



FROM THE PRESIDENT

## Challenges in Media Attention to Suicide

We live in a world where the media are preoccupied by wars, terrorism and homicides. These topics are the major headlines daily. However, more people die each year by suicide than in all wars, terrorist incidents and murders combined. Each year more humans kill themselves than are killed by others. Yet, the tragic loss of life by suicide receives very little media coverage compared to wars, terrorism and homicides. For the sixth year, IASP is trying to call more attention to suicide prevention on 10 September, World Suicide Prevention Day. This year we hold a public conference at the United Nations Headquarters in New York and the IASP President is invited to the UN press briefing. The journalists are generally surprised by the annual toll of suicide worldwide and some hunt for a good story with provocative questions, such as: "Are all suicide bombers mentally ill?" "Are Democrats in the US more suicidal than Republicans?"

Media interest in World Suicide Prevention Day provides an opportunity to call greater attention to suicide prevention. However, as is clearly indicated in the recently published IASP – WHO guidelines, Preventing Suicide: a Resource for Media Professionals, media reports on suicide can be associated with subsequent increases in suicides. Thus, understanding the potential risks of producing perverse negative effects is an important challenge in drawing media attention to suicide prevention on World Suicide Prevention Day. Is it possible that some media reports on World Suicide Prevention Day, rather than increasing awareness of suicide prevention, could result in increases in suicides? One would certainly hope not. All the research on the negative effects of media reports concern depictions of specific suicidal behaviours, deaths and attempts, fictional or real. This contrasts with the focal messages that IASP tries to communicate to the media: how to prevent suicides and the need for increased development and support of effective suicide prevention programmes, as well as help for persons bereaved by suicide.

Our greatest fear each year is that some reporters will miss the message, ignore the guidelines and produce reports that publicize suicides in a manner that risks producing increases in suicidal behaviours. However, thus far, the reporters have been generally responsible on World Suicide Prevention Day. They call attention to the problem and often focus on solutions and the need for greater implementation of suicide prevention strategies. This year we will also profit from the recent publication of the updated media guidelines to inform reporters of best practices in reporting on suicide. Nevertheless, we still need to be keenly aware that there are risks of misguided media attention to suicide. Reporters vary greatly in their willingness to implement the IASP – WHO guidelines and in their awareness of the potential negative consequences of some of their reports.

This year, I encourage IASP members, in their contacts with the media, to distribute the new guidelines and help educate reporters and other media personnel on the importance of responsible reporting on suicide and their potential to play an important role in suicide prevention worldwide.

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## IASP – WHO guidelines, Preventing Suicide

Members of the International Association for Suicide Prevention (IASP) Suicide and the Media Task Force recently revised the World Health Organization (WHO) guidelines on reporting suicide, drawing on their collective expertise in suicide prevention and journalism.

Like their predecessor, the new guidelines are not about censorship. They recognise that there are occasions when suicide will be newsworthy, and provide guidance on responsible reporting in these situations. The new guidelines provide a brief overview of the evidence for media reporting of suicide leading to 'copy-cat' acts, and then provide 11 tips for media professionals faced with preparing a report on suicide. Specifically, they suggest the following:



Dr Jane Pirkis,  
CHAIR OF IASP  
MEDIA TASK FORCE

- (1) Take the opportunity to educate the public about suicide;
- (2) Avoid language which sensationalises or normalises suicide, or presents it as a solution to problems;
- (3) Avoid prominent placement and undue repetition of stories about suicide;
- (4) Avoid explicit description of the method used in a completed or attempted suicide;
- (5) Avoid providing detailed information about the site of a completed or attempted suicide;
- (6) Word headlines carefully;
- (7) Exercise caution in using photographs or video footage;
- (8) Take particular care in reporting celebrity suicides;
- (9) Show due consideration for people bereaved by suicide;
- (10) Provide information about where to seek help;
- (11) Recognise that media professionals themselves may be affected by stories about suicide.

The guidelines also provide some pointers on reliable sources of information. The new guidelines are a joint publication of the WHO and IASP, and can be found and downloaded at [http://www.iasp.info/suicide\\_and\\_the\\_media.php](http://www.iasp.info/suicide_and_the_media.php). All members of IASP will be sent a hard copy of the new guidelines.

### SYMPOSIUM AND CONFERENCES



Registrations and abstract submissions are now open for the 27–31 October 2009 XXV IASP World Congress in Montevideo, URUGUAY  
[www.iasp.info](http://www.iasp.info)

IASP



AMERICAN ASSOCIATION  
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## Suicide prevention in NORWAY

Norway got its National Suicide Prevention Action Plan in 1994 and since then we have worked systematically with suicide prevention activities both nationally and regionally. To begin with, these activities were organized as time limited projects, but from 2006/2007 onwards suicide prevention was organized in permanent structures: In addition to a National Suicide Research and Prevention Center in Oslo, there are suicide prevention teams working in 5 Regional Resource Centers for Violence, Traumatic Stress and Suicide Prevention covering the eastern, southern, western, central, and northern parts of the country. Other institutions working systematically with suicide prevention in Norway are the Department of Suicide Research and Prevention at the Norwegian Institute of Public Health, VIVAT (the national education program Applied Suicide Intervention Skills Training developed by LivingWorks Education in Canada), and LEVE (the national organization for those bereaved by suicide).



Dr Heidi Hjemeland

From the start, the suicide prevention activities have been organized around three main domains: systematic knowledge generation (research), systematic knowledge dissemination, and establishment of systematic treatment and follow-up chains for suicide attempters. The number of research projects has increased considerably during the last years and covers a very broad spectrum of the suicidological field. Educational programs of different shapes and sizes, and for many different groups, are constantly being developed and implemented, both regionally and nationally. National suicide prevention conferences are organized every three years, and there are 1-2 regional conferences annually in most of the regions. A national suicidological journal is published with three issues annually. On the World Suicide Prevention Day (WSPD) there are national and regional events every year. At present, LEVE is responsible for organizing the WSPD activities in collaboration with the IASP national representative and the national center.

Of the current activities reported from the centers the following can be mentioned: Guidelines for suicide prevention in mental health care were published earlier this year and are now being implemented. Guidelines for follow-up of those bereaved by suicide are currently being developed. Some of the regions have also started aiming their work outside the health care system. Hopefully, such population based activities will increase in the years to come, since the main focus so far has been on the health care system and towards some of the high risk groups (particularly suicide attempters). Many of the centers report an increasing demand for knowledge about cultural issues in suicide prevention since Norway is becoming an increasingly multicultural society. In spite of all these activities, not much has happened to the suicide rate lately. After about two decades with a continuous increase of the suicide rate (from the late 1960s), a top was reached in 1988 after which the rate decreased. However, the suicide rate leveled out from the mid-1990s, and has remained rather stable around 12/100 000 since then.

## Suicide prevention in URUGUAY

Uruguay has traditionally had high rates of suicidal behavior, particularly striking within the Latin American context since most countries in Latin America have relatively low suicide rates. Uruguay has higher suicide rates than some developed European countries, although lower than the Eastern European countries.



Dr Silvia Palaez

Until 2002 Uruguay had suicide rates which were consistent with the average international rates. However, in 2002, coincident with one of the most important socio-economic crises in the country's history the suicide rate increased to 21 per 100,000. In 2006, the capital (Montevideo) had a suicide rate of 14 per 100,000, and at that time a national day for suicide prevention was proposed by the NGO, Ultimo Recurso.

More recently, in 2007 the suicide rate rose to 18 per 100,000, and suicide attempts increased to 66.6 per 100,000. In 22 years, suicide rates in Uruguay increased 45.7%, while suicide attempts increased 58.5%.

In Uruguay suicide rates are higher in men, and suicide attempt rates are higher in women, consistent with the typical profile in many countries. The risk of suicide increases with age, although suicide rates are increasing amongst young people aged 15 to 24. Suicide attempts are more common in younger, rather than older, people.

In 2007, most suicides occurred by firearms and hanging, methods used mostly by men. To address this, an initiative was begun by the current Ministerio del Interior which, in association with various NGOs, is trying to restrict access to weapons, as a way of environmental control and, indirectly, to prevent suicide. The most common method of suicide attempts in the female population is by overdose of psychiatric medication. Our internal reality: Montevideo and the Interior of the country.

Within Uruguay, during 2007, the departments most affected by suicide were Rocha and Tacuarembó. As a consequence the Mayor of Rocha asked for the NGO Ultimo Recurso to prepare a Prevention Plan, which has been developed since March 2008 in the city of Castillos. From 2004 in Montevideo, the Mayor along with Ultimo Recurso developed a suicide prevention plan in the West Zone, the area with the highest rates of suicidal behavior. By 2007, the West Zone of Montevideo had the lowest rates of suicide.

The 2009 IASP congress in Montevideo Uruguay will be an opportunity for many issues relating to suicidal behavior in Uruguay to be discussed with our international colleagues.

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### S Y M P O S I U M   A N D   C O N F E R E N C E S

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### 3RD ASIA PACIFIC REGIONAL CONFERENCE OF SUICIDE PREVENTION

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The conference is organized by the International Association for Suicide Prevention and the HKJC Centre for Suicide Research and Prevention, Faculty of Social Sciences, the University of Hong Kong.

#### Important Dates

**Deadline for Abstract/Poster Submission April 30, 2008**

**Notification of Results June 30, 2008**

**Deadline for Early Bird Registration July 15, 2008**

**Deadline for Normal Registration Sep 30, 2008**

