



Office of the Information and Privacy Commissioner for Nova Scotia
Report of the Commissioner
Catherine Tully

REVIEW REPORT 19-08

August 28, 2019

Halifax Harbour Bridges

Summary: The applicant sought information relating to suicide or mental health episodes on two local bridges over a ten year period. Halifax Harbour Bridges refused to disclose any information in response to the request because it claimed disclosure of the information could threaten the safety or mental or physical health of vulnerable individuals. The Commissioner determines that the evidence supports withholding certain specific details about individual incidents. However, some withheld information could be disclosed without creating a reasonable expectation of harm. The Commissioner recommends that Halifax Harbour Bridges disclose statistical information and information that describes the public body's responses to incidents on the bridges.

Statutes Considered: *Freedom of Information and Protection of Privacy Act*, [SNS 1993, c 5](#), ss. 2, 5, 18, 45.

Authorities Considered: **Nova Scotia:** Review Report FI-10-71, [2015 CanLII 60916 \(NS FOIPOP\)](#); **Ontario:** Order MO-2466, [2009 CanLII 60393 \(ON IPC\)](#); PO-3643, [2016 CanLII 61403 \(ON IPC\)](#).

Cases Considered: *Ontario (Community Safety and Correctional Services) v. Ontario (Information and Privacy Commissioner)*, [\[2014\] 1 SCR 674](#), [2014 SCC 31](#).

Other Sources Considered: Baker, Paula. "Controversy flares over suicide barriers on iconic Burrard Street Bridge" Global News (May 24, 2016): <https://globalnews.ca/news/2719998/controversy-flares-over-suicide-barriers-on-iconic-burrard-street-bridge/>; Beautrais, Annette, Madelyn S. Gould and Eric D. Caine. "Preventing Suicide by Jumping from Bridges owned by the City of Ithaca and by Cornell University, Consultation to Cornell University - Extended Report", July 2010, <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.188.3875&rep=rep1&type=pdf>; Canadian Journalism Forum on Violence and Trauma, "Mindset: Reporting on Mental Health" 2nd ed, 2017, https://drive.google.com/file/d/0B31ym_i6kJBXzA0Nzd1UXFiMVk/view; Gould, Madelyn S. "Suicide and the Media", *Annals of the New York Academy of Sciences*, Columbia University 2001, <http://www.columbia.edu/itc/hs/medical/bioethics/nyspi/material/SuicideAndTheMedia.pdf>;

MacDonald, Dustin K. “Canadian Suicide Statistics 2016”, September 12, 2016, <http://dustinkmacdonald.com/canadian-suicide-statistics-2016/>; Nova Scotia Government’s Open Data Portal, “Numbers and Rates of Suicide Fatalities in NS by Year, Sex, and Zone of Residence”, August 14, 2019, <https://data.novascotia.ca/Population-and-Demographics/Annual-Numbers-and-Rates-of-Suicide-Fatalities-in-/n3dv-9n4b>; Olson, Robert. “‘Jumping’ and Suicide Prevention”, Centre for Suicide Prevention, May 8, 2014, <https://www.suicideinfo.ca/resource/jumpingsuicideprevention/>; Olson, Robert. “Suicide contagion and suicide clusters”, Centre for Suicide Prevention, March 26, 2013, <https://www.suicideinfo.ca/resource/suicidecontagion/>; Province of Nova Scotia, Nova Scotia Department of Health Promotion and Protection, “Suicide and Attempted Suicide in Nova Scotia (1995–2004): A Report”, 2009, <https://novascotia.ca/dhw/healthy-communities/documents/Suicide-and-Attempted-Suicide-in-Nova-Scotia.pdf>; Public Health Agency of Canada, “Suicide In Canada: Current Context”, <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/healthy-living-vie-saine/suicide-canada-infographic/alt/infographic-infographique-eng.pdf>; Sinyor, Mark, et al., “Media Guidelines for Reporting on Suicide: 2017 Update of the Canadian Psychiatric Association Policy Paper”, Canadian Psychiatric Association Policy Paper, <https://www.cpa-apc.org/wp-content/uploads/Media-Guidelines-Suicide-Reporting-EN-2018.pdf>.

INTRODUCTION:

[1] The applicant sought a spreadsheet noting every instance of suicide or mental health episode on either the MacKay or Macdonald Bridges between January 1, 2006 and April 19, 2016. She did not seek the identity of individuals in distress. In response, Halifax Harbour Bridges (HHB) withheld the responsive record in full initially citing a variety of exemptions under the *Freedom of Information and Protection of Privacy Act (FOIPOP)*. Subsequently, HHB withdrew its reliance on all provisions except s. 18 (harm to anyone’s safety or health). HHB agreed that disclosure of employee names found in the record would not be an unreasonable invasion of personal privacy.

[2] Therefore, there is only one issue under review.

ISSUE:

[3] Is HHB authorized to refuse access to information under s. 18(1)(a) of *FOIPOP* because disclosure of the information could reasonably be expected to threaten anyone else’s safety or mental or physical health?

DISCUSSION:

Background

[4] The responsive record contains a variety of information including statistics on the number of events and outcomes during the ten years in question, document lists summarizing the records for each year and documents related to individual events providing details both on the activities of the individual involved and details of HHB’s responses to the incidents.

[5] HHB has refused to disclose this information because, it says, the release of certain information related to suicide will increase suicidal behaviour and may result in more individuals either attempting or completing such actions.

Burden of Proof

[6] HHB, as the public body, bears the burden of proving that the applicant has no right of access to a record.¹

Is HHB authorized to refuse access to information under s. 18(1)(a) of *FOIPOP* because disclosure of the information could reasonably be expected to threaten anyone else's safety or mental or physical health?

[7] Before evaluating whether or not s. 18 applies in this situation, it is important to recall two essential features of *FOIPOP*. First, the law requires that public bodies disclose all requested information unless a limited and specific exemption set out in the law applies.² And second, the law requires that public bodies sever only the information to which the exemption applies and provide the remainder of the information to the applicant.³

[8] Section 18(1)(a) provides:

18(1) The head of a public body may refuse to disclose to an applicant information, including personal information about the applicant, if the disclosure could reasonably be expected to

(a) threaten anyone else's safety or mental or physical health

[9] Section 18 of *FOIPOP* is a harms-based exemption. It uses the phrase, "could reasonably be expected to". In a recent decision, the Supreme Court of Canada discussed the "could reasonably be expected to" language in access to information statutes and concluded that the test marks out a middle ground between that which is probable and that which is merely possible. A public body such as HHB must provide evidence "well beyond" or "considerably above" a mere possibility of harm in order to reach that middle ground.⁴

[10] Section 18(1)(a) requires an objective test to determine whether there is a reasonable expectation of harm to anyone else's health or safety. The following factors should be considered:

- The harm must be related to the disclosure of the information at issue; there must be evidence to connect the disclosure of the information to the risk identified.
- The public body must provide evidence, the clarity and cogency of which is commensurate with a reasonable person's expectation, that disclosure of the information could threaten the safety or mental or physical health of anyone else.
- Safety includes freedom from danger or risks.

¹ *FOIPOP*, s. 45.

² *FOIPOP*, s. 2.

³ *FOIPOP*, s. 5(2).

⁴ *Ontario (Community Safety and Correctional Services) v. Ontario (Information and Privacy Commissioner)*, [2014] 1 SCR 674, 2014 SCC 31 at para 54.

- The public body must demonstrate that disclosure will result in a risk of harm that is well beyond the merely possible or speculative to reach the middle ground between what is probable and what is merely possible.⁵

[11] In its updated response to the applicant’s access to information request, HHB explained that to discuss suicide as it relates to means and location could put vulnerable people at risk.⁶ HHB’s position is that to discuss suicide in relation to the two harbour bridges includes both means (jumping from a high place) and location (Macdonald or MacKay Bridge) and it says that both the Canadian Mental Health Association and the Centre for Suicide Prevention support its claim that releasing statistics relating to instances of suicide, attempted suicide or mental health episodes on the MacKay or Macdonald Bridge to the media is not advised.

[12] In support of her application for disclosure of the information, the applicant, who works for a media outlet, provided a letter from the president of the Canadian Journalism Forum on Violence and Trauma. The author asserts that, “In our extensive research, we could find no study conducted on a truly scientific basis has ever shown that what are known as contagion suicides are the result of news media coverage.” Further, “The contagion theory completely disregards a substantial body of evidence that social determinants of health and the ready availability of means – such as the availability of guns or access to high bridges with ineffective suicide barriers – are very much greater concerns in suicide prevention.”⁷ Finally, the president of the Canadian Journalism Forum on Violence and Trauma states that there is no support in long-term suicide statistics for the assertion that media enquiry into causes of suicide increases suicide deaths. He asserts that Statistics Canada figures show that the Canadian suicide rate is essentially flat.⁸

[13] There are a set of guidelines published by the Canadian Journalism Forum on Violence and Trauma that the applicant says provide adequate protection against any potential harm that could arise from reporting on suicides. The guidelines are entitled “Mindset”⁹ and include such guidance as:

Do consider whether this particular death is newsworthy.

Do look for links to broader social issues.

Do respect the privacy and grief of family or other ‘survivors’.

Do include reference to their suffering.

Do tell others considering suicide how they can get help.

Don’t shy away from writing about suicide. The more taboo, the more the myth.

Don’t romanticize the act.

Don’t jump to conclusions. The reasons why people kill themselves are usually complex.

⁵ This is the same summary I provided in NS Review Report FI-10-71, [2015 CanLII 60916 \(NS FOIPOP\)](#) at para 47.

⁶ In a letter dated March 28, 2019, HHB confirmed that it was only relying on s. 18 to withhold the information requested. This letter was provided to the applicant as part of the informal resolution process.

⁷ Applicant submissions, Canadian Journalism Forum on Violence and Trauma, Letter, April 11, 2019. [Letter].

⁸ Letter at p. 2.

⁹ Canadian Journalism Forum on Violence and Trauma, “Mindset: Reporting on Mental Health” 2nd ed, 2017 (online: https://drive.google.com/file/d/0B3-1ym_i6kJBXzA0Nzd1UXFiMVk/view).

Don't suggest nothing can be done because we usually never know why people kill themselves.

Don't go into details about the method used.

[14] The applicant also points out that suicide is a serious public health issue and so it is important to report factually on it. She notes that there is public good that comes from the disclosure of information about suicides. The applicant provided the example of public reporting on soldier suicides which she claims led to major changes and revealed gaps in prevention strategies. In addition, it resulted in greater acceptance of and action on mental health issues since that reporting. This is relevant because it serves two of the purposes of the Act – facilitate informed public participation in policy formulation and ensure fairness in government decision-making.¹⁰

[15] For its part, HHB argues that both the Canadian Mental Health Association and the Centre for Suicide Prevention support HHB's claim that releasing statistics related to instances of suicide, attempted suicide or mental health episodes on the MacKay or Macdonald Bridge to the media is not advised. While this is asserted in a letter to the applicant, none of the material provided by HHB confirms this.

[16] Instead, HHB provided an email from the Canadian Mental Health Association (CMHA) that includes a series of articles about suicide and suicide on bridges. The communication coordinator for the Centre for Suicide Prevention states, "I would suggest emphasizing to the media their vital role in the prevention of suicide: when media reporting on suicide is done responsibly, this can help break down stigma surrounding suicide as they have the power to convey to the public the complexity of suicide...Cautious, muted reporting has been shown to be effective in reducing suicides."¹¹

[17] In the email to HHB, the CMHA points to the 2017 Canadian Psychiatric Association media guidelines on reporting on suicide.¹² The guidelines begin with the statement that "A substantial body of research suggests that media reports about people who have died by suicide, as well as the topic of suicide in general, can influence vulnerable people and is associated with higher subsequent rates of suicide. Emerging evidence also suggests that reports about people overcoming suicidal crises may lower suicide rates."¹³

[18] The Canadian Psychiatric Association guidelines include recommendations such as to avoid prominent front page coverage, avoid graphic or sensational depictions, avoid excessive detail including photos of the method and/or location, and particularly avoid reporting novel or uncommon methods.¹⁴ But the guidelines also acknowledge that reporting that reduces stigma

¹⁰ FOIPOP, s. 2.

¹¹ Email dated March 23, 2018, from the communications coordinator for the Centre for Suicide Prevention to HHB.

¹² Sinyor, Mark, et al., "Media Guidelines for Reporting on Suicide: 2017 Update of the Canadian Psychiatric Association Policy Paper", Canadian Psychiatric Association Policy Paper (online: <https://www.cpa-apc.org/wp-content/uploads/Media-Guidelines-Suicide-Reporting-EN-2018.pdf>). [Sinyor, et al.].

¹³ Sinyor, et al. at p. 182.

¹⁴ Sinyor, et al. at p. 185.

about mental disorders, that encourages suicidal individuals to seek mental healthcare, or that challenges common myths about suicide is helpful.¹⁵

[19] HHB provided an academic study from 2001 that lists a long series of research papers that investigated whether or not media coverage of suicide influenced others to commit suicide – known as “suicide contagion”.¹⁶ This study does appear to support the theory that some media coverage can result in indirect transmission of suicide contagion. However, the academic study points out that it is only certain coverage and certain details that lead to this outcome. The author states, “This body of research has clearly demonstrated that extensive newspaper coverage of suicide is associated with a significant increase in the rate of suicide. The magnitude of the increase is proportional to the amount, duration and prominence of media coverage.”¹⁷ The author recommends such things as avoiding detailed descriptions of the method and site of the suicide and limiting the prominence, length and number of stories about a particular suicide.¹⁸

[20] Other material provided by HHB reached similar conclusions. The common thread in these articles is that it is repetitive, extensive, prominent and detailed media coverage of individual suicides that has been associated with an increase in the rate of suicide. All of the articles provided by HHB support the need for cautious, muted reporting to help reduce the risks of imitative suicides. Two articles specifically about “jumping” suicides confirm this as an appropriate approach.¹⁹

[21] Another publication from the Centre for Suicide Prevention discusses the fact that not everyone agrees with media influence on suicide clusters. This document notes that there is some question as to the existence of mass clusters. In addition, the publication acknowledges that for youth, the influence of media is questionable since most would not get their news from traditional media but from social media.²⁰

[22] The Statistics Canada website provides information on suicide rates by gender, age, year and region. While the Canadian suicide rate has stayed relatively stable at about 11.3 deaths per 100,000 people,²¹ Nova Scotian suicide rates have risen from 10.8 per 100,000 in 2008 to 14.9

¹⁵ Sinyor, et al. at p. 183.

¹⁶ Gould, Madelyn S. “Suicide and the Media”, *Annals of the New York Academy of Sciences*, Columbia University 2001 (online: <http://www.columbia.edu/itc/hs/medical/bioethics/nyspi/material/SuicideAndTheMedia.pdf>). [Gould].

¹⁷ Gould at p. 201.

¹⁸ Gould at pp. 215-216.

¹⁹ Beautrais, Annette, Madelyn S. Gould and Eric D. Caine. “Preventing Suicide by Jumping from Bridges owned by the City of Ithaca and by Cornell University, Consultation to Cornell University - Extended Report”, July 2010 (online: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.188.3875&rep=rep1&type=pdf>); Olson, Robert. “‘Jumping’ and Suicide Prevention”, Centre for Suicide Prevention, May 8, 2014 (online at: <https://www.suicideinfo.ca/resource/jumpingsuicideprevention/>). [Beautrais, et al.].

²⁰ Olson, Robert. “Suicide contagion and suicide clusters”, Centre for Suicide Prevention, March 26, 2013 (online at: <https://www.suicideinfo.ca/resource/suicidecontagion/>).

²¹ MacDonald, Dustin K. “Canadian Suicide Statistics 2016”, September 12, 2016 (online: <http://dustinkmacdonald.com/canadian-suicide-statistics-2016/>).

per 100,000 in 2017.²² Health Canada reports that suicide is the ninth leading cause of death among adults and the second leading cause of death among children and youth.²³ Clearly, suicide is an important health-related issue.

[23] The burden of proof is on HHB to establish that the requirements of s. 18 are met. HHB has provided sufficient evidence to establish that some media reporting may result in a potential increase in suicide contagion. But the evidence offered is quite specific. That is, the problem appears to arise when too much detail is given about a specific method or location and when the coverage is prominent and repetitive. All of the material provided appears to relate to individual suicide attempts. HHB has interpreted this as meaning merely identifying a bridge as the location of the suicide attempt would mean identifying the method and location in a manner that would increase risk. HHB also argues that statistical information likewise would increase risk of imitative behaviour.

[24] However, the material supplied by HHB does not support this interpretation. In fact, evidence provided by HHB that supports caution in media reporting also provides specific statistical information relating to bridge suicides.²⁴ Further, suicide statistics are frequently provided by government sources. Statistics Canada provides suicide statistics by gender, age, region, method and year. In addition, there is a Nova Scotia study that provides statistics for 1995-2004 by gender and method which includes “Jump (high places)”.²⁵ The British Columbia Coroners Service has published statistics relating to suicide by age, gender, city and means, including for example, death by “Skytrain”. In British Columbia, there are media reports on the number of deaths by suicide in 2018 as a result of jumps from the Burrard Street Bridge.²⁶

[25] The Information and Privacy Commissioner for Ontario has considered this issue. In Order MO-2466, the applicant sought the number of deaths by suicide and the number of attempted suicides between 1998 and 2007 on Toronto Transit Commission (TTC) property. The TTC withheld the information under the Ontario health and safety provision equivalent to Nova Scotia’s s. 18(1)(a). The adjudicator reviewed the literature provided and concluded that the evidence does not support that reporting of suicide statistics could result in a reasonable expectation of harm to any individuals. She notes that the guidelines for responsible media reporting nowhere indicate that the media should not report on statistics relating to deaths by suicide and attempted suicide.²⁷ In a more recent decision, the Ontario Commissioner ordered

²² Nova Scotia Government’s Open Data Portal, “Numbers and Rates of Suicide Fatalities in NS by Year, Sex, and Zone of Residence”, August 14, 2019 (online: <https://data.novascotia.ca/Population-and-Demographics/Annual-Numbers-and-Rates-of-Suicide-Fatalities-in-/n3dv-9n4b>).

²³ Public Health Agency of Canada, “Suicide In Canada: Current Context” (online: <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/healthy-living-vie-saine/suicide-canada-infographic/alt/infographic-infographique-eng.pdf>).

²⁴ Beautrais, et al., pp. 20-21; p. 30.

²⁵ Province of Nova Scotia, Nova Scotia Department of Health Promotion and Protection, “Suicide and Attempted Suicide in Nova Scotia (1995–2004): A Report”, 2009 (online at: <https://novascotia.ca/dhw/healthy-communities/documents/Suicide-and-Attempted-Suicide-in-Nova-Scotia.pdf>).

²⁶ Baker, Paula. “Controversy flares over suicide barriers on iconic Burrard Street Bridge” Global News (May 24, 2016): <https://globalnews.ca/news/2719998/controversy-flares-over-suicide-barriers-on-iconic-burrard-street-bridge/>, citing statistics provided by the Suicide Prevention Centre of BC.

²⁷ Ontario Order MO-2466, [2009 CanLII 60393 \(ON IPC\)](#) at p. 3.

the disclosure of the number of inpatient suicides committed at Ontario hospitals and psychiatric facilities between 2003 and 2012 by year and facility.²⁸

[26] Earlier I listed an objective test to apply under s. 18(1)(a). I have applied that test in this case as follows:

- The harm must be related to the disclosure of the information at issue; there must be evidence to connect the disclosure of the information to the risk identified.
 - The guidelines and academic research supplied by HHB discuss harms from disclosure of information relating to the details of individual suicides. The evidence does not support a conclusion that all information about suicides must be withheld. The evidence also does not support a conclusion that all media reporting on suicides leads to the contagion effect.
 - Data publicly available about suicide, including from government sources, includes statistical information about the number of suicides broken down in a variety of categories, including by method.
- The public body must provide evidence, the clarity and cogency of which is commensurate with a reasonable person's expectation, that disclosure of the information could threaten the safety or mental or physical health of anyone else.
 - A number of the research papers and guidelines provided by HHB agree that there is sufficient evidence that repeated, prominent and detailed discussion of means and location of suicides (e.g. front page coverage, videos) could put some vulnerable people at risk.
 - There is some dispute as to whether or not this contagion theory is still valid. The applicant provided one opinion on this matter and information supplied by HHB from the Centre for Suicide Prevention both acknowledge this debate.
- Safety includes freedom from danger or risks.
 - The danger or risk at issue here is that HHB could disclose information to a media applicant that if made public, could influence a vulnerable person to attempt suicide in a similar manner.

[27] Based on this review of available data and on the evidence supplied by HHB, I find that s. 18 applies to a portion of the withheld record. In particular, I find that HHB has established that disclosure of any information regarding the exact location on the bridge of the suicide attempt or any information about actions specific to an individual attempt could reasonably be expected to threaten the safety or mental or physical health of some vulnerable people.

[28] This finding is also consistent with a public body's obligation to sever information that is subject to a limited and specific exemption and to release the remainder of the responsive record. In this case, the public body, out of an overabundance of caution, withheld the entire responsive record. As noted above, much of the record contains information about HHB's responses to suicide attempts. This is important information that could be used to hold the public body to account as intended under *FOIPOP*.

²⁸ Ontario Order PO-3643, [2016 CanLII 61403 \(ON IPC\)](#).

FINDINGS & RECOMMENDATIONS:

[29] I find that s. 18 applies to only a portion of the withheld record.

[30] I recommend that:

1. Within 50 days of receipt of this report, HHB review the record and disclose the following types of information:
 - Statistics relating to mental health incidents on the bridges including month, year, number of attempts, gender and outcome.
 - Information specific to HHB personnel response times for individual incidents.
 - The identity and actions of all HHB personnel and any other employees of public bodies acting in their professional capacity.
2. HHB continue to withhold all of the following types of information:
 - Any information describing the exact location on the bridge that the event occurred.
 - Any information describing the activities of the individual that could potentially serve to identify the individual in distress even though his or her name has been withheld. This could include exact date and time of the incident if there is a chance that other sources of information could be used to re-identify the individual in distress.

August 28, 2019

Catherine Tully
Information and Privacy Commissioner for Nova Scotia