



Facebook suicide memorial pages: Are they in compliance with WHO's suicide media guidelines?

Gabrielle Dupuis¹, Raywat Deonandan^{*1}

ABSTRACT

We applied the World Health Organization's checklist of quality criteria to a sample of 75 Facebook memorial pages for young people aged 15-25 in Canada and the USA. The most common poor behavior is the publishing of distressing images, something done by 90.7% of analyzed pages. The most common positive behavior was the publicization of suicide risk factors, which was done by only 17.3% of pages. Men and women differed in that men's pages were more likely to give simplistic reasons for the death (25% vs 8,7%), while the women's pages were dramatically more likely to report the method of suicide (38.1% vs 17.3%), though these differences were not statistically significant. These results serve to start the conversation around the appropriateness of the content of suicide memorial pages.

INTRODUCTION

In a majority of countries, the highest rates of attempted suicide are by those between the ages of 15 and 24 years.¹ This is also the age group most active on social media sites, with 80% of American adolescents being regular users of sites like Facebook.² Some have suggested that there is a relationship between suicide ideation and the intense crucible of expression and intimacy that social media often engenders.³ Undeniably, such sites have the power to be forces of both good and bad, as individuals seek solace and succor online, but are also rendered vulnerable in complex and multifaceted ways.⁴

Complicating the already muddy relationship between youths' use of social media and their vulnerability to thoughts of self-harm is the popularity of Facebook memorial pages. Unlike virtual cemeteries, which provide online markers and basic data about the deceased, a memorial page seeks to celebrate the life of the departed, allowing friends and family to converse with each other, and even to post messages to the deceased individual. Responsibly done memorial pages can serve as an

appropriate communication vehicle to commemorate a loved one and, in doing so, have a consoling and therapeutic value to those visiting them. A subset of these memorial pages is those erected for suicide victims.

The World Health Organization (WHO) has developed suggested suicide prevention protocols for use on social media sites for the purposes of reducing suicide ideation.⁵ Their protocols include a list of "do's" and "don'ts" for how to talk about suicide online. These protocols include: highlighting alternatives to suicide; providing information on helplines and community resources; publicizing risk indicators and warning signs; refraining from publishing photographs or suicide notes; not reporting specific details of the method used; not offering simplistic reasons for the act; not glorifying or sensationalizing suicide; not using religious or cultural stereotypes and; not apportioning blame.⁵

We asked ourselves whether individuals who frequent suicide memorial pages may be at more risk for suicidal behaviors,⁶ and whether the pages themselves might unintentionally incite suicidal

GJMEDPH 2018; Vol. 7, issue 1

¹University of Ottawa, Ottawa, Canada

*Corresponding Author

Raywat Deonandan

Interdisciplinary School of Health Sciences,

University of Ottawa, Ottawa, Canada K1N

6N5

rdeonand@uottawa.ca

Telephone No. 613-562-5800

Conflict of Interest—none

Funding—none

behavior.^{6, 7} With this study, then, we sought to measure the extent to which a representative sample of Facebook memorial pages satisfy the WHO criteria for responsible social media use.

MATERIAL AND METHODS

A total of 11,623 victims were identified from the *Suicide Memorial Wall* database.⁸ Only those between the ages of 15 and 25, from North America and with their suicide having occurred after 2000 were selected, resulting in a sample space of 3478 pages. Within this space, 314 were found to have Facebook memorial pages, based on a search using the victim's name, preceded or preceded by "RIP", "Memorial", "Remembering" or "In Loving Memory". A random sample of one quarter of those pages (n=75) were selected for analysis.

A thorough review of the posts in each memorial page was conducted from the most recent post to the first post at the date the page was created, including images. Each page was assessed using subjective and objective judgment. A binary measure was used for the presence or absence of the WHO's recommendations for safe suicide portrayal in the memorial pages. The objective data included: referring to suicide as "successful", highlighting alternatives to suicide, providing information to community resources, publicizing risk indicators, publishing photos, and reporting specifics on methods.⁴

The subjective data included: giving simplistic reasoning for the suicide, glorifying the reasoning for the suicide, using religious or cultural stereotypes, and apportioning blame.⁴ For example, "John Smith just broke up with his girlfriend, and couldn't handle the break-up" would be an instant of *simplistic reasoning*; "John Smith was too good for this world

and he will only be happier in his death" would be an instance of *glorifying reasoning*; "Jesus needed John Smith to join him in Heaven" would be an instance of a *religious or cultural stereotype*; and "If it weren't for how people treated John Smith, he would still be here with us" would be an example of *apportioning blame*.

A score based on the WHO checklist was then computed for each page, ranging from -10 to +10. When one of the 10 WHO criteria was observed to be present, the page would receive a point. When a criterion was absent, the page would be deducted a point. An example of a 'perfect' memorial page (scoring +10) would be a page that publicizes risk indicators, highlights alternatives to suicide, and provides information to community resources and does not contain any of the negative attributes.

Due to the public nature of Facebook memorial pages, this study was exempted from full review by the University of Ottawa Office of Research Ethics and Integrity.

RESULTS

Among our sample, the mean age of suicide was 19.6, comprising of 69.3% males, 30.7% females, 88% American subjects and 12% Canadian subjects. Based on the attributes within the WHO guidelines, the mean score given to the analyzed pages was 0.83, summarized in Table 1, with the distribution of positive and negative attributes summarized in Table 2. The most common poor behavior is the publishing of distressing images, something done by 90.7% of analyzed pages. The most common positive behavior was the publicization of suicide risk factors, which was done by only 17.3% of pages.

Table 1 Summary of Mean Assessment Scores of Facebook Memorial Pages

Category	Mean Score	Standard Error
All pages	0.8267	0.0030
Men's pages	1.000	0.3377
Women's pages	0.5217	0.5367
American pages	0.6667	0.3207
Canadian pages	1.6364	1.0787

Table 2 Percentage of Analyzed Facebook Pages showing each of the WHO Assessment Criteria

Facebook Page Assessment Criterion	Positive or negative attribute	Percent of Pages Showing this Attribute	Percent of Men's Pages Showing this Attribute	Percent of Women's Pages Showing this Attribute	Percentage of Canadian pages Showing this Attribute	Percentage of American pages Showing this Attribute
Publicize risk indicators	positive	17.3	19.2	13.0	33.3	19.7
Highlight alternatives to suicide	positive	8.0	9.6	4.3	3.3	7.6
Provides information to community resources	positive	16.0	13.4	21.7	0	18.2
Refer to Suicide as Successful	negative	17.0	19.2	13.0	3.3	19.7
Publish photos	negative	90.7	90.4	91.3	88.8	90.9
Report specifics on methods	negative	22.7	17.3	38.1	3.3	24.2
Give simplistic reasoning	negative	20.0	25.0	8.7	3.3	19.7
Glorify reasoning	negative	8.0	5.8	13.0	3.3	13.0
Use religious or cultural stereotypes	negative	29.3	25.0	39.1	3.3	7.6
Apportion blame	negative	12.0	9.6	17.4	0	12.1

Sub-analyses by sex and country show both female and American pages to be less acceptable than male and Canadian pages, though all differences falling well within the computed standard errors. Interestingly, none of the Canadian pages scored the negative attribute of apportioning blame, whereas this was done by 12% (n=8) of the American pages. However, none of the Canadian pages offered information for community resources, while 18.2% of American pages did so. Also notable was that Canadian pages were much more likely to publicize suicide risk factors than were American pages (33.3% vs 19.7%).

The most extreme differences between male and female pages were that the men's pages were more likely to give simplistic reasons for the death (25% vs 8.7%), while the women's pages were dramatically more likely to report the method of suicide (38.1% vs 17.3%).

DISCUSSION

Given that Facebook has over a billion users, the majority of them adolescents, it is important that Facebook suicide memorial pages are developed in a responsible manner,² especially since some of the sites' visitors are likely in a vulnerable state themselves.¹⁰ Of particular concern is the tendency for many pages to describe suicide methods, a choice that could assist vulnerable viewers in

conceptualizing and strategizing their own suicides.¹¹ It would be prudent for memorial pages to not aid in the development of a suicide plan.¹²

It should be noted that social media sources can actually serve to decrease suicidal behavior and ideation.⁴ Good examples are the Facebook pages that have worked in collaboration with National Suicide Prevention Lifeline and the American Foundation for Suicide Prevention.¹³ They provide links to suicide prevention organizations and have demonstrated higher levels of participation in preventative actions among vulnerable teens.¹³ Conversely, increased incidents of suicide using a particular method have occurred after media portrayal of that method.¹⁴ Indeed, there exist many disturbing web pages that describe methods of suicide in vivid detail, along with their success rates.¹⁵

This study is, of course, limited by its small sample size, and by our choice to restrict the analyzed pages to just the USA and Canada. Moreover, our subjective method of appraising the extent to which pages adhere to the WHO criteria was not subject to validation or multiple raters. Nevertheless, we feel that these results, however shallow, serve to start the conversation around the appropriateness of the content of suicide memorial pages, might may lead to more comprehensive policies enacted by social media administrators.

REFERENCES

- Schmidtke, A., Bille-Brahe, U., Deleo, D., Kerkhof, A., Bjerke, T., Crepaf, P., Haring, C., Hawton, K., Lönnqvist, J., Michel, K., Pommereau, X., Querejeta, .., Phillipe, I., Salander-Renberg, E., Temesváry, B., Wasserman, D., Fricke, S., Weinacker, B. and Sampaio-Faria, J. G. (1996), Attempted suicide in Europe: rates, trend.S and sociodemographic characteristics of suicide attempters during the period 1989–1992. Results of the WHO/EURO Multicentre Study on Parasuicide. *Acta Psychiatrica Scandinavica*, 93: 327–338. doi: 10.1111/j.1600-0447.1996.tb10656.x
- Yang C, Brown BB. Motives for using Facebook, patterns of Facebook activities, and late adolescents' social adjustment to college. *J Youth Adolesc* [Internet]. 2013 Mar [cited 2014 Oct 10]; 42(3):403–16. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23076768>
- Yang AC, Tsai S-J, Yang C-H, Shia B-C, Fuh J-L, Wang S-J, et al. Suicide and media reporting: a longitudinal and spatial analysis. *Soc Psychiatry Psychiatric Epidemiology* [Internet]. 2013 Mar [cited 2014 Dec 12];48(3):427–35. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22878833>
- Tam J, Tang WS, Fernando DJS. The internet and suicide: A double-edged tool. *Eur J Intern Med* [Internet]. 2007 Oct [cited 2014 Nov 8]; 18(6):453–5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/17822655>
- Disorders B. Mental and Behavioural Disorders Department of Mental Health World Health Organization. 2000; 1–9.
- Biddle L, Donovan J, Hawton K, Kapur N, Gunnell D. Suicide and the internet. *Bmj* [Internet]. 2008 [cited 2014 Dec 12]; 336 (April). Available from: <http://www.bmj.com/content/336/7648/800?linkType=FULL&resid=336/7648/800&journalCode=bmj>
- Smahel D, Brown BB, Blinka L. Associations between online friendship and Internet addiction among adolescents and emerging adults. *Dev Psychol* [Internet]. 2012 Mar [cited 2014 Nov 27]; 48(2):381–8. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22369342>
- The Suicide Memorial wall. <http://www.suicidememorialwall.com/> (accessed 10 December 2014)
- Gunnell D, Bennewith O, Kapur N, Simkin S, Cooper J, Hawton K. The use of the Internet by people who die by suicide in England: a cross sectional study. *J Affect Disord* [Internet]. Elsevier B.V.; 2012 Dec 10 [cited 2014 Dec 12]; 141(2-3):480–3. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22609195>
- Becker K, Mayer M, Nagenborg M, El-Faddagh M, Schmidt MH. Parasuicide online: Can suicide websites trigger suicidal behaviour in predisposed adolescents? *Nord J Psychiatry* [Internet]. 2004 Jan [cited 2014 Dec 12]; 58(2):111–4. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15204216>
- Wilcox HC, Arria AM, Caldeira KM, Vincent KB, Pinchevsky GM, O'Grady KE. Prevalence and predictors of persistent suicide ideation, plans, and attempts during college. *J Affect Disord* [Internet]. Elsevier B.V.; 2010 Dec [cited 2014 Dec 12]; 127(1-3):287–94. Available from:



- <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2924459&tool=pmcentrez&rendertype=abstract>
12. Collings S, Niederkrotenthaler T. Suicide prevention and emergent media: surfing the opportunity. *Crisis* [Internet]. 2012 Jan 1 [cited 2014 Dec 12]; 33(1):1–4. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22357378>
 13. Luxton DD, June JD, Fairall JM. Social media and suicide: a public health perspective. *Am J Public Health* [Internet]. 2012 May [cited 2014 Nov 1]; 102 Suppl S195–200. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3477910&tool=pmcentrez&rendertype=abstract>
 14. Chen Y-Y, Chen F, Gunnell D, Yip PSF. The impact of media reporting on the emergence of charcoal burning suicide in Taiwan. *PLoS One* [Internet]. 2013 Jan [cited 2014 Dec 12]; 8(1):e55000. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3559477&tool=pmcentrez&rendertype=abstract>
 15. Biddle L, Donovan J, Hawton K, Kapur N. Suicide and the Internet health suicide and the internet of internet. 2014; 336(7648):800–2.