

Suicide Notes

I contemplated killing [redacted] myself
[redacted] five years ago. [redacted]

[redacted] Now, to help others, [redacted] I call [redacted]
on all journalists [redacted] to break the silence [redacted]
[redacted] on our final taboo

By Liam Casey

My heart thumps as I scramble out of bed and grab the phone. Anita Murray, my assignment editor at the *Ottawa Citizen*, tells me the police have pulled a body from the Rideau Canal. The third day of my internship had been reserved for training until police discovered the “floater” around dawn. I find nothing at the scene, but a photographer has already come and gone, so a brief item appears online with a photo of the body bag.

The newsroom buzzes when I arrive, or maybe that’s just my heart, fluttering away. Murray tells me to follow up with police. About an hour later, the cops say he was a “jumper,” but that’s just for my information since, the officer tells me, the paper doesn’t report suicides. I hang up, stroll over to Murray and Rob Bostelaar, another editor, and tell them the man killed himself. They tell me not to pursue it further. I move on to a story about a man trying to lure a child into his van near a public school. At least it means I can avoid writing about suicide.

But I am confused, ignorant of the accepted practice of not reporting suicides. Later, I learn the 19-year-old man hadn’t intentionally killed himself; he was coming home from a high school graduation party and stumbled off the bridge—police say alcohol may have been involved. That’s a story that also never got told. The spectre of the s-word scared the newsroom from digging any further.

I, too, am scared of covering suicide, though for a different reason. Still, reporters have a duty to cover all aspects of life, including death. Suicide avoidance is a throwback to journalism’s dark days, a time when editors and news producers could choose to ignore unpleasant matters. But the industry can no longer justify failing to cover a tragedy that will affect so many people, in one way or another, at some time in their lives.

I stare into the bathroom mirror. It is 3 a.m. on a warm September morning in 2005. I’ve never seen this man before. Rotten prunes take hold where his eyes should be; a gnarled nest wraps around his jaw and an uncombed mess of hair is tangled like seaweed on top of his head.

It’s my seventh consecutive sleepless night—one week since my second diagnosed episode of depression. My mind is usually quiet, clear and logical, but a depressed mind is anything but. Thoughts hover like a mass of mosquitoes dancing in all directions. I grab a can of Guinness and a host of pills and return to my room. No matter how many beers I drink, I can’t kill the mosquitoes. The pills promise permanent silence. Tempting me from my bookshelf are about 100 tablets of Zoloft, my anti-depressant medication, a month’s supply of trazodone, another anti-depressant that doubles as a potent sleeping pill, and about a dozen of my roommate’s Tylenol 3s, a codeine-based pain reliever.

I line up the bottles on my desk, sit down, crack open the beer and surf the internet. A search on suicide yields little, apart from how-to guides and distress-centre phone numbers. I’m killing time before downing the pills when I pick up a copy of *A Confederacy of Dunces*, a prize-winning novel by John Kennedy Toole. It’s supposed to be funny. I could use a laugh.

At first, I don’t make it past the foreword, in which Walker Percy tells the story of the manuscript. Toole, just 32, killed himself in 1969. His devastated mother worked tirelessly to get the book published. After many rejections, she found an ally in Percy, who helped get it published in 1980. I sit, tears slinking down my face, thinking of my mother and my father. The buzz in my brain softens enough to grab the pills and toss them in the bathroom. I read the 394-page book in one sitting.

There were 3,743 reported suicides in Canada in 2005; I was nearly number 3,744. The media cover murder-suicides, celebrity suicides and the odd “normal” suicide. But that’s just a fraction of them. Conversely, there were 658 murders that year, and all received coverage. More people kill themselves than die by motor vehicle collisions. Suicide is the 10th leading cause of death in Canada and the second leading cause of death for people 15 to 24. A Harris-Decima poll released in late August revealed that 83 percent of Canadians didn’t know that.

Psychiatrists, police and editors cite the contagion effect as the principal reason to not report suicides. The theory is that extensive coverage of one suicide triggers other suicides, spreading like a virus. After Goethe’s *The Sorrows of Young Werther*, a novel about a man who shoots himself over a doomed love affair, came out in 1774,

there was a reported increase in young men shooting themselves. That’s why some people refer to the contagion, or copycat, effect as the Werther Effect.

The Canadian Psychiatric Association (CPA) released updated suicide reporting guidelines for journalists in 2009. Jitender Sareen, a psychiatrist and professor at the University of Manitoba and one of the authors of the policy paper, believes there is a connection between sensationalized reporting and more suicides. Citing evidence that hyped media coverage leads to copycat suicides among those 24 and younger, the paper recommends journalists avoid running stories on the front page, never detail the method of suicide, never use the word suicide in headlines and avoid admiration of the deceased. Otherwise, according to the CPA, it’s sensationalism.

But André Picard, a public health reporter with *The Globe and Mail*, is skeptical: “They cite this Austrian article in which a suicide was covered heavily and was followed by a rash of suicides—although I don’t think that was proof of copycats. They are people that were on that path before, and I really don’t think you can draw a conclusion one way or the other on that one.” Picard aside, few journalists have pushed the psychiatric community on the validity of the contagion effect. It’s like a relic bomb from the Second World War that no one wants to examine, even though it’s likely a dud. Stay away. Do not touch. Avoid.

The problem with the CPA’s new but outdated guidelines is they do not govern the internet, where detailed information on individual suicides floods Facebook, Twitter and tribute websites, many of which glorify the dead. And the mainstream media are hypocritical, breaking their suicide silence if it involves a public figure, a murder-suicide or some other hook. A spate of gay teenagers killing themselves captured the media’s attention in the fall of 2010. The coverage made it seem like a new problem, but it isn’t. It just hadn’t been reported.

Men aged 35 to 54 are the most likely suicides in Canada, but it’s rare to read an article about a middle-aged man who shot his brains out, or a feature on a schizophrenic who hanged himself. The coverage, for whatever reason, skews young. Michel Gariepy, a University of Ottawa student, leaped from the 15th floor of his residence around 9 a.m. one Saturday in September 2009. The *Citizen* was on it two days later with a detailed account of the immediate aftermath. The paper didn’t identify Gariepy, but quoted other students as well as Rajiv Bhatla, chief psychiatrist with the Royal Ottawa Hospital Health Care Group, who stressed the need for sensitivity and balance when discussing suicide publicly. The *Citizen*’s coverage was the best of a poor lot. On Tuesday, CBC had reported the suicide on its website, using Gariepy’s name and the phrase “jumped to his death.” On Wednesday, an article in *The Fulcrum*, the university newspaper, named Gariepy, but referred to the suicide as an “incident” after several witnesses saw the man “fall to his death.” The story implied suicide—but good journalism isn’t about implying facts.

Shortly after writing a scathing column about the coverage of Gariepy’s death, Picard met with Sareen in Brandon, Manitoba, where the two were attending a conference hosted by the Canadian Association of Suicide Prevention. “Maybe by talking more openly about mental illness we can prevent suicides,” Picard had argued in his piece. “Burying our heads in the sand and self-censoring our stories certainly has not worked.”

In person, he told the psychiatrist that if Prime Minister Stephen Harper killed himself, the media would report everything, including the method used, and it would run on the front page. That is suicide reporting 101—if it involves a prominent public figure, or occurs in a public place, that’s reason enough to cover it.

Fortunately, not all psychiatrists want to censor journalists. Sareen, for one, wants to work with them. “Our perspective is responsible reporting,” he says. The psychiatrist and Picard agree that social media present new challenges, but Sareen notes there isn’t any research on the contagion effect with respect to social networking. Suicide forces its way into the public realm through new media. Good reporting would give it the context that a Facebook tribute page or a memorial website cannot.

Sareen may be trying to make up for other psychiatrists who have simply told journalists how not to report a suicide. But he isn’t sure how to push forward with suicide reporting beyond what’s in the guidelines. He even stops at one point during our interview and asks, “What’s your sense? What do you think would be the next step?”

I can feel Marc Kajouji's pain and anger—it radiates through the telephone as we discuss his sister's suicide. "I guess I feel slightly fortunate because of the coverage, because I can speak about why it's important for people to talk about it," says the brother, now an ambassador for Your Life Counts, a charity promoting awareness of suicide among young people. "It's not just an overnight decision. In my sister's case, there were a lot of cries for help."

Sadly, Nadia Kajouji, a Carleton University student, may be the most heavily reported suicide in recent memory. Two years later, her name continues to be in the news—in August 2010, NBC's *Dateline* broadcast an updated version of a Gemini award-winning *fifth estate* documentary, called "Death Online." When the 18-year-old went missing in early March 2008, the media covered it heavily. Six weeks later, a boater discovered her body in the Rideau River. Articles about suicide, those mythical beasts, actually appeared in local newspapers. Reports then slowly filtered out about a bizarre internet chat between the teenager and William Melchert-Dinkel, a former nurse from Minnesota who later confessed to advising the teen to kill herself while he was posing as a woman (his lawyers now refute that confession and are building a defence based on their argument that he is mentally ill).

Kajouji's doctor and counsellor documented her distress: she walked her residence halls clutching razor blades, and an ambulance picked her up at a restaurant when she threatened to harm herself—a 2007 incident reported after her suicide and connection to Melchert-Dinkel came to light. The intense newspaper coverage, including in the *Toronto Star* and Sun Media, was like a torrential rainfall in an otherwise dry desert. "Yes, I'd like to see the topic of suicide discussed more openly," her brother says. "If the Canadian public knew the severity of the issue, they'd respond well." Yet Bhatla, the Ottawa psychiatrist, criticized the reporting in an opinion piece for the *Citizen*. He trotted out the same reasons as the CPA policy paper, as if regurgitating it verbatim: "Excessive and detailed reporting of someone who commits suicide puts those contemplating suicide at risk and may also contribute to copycat suicides." Curiously, he goes on to say that "in order to prevent suicide we must be able to recognize it, talk about it, and treat it."

Bhatla believes in the association's guidelines and speaks of "best practices" when we talk. Yet those are nothing more than rules and censorship. Moreover, not many reporters know about them. By focusing on old-fashioned reporting practices and chastising journalists, Bhatla missed an opportunity for advocacy and education.

As he pointed out in his piece, papers broke many CPA guidelines with the Kajouji case. So if psychiatrists are right, suicides should have spiked in Ottawa and Toronto. But when I ask if that happened, Bhatla says, "Well, I don't think we have the data on that." In fact, he admits, studying the contagion effect in Canada is nearly impossible because social media have changed the way people ingest and spread news. "Frankly," he says finally, "I would agree that some of the guidelines are a bit dated." When I point out that policies aimed at reducing the copycat effect have actually led to "copycat chill"—the mere idea that an article on suicide could lead to further suicides means newspapers simply avoid the subject—it's news to Bhatla. In fact, he says, "That would be very unfortunate if we're overly shying away from that public discourse."

Gerry Nott came to the *Citizen* as editor-in-chief shortly before Bhatla's op-ed piece ran. He believes newspapers have an antiquated approach to suicide reporting. "If riding Vespas was the second leading cause of death among young people, you know we'd be doing a story on it every time," he says. "Why should suicide be any different?" But Nott cites another problem: older editors who think suicide is an extremely private issue. "I don't think it's the young journalists that carry the can for not poking these things; I think it's their editors. It's older journalists who categorically say that we don't do suicides." He says he wouldn't have pulled my short-lived piece from the website's homepage. "I might think hard, though, about the picture."

In July, Nott didn't think long about running a story on two teenagers who killed themselves a week apart in Perth, a small Ottawa Valley town. "It was a piece I insisted we pursue," he says. "I said to my editors, 'How can we not go up there?'" So the paper sent Chris Cobb, who returned with "A Young Life, A Senseless End," a courageous 2,400-word

feature about Jesse Graham, a 17-year-old who killed himself shortly after attending the wake of 18-year-old Nick Fisher. The piece included macabre yet important details, such as quotes from Graham's suicide note and an explanation of how he killed himself, both no-nos in the CPA's guidelines. It may be the best suicide piece ever published by a Canadian newspaper.

Still, most media remain leery of publishing anything with the word suicide in it, even though many cases are worth reporting. If, for example, journalists had avoided Kajouji's personal correspondence with Melchert-Dinkel, the dark world of suicide voyeurs lurking online would have remained little known. Despite the backlash from some in the medical community, the *Citizen* forged on, covering the assisted-suicide case as it made its way through the Minnesota courts, and eventually sending Cobb to Perth.

Near the end of my conversation with Marc Kajouji, he reflected on the challenge of shining a light on suicide. "You gotta take it a little bit by a little bit, like chopping down a big oak tree. And you gotta take a couple of big swings and, eventually, it will topple over."

In 2008, a watershed *Globe* series on mental health called "Breakdown" included in-depth features, with video and slide shows, putting a face to diseases such as bipolar disorder, depression and schizophrenia. The stories were personal and the subjects open and honest. Erin Andersen's article about Peter O'Neill, who lives with bipolar disorder and unrelenting suicidal thoughts, included a vivid reconstruction of how he disappeared to kill himself. The piece also focused on his family and the police, who had to find, arrest and take him to a hospital. In 2009, the paper followed that series with a second called "Breaking Through."

Despite such small advances, there still isn't a full-time mental-health beat reporter in the country. The *Star* divides health coverage among three reporters. The *Globe* separates health stories into policy and medical reporting, and most other papers follow a similar approach. But mental illness affects all Canadians: It afflicts one in five, and has an enormous economic impact. A recent study estimates mental health cost Canada \$51 billion in 2003.

From April 2008 to April 2010, the *Star* published a blog by Sandy Naiman called *Coming Out Crazy*. She'd worked at the *Toronto Sun* for 30 years while living with a mood disorder known as hypomania, which leaves her manic but not depressed. When dealing with mental health issues, she says, the language itself is a minefield. "Do not use the term 'commit suicide,' because that goes back to the time, legally, when suicide was a crime," Naiman tells me. She also questions my wording when I tell her I have suffered from depression.

"Don't say 'suffering with.' I never say suffering with. You don't look like you're suffering—you're adorable, you're married, you're in school—are you suffering?"

"No," I answer, feeling flattered.

"Do you suffer?" Naiman asks.

"You're right, I get stuck using these euphemisms," I say. Well, in the midst of a deep depression, there is genuine suffering—but the problem is that we don't distinguish degrees, which either trivializes or overdramatizes people's pain.

"Because everybody uses them," she says. "The media are so powerful, it's frightening. And the media don't know a fucking thing. The media know what they saw and what they hear and what they hear is often wrong. Doctors repeat old truths."

When journalists do want to cover a suicide, they run into another barrier: the cops. "If you're brand new, I'll tell you three things we won't talk about," says Constable Jean Paul Vincelette, a media relations officer with the Ottawa police. "Children's sexual assault, domestic assaults and suicides." I contacted him to follow up on the body pulled from the canal two years ago. "Our policy is that we do not comment on suicides to prevent further victimization. I could not therefore provide you with any further details," he says. "Today, we had a gentleman who hung himself. Well, we simply don't put it out there at all." Vincelette is happy with the way Ottawa journalists approach suicide. "It's a taboo subject. How many bad things happen in the world? Let's not talk about all these people who jump off buildings or end their lives."

That doesn't make sense to Picard. "I object to police releasing information selectively based on their biases and value judgements. I think there has to be a recognition that their job is not censorship—their job is policing and serving the community." And Jan Wong, a former *Globe* columnist and reporter who has battled depression, firmly believes an uninformed public cannot help. "The problem is when you don't report it, people don't even know there is a problem."

Mark Bonokoski, national editorial writer for Sun Media and veteran *Sun* columnist, knew that teenage bullying could lead to suicide. Believing the subject deserved a public discussion, he interviewed the family of Greg Doucette, a 15-year-old Brampton, Ontario, boy who killed himself after being bullied about his acne. The story ran in May 2006 and turned into a four-part series, which was eventually used in schools as a teaching tool to show the tragic consequences of bullying. Bonokoski also wrote a powerful series last spring about the mental health perils of policing. It included a story about Eddie Adamson, a Toronto Police Service sergeant who lived with a work-related post-traumatic stress disorder and killed himself in 2005.

In November 2009, the *Sun's* access to information request forced the Toronto Transit Commission to release statistics on the number of suicides on its property. Most Toronto dailies ran with the story: 150 subway suicides between 1998 and 2007. Shortly after, the TTC announced its intention to install suicide barriers on subway platforms, though it said that would require municipal and provincial funding. (Rachel Giese wrote about the suicides in *Toronto Life's* August 2010 issue. Her article, "Priority One," described two TTC subway operators—husband and wife, actually—who'd each run over separate subway jumpers. While it was an excellent piece, it would have been stronger had it included the pain of suicide from the family's perspective.) Still, Kajouji, the grieving brother, wonders why the TTC had to be forced to release those numbers. "Why isn't that an annual statistic? I think that we need to stop hiding behind a tough topic. We need to know these numbers so we can better understand why it's happening. It's the biggest horseshit in the world." And my thought was that a full-time mental-health reporter might have pursued this story years ago.

I sometimes watch *Oprah* with my wife. Once, during commercials, Judy Dunn from Winnipeg spoke about the loss of her son to suicide. She was promoting the fourth annual race in memory of her son Andrew to raise awareness of depression and its most tragic risks. But she knows that convincing journalists to cover even the preventative aspect of suicide, including awareness programs, is difficult. "We have to make this real so people will take it seriously if they see their child going through a dark spell," she says. "Talking about it won't cause suicide. Ignoring it will."

I am alive because I didn't ignore depression—fortunately, I learned about it in school. I studied biology and psychology at Queen's University, and then worked for Eli Lilly and Co., the pharmaceutical giant that makes Prozac. What if I had to rely on the media for information? I might be dead. In 2005, I scoured the internet for an informed article on suicide and depression. It was difficult back then—I routinely came across various do-it-yourself recipes. I lost trust in my brain, yet knew I needed help. My empathetic physician prescribed anti-depressants and talked me through several low points. My psychologist taught me cognitive behavioural therapy in order to systematically work through negative thoughts. My family and friends listened to me. And my future wife may have given me the best medicine: she treated me like a normal man.

Five years later, I am alive and happy. A beautiful woman actually married me, my dog rushes to the door when I return home and people laugh at my jokes. Yet, I live in fear that those goddamn mosquitoes will return to terrorize my brain. And I am still wary of discussing my history, mostly because of the stigma. Will it damage my career because an employer has preconceived notions about depression? On the other hand, I ask sources to open up on a variety of issues because it makes every story stronger, so I would be a hypocrite if I didn't follow my own advice.

Fortunately, the stigma that surrounds all mental-health afflic-

LIFE AFTER DEATH

People kill themselves—and sometimes that's news. When covering suicide, journalists might want to consider:

- ✓ Add a help box
"We absolutely should carry what I call the help box," says Gerry Nott, editor-in-chief of the *Ottawa Citizen*. It should include crisis line information, warning signs and what to do if someone feels suicidal.
- ✓ Be sensitive to the family
"I would like the wishes of the family to be taken into consideration first," says Marc Kajouji, whose sister, Nadia, killed herself in 2008. This will help show the family's devastation—an often untold aspect of suicide.
- ✓ Include more analysis
"Why does someone who's 19 years old with a brilliant future commit suicide?" asks André Picard, a *Globe and Mail* public health reporter. The root cause is not as simple as a one-sentence line claiming depression or schizophrenia. It's always more than that.
- ✓ Interview a psychiatrist
"You need to be able to reach a psychiatrist fast, so it's probably good to have some as sources," says Jan Wong, former *Globe and Mail* reporter and columnist who is writing a book about her battle with depression. A psychiatrist's comments will give context to suicide, which is a complex issue.
- ✓ Take care with the language
Avoid weighted terms such as "committed" and "suffering from." And say it like it is. "I don't care for euphemisms like 'died suddenly,'" says Picard, but they are still quite common in mainstream media. His "don't write" list also includes "died by his own hand," "died in a tragic manner" and "ended his suffering."
- ✓ Don't be afraid
Writing about suicide shouldn't scare a journalist. "It's an opportunity to educate and to get people to care," says Jitender Sareen, a psychiatrist and an author of the Canadian Psychiatric Association's suicide reporting guidelines.

tions is slowly fading. Depression is much better understood, which I attribute to deeper and more informed coverage. But other afflictions, such as schizophrenia and bipolar disorder, remain underreported. Suicide is still a dirty word, but maybe that's starting to change. In November, the *Globe* ran a front-page story about Daron Richardson's suicide. Of course, it was a story only because her father is Luke Richardson, a former NHL defenceman and now assistant coach with the Ottawa Senators. The following day, a *Globe* editorial claimed suicide "is no longer the taboo it has been." If that's true, the paper must continue to cover it.

I thought I was chasing the front page when I reported on that body in the canal. The article had strong billing on the website for a few hours before the police erroneously informed me the death was a suicide and the s-word scared my editors off. But a powerful story exists every time someone kills himself. One such story could have been my own. I'm grateful it wasn't—and in my professional life, I'd like to act in a way that might inspire others to write a more hopeful narrative for themselves. It's the least I can do because, sometimes, you gotta take a couple of big swings. Eventually, it will topple over. 🍷🍷