriate for your audience. Materials meriting this kind of warning may include accounts of suicide, suicide attempts, sexual assault, violent incidents, self harm, or disaster/battlefield situations. If on a blog, use a “cut” so that users must click a link to “Read more…” before seeing the potentially triggering content.

**CONTENT CONSIDERATIONS - SUICIDE PREVENTION**

• **Avoid focusing your communications solely on the extent and consequences of suicide.** Prevention efforts are more successful when sharing positive stories of hope and recovery, as well as examples of support and assistance. Calling it an “epidemic” or emphasizing dire statistics can make suicide seem more common than it is or as an acceptable way to cope with adversity.

• **Follow recommendations for safely communicating to the public about suicide.** These recommendations were designed for journalists covering stories about suicide based on research that certain types of media reporting increase the risk of suicide contagion among vulnerable individuals. (See reportingonsuicide.org for details.) Some of the recommendations include:
  o Don’t overdramatize the event or place “suicide” in the headline/title. (In headlines, “dies” is appropriate.)
  o Avoid exact details on locations and methods.
  o Avoid photos or videos of the location or method of death, and of grieving family and friends or memorial services.
  o Avoid sharing information from suicide notes about motives.
Don’t oversimplify. Suicide is complex and often has many factors. It is almost certainly inaccurate to cite a single cause as, for example, “recent money woes” or “a fight with a spouse.”

- **Share links to suicide prevention resources periodically and when someone in the news or an online community member has died by suicide.** Appropriate hotlines and websites include the National Suicide Prevention Lifeline for the U.S. ([suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)), Samaritans for the UK ([samaritans.org](http://samaritans.org)), or Befrienders Worldwide ([befrienders.org](http://befrienders.org)).

- **Be sensitive to the fact that family members may see your posts about their loved one’s suicide.** Don’t write something you would not say directly to them and remember that even if you post something privately, it could become public.

**LANGUAGE AND IMAGES**

- **Write conversationally.** Don’t sound like a textbook or a press release. People are more receptive when they feel like they are connecting with a real person behind the account.

- **Avoid stigmatizing or derogatory language.** This includes words like “crazy,” “psycho,” “nuts,” “lunatic,” “deranged,” etc. Also avoid “committed suicide” (associated with crimes) and “successful/failed suicide” Instead, use “suicide attempt,” “suicide death,” or “attempted/died by suicide.”

- **Use people-first language rather than labels.** This means describing, for example, someone as “living with schizophrenia” rather than “a schizophrenic.”

- **Avoid relying on stereotypical imagery** of people looking disheveled or threatening, or clutching their head. Most people living with mental illness show no outward signs of distress.

- **Avoid descriptions and images of suicide acts or methods**, such as images of guns, pills, or nooses, pictures or descriptions of the location of a suicide, or details about a suicide attempt or death.

**BUILDING ONLINE ENGAGEMENT**

- **Offer different ways for people to participate with you online.** If you want to cultivate an engaged group of people around your issue, realize that people will vary in how they want to interact. Some will simply read your posts, others will converse, and still others will be motivated to create a video or share your campaign with their friends. Creating opportunities for different levels of participation will lead to a vibrant online community.

- **Use appropriate hashtags to make your posts easy to find.** Hashtags are keywords that are used to tag and aggregate posts across sites like Twitter, Instagram, Facebook, and Google+. Some relevant and frequently used hashtags include #mentalhealth, #suicide, #mhsm (mental health social media), #CYMH (child and youth mental health), #PTSD, #mentalhealthmatters, #EndStigma, #OK2TALK, and #saludmental. See [www.symplur.com/healthcare-hashtags](http://www.symplur.com/healthcare-hashtags) for more relevant hashtags. Or coin your own hashtag to spread your campaign.

- **Join in on Twitter chats and interact with people livetweeting from conferences on relevant topics.** Some popular chats include #MHCChat, #MHSM (mental health social media), #SPSM (suicide prevention social media), #MHNurseChat, #PPTalk (postpartum psychosis), and more.
PRIVACY AND SAFETY CONCERNS

- **Give careful consideration to your own privacy online.** Share your story, but share it in a smart way—do not give out identifiable personal and health information. Remember that what goes online may be there forever.
- **Never share other people’s information without permission.** Be mindful of others’ privacy in addition to your own. Even if someone is already public about their mental health status or experience with suicide, be thoughtful about whether and where you share it. Private information about someone else should never be posted. If you are a mental health provider, discussing your clients is illegal.
- **Avoid sharing details like treatment protocols or dosages** to prevent others from trying it themselves, as that should be discussed directly with their provider.
- **Develop policies and procedures for safe comments and posts** on your social media page/group or any websites or blogs you publish (see preventtheattempt.com for best practices). Monitor for hurtful comments from posters who may be in crisis and take action when needed as quickly as possible.
- **If you or someone you know are being harassed or bullied online…** There are several things you can do to keep yourself or others in your community safe. Clearly tell the harasser to stop, then refrain from any further communications. If the behavior continues, save the communications and contact the appropriate service (e.g., social network site, internet service provider) to take action. If threats of violence have been made, consider involving law enforcement.

ADDRESSING SUICIDE-RELATED POSTS BY OTHERS

- **If someone posts potentially suicidal content online, take action.** They may or may not intend to follow through, but don’t take a chance. Reach out to the person online and find out how you can help or provide and encourage them to access resources. Many social networks have a system in place to report suicidal content and get online help to that person. (See suicidepreventionlifeline.org/gethelp/online.aspx.)
- **Keep an eye out for trending topics on Twitter and Facebook that may be related to the suicide of a celebrity or other well-known person.** Post resources for people who may be experiencing suicidal thoughts as a result of the news. Use the same hashtags or keywords that appear in the trending topics so your posts will be seen by those following the news.
- **Do not repost stories or links about suicide attempts or death.** Imitative suicides are more likely with more frequent and prominent coverage. In addition, posting links to stories can drive up online traffic, which encourages media organizations to continue posting these stories. Instead, share resources and stories of hope and recovery.
- **Avoid perpetuating suicide myths by addressing inaccurate information others post.** Myths such as the idea that ‘someone who talks about suicide does not do it,’ or that ‘asking someone if they are suicidal will plant the idea in their head’ may keep people from getting the help they need.
- **Be vigilant for suicide hoaxes that may spread quickly online.** Do not retweet or repost information that has not been confirmed by a reliable source, and discourage others from doing so as well.
- **Work with influencers in online fan communities** who can help to quell rumors and spread accurate information to counter suicide hoaxes.
FURTHER SOCIAL MEDIA RESOURCES

Know the Signs - How to Use Social Media for Suicide Prevention: User Guide

Responding to a Cry for Help: Best Practices for Online Technologies
http://www.preventtheattempt.com

CDC Social Media Tools, Guidelines & Best Practices
http://www.cdc.gov/socialmedia/tools/guidelines/

In the Know: Social Media for Public Health

Social Media in Mental Health Practice: A Practical Guide for Health and Social Care Practitioners Working in Mental Health Services http://www.leedsandyorkpft.nhs.uk/_documentbank/2418_DMH_e_book_2_1.pdf

Online Media Recommendations for Reporting on Suicide
http://www.reportingonsuicide.org/online-media/

PARTNER RESOURCES

OK2TALK
http://OK2TALK.org

Each Mind Matters
http://eachmindmatters.org

ReachOutHere
http://reachouthere.com

Know the Signs - Suicide is Preventable
http://suicideispreventable.org

Walk in Our Shoes
http://walkinourshoes.org

MentalHealth.gov
http://mentalhealth.gov

TEAM UP (TOOLS FOR ENTERTAINMENT AND MEDIA)
a project of the Entertainment Industries Council, Inc.
866.284.9767
TEAMup@eiconline.org
www.eiconline.org/teamup

This publication is developed through a project administered by the California Mental Health Services Authority (CalMHSA). CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Proposition 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.