

WORKING TOGETHER
PREVENTING SUICIDE
MEDIA GUIDELINES

030285



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1. INTRODUCTION

The problem of suicide has increased over recent years. Concern at this development and the recognition of the role that the media can play in reporting this issue has prompted the production of the following guidelines. These are intended to make the media aware of the complex issues surrounding suicide and give guidance on how to report suicide in an effective and responsible way.

From this we hope to break down the stigma attached to suicide and through the development of good practice within journalism help decrease the incidents.

2. SUICIDE - THE RISK FACTORS

Suicide has a precise definition: **death** from a deliberate act of self injury or harm.

Based on research some of the factors which are known to increase the risk of suicide are:-

- Mental disorders especially alcohol dependence and depression.
- Family/relationship breakdown.
- Bereavement in childhood
- Living alone (socially isolated)
- Physical illness
- History of deliberate self-harm
- Family history of affective (mood) disorder, alcoholism or suicide
- Easy access to the means of committing suicide.
- Alcohol or drug abuse.
- History of sexual abuse

The at risk groups include:

- . Young male
- . Prisoners
- . Divorced/widowed/single
- . Unemployed or retired
- . Elderly

3. MYTHS ABOUT SUICIDE

Those who talk about suicide are the least likely to try it.

↓

Most of the people who have committed suicide will have told others about it in the two weeks before their death whilst at least a third of those who commit suicide will have talked to someone else about doing so.

Opening up and talking about the subject of suicide encourages it.

↓

We should attempt where possible to restore hope rather than confirm despair. Allowing a person to talk through their fears and feelings may provide them with a lifeline.

A good stomach pumping in A&E will sort out those who try to commit suicide.

↓

Those at risk of suicidal behaviour will simply choose a less painful and humiliating method next time.

If someone has a history of suicidal attempts they really won't do it for real.

↓

A history of previous attempts is a key predictor of future suicidal completion. Those who have tried it once are one hundred times more likely than the general population to do so again. Four out of ten people who commit suicide will have harmed themselves before.

If someone is going to commit suicide, they are going to do it. You cannot stop them.

↓

The fact that individuals who commit suicide often actively seek help before killing themselves suggests otherwise. The evidence shows that if you can interview and offer appropriate help to people then you can reduce the risk of them committing suicide.

Those with personality disorders attempt suicide as a way of trying to manipulate other people.



Personality disorders are actually a real risk for suicidal behaviour. This may be linked to high levels of hopelessness which can often reach chronic levels in these people.

Suicide can be a relief not just for the individual but for those that surround him or her.



The loss of a family member or a friend is the start of the nightmare not the end. It leaves profound feelings of grief, guilt and a huge sense of loss in its wake.

Only those who are clinically depressed try to commit suicide.



The majority of people who attempt suicide do not fully meet the diagnostic criteria for clinical depression. Others appear to be at more risk as their depression lifts. A more accurate predictor of suicide appears to be high levels of hopelessness.

If a person is going to commit suicide, they won't tell anyone and will prepare well in advance.



Many people do talk about a planned suicide, however the process if decided whether or not to definitely go through with it often takes between 10 and 60 minutes with relatively few suicides apparently being premeditated beyond an hour.

4. SUICIDE THE STATISTICS

Western Health & Social Services Board

There was a total of two hundred and fifteen deaths by suicide for the ten year period 1984 - 1994 in the Western Health and Social Services Board Area.

The table below shows the number and gender of those who died over that period.

SUICIDES BY GENDER WH&SSB			
1984 - 1994			
Count of SEX	SEX		
Rate Per Year	Male	Female	Grand Total
84	8	0	8
85	5	4	9
86	10	6	16
87	3	3	6
88	27	1	28
89	16	2	18
90	22	4	26
91	23	5	28
92	13	5	18
93	25	6	31
94	24	3	27
Grand Total	176	39	215

Table 1

The methods used to commit suicide in the Western Health and Social Services Board Area included:

Methods Used Pro-Rota	Number	Percentages
1. Hanging and Strangling	60	28%
2. Firearms	54	25%
3. Drowning	49	23%
4. Poisoning by solids/liquids	29	13%
5. Poisoning by vapour/gas	15	7%
6. Self-inflicted injury	8	4%

Table 2

REGIONAL

In Northern Ireland there has been an increase in the number of men committing suicide, 72 in 1984 to 91 in 1994. The rate among females has fallen slightly from 37 to 31.

NATIONAL

There are around 6,000 deaths from suicide every year. Deaths from suicide are the second most common cause of death in men aged between 15 and 34 years, after road traffic accidents.

The suicide rate has risen most sharply in England and Wales in men aged between 15 and 24 years.

INTERNATIONAL

In the Western world, men kill themselves at a greater rate than women.

According to the World Health Organisation figures, there are low rates of suicide in Arabic and Latin American countries. In those countries, where there has been an increase in suicide, the increase has mainly been in the 15 to 29 years age group.

5. SUICIDE AND THE MEDIA

Why the Media Should Consider the Issue of Suicide

Concern has been expressed over certain aspects of suicide reporting and not the reporting of suicide per se. Research indicates that certain aspects of suicide reporting can lead to copycat suicides, particularly amongst adolescents and young adults.

The style of reporting suspected suicide may cause additional distress to bereaved relatives. We believe that the object of such reporting should be public education with the aim of preventing suicide.

- Evidence from America has shown that suicide clusters in adolescents and young adults may amount for 1-5% of suicides.
- In Britain in the 1970s during the year following international publicity of a suicide from burning there were sixty more suicides from burning than normal.

In Vienna, dramatic reporting of suicides on the underground system led to a substantial increase in the number of suicides taking place on the underground. As a result of this, the local media met and agreed voluntary reporting guidelines which prohibited sensational coverage. Subsequently, the number of suicides on the underground fell.

These studies would appear to indicate that the media have an important role to play in contributing to the reduction of suicide rates and that practical guidelines agreed by the local news media are an effective way to do this.

How the Media Can Help

Avoid simplistic explanations: Suicide never occurs as a result of a single event. It is usually the result of an individual's risk factors, current life situation and social influences all combining to create a suicidal state of mind. Reports which justify suicide on the basis of dashed romantic feelings or a single dramatic incident should be challenged.

Balance the nature of the message: Several alternatives to suicide should be presented to reduce the effect of the suicide story.

Clarify facts and myths: Much harm is done by the continued peddling of myths. This may result in people not being helped.

Avoid romanticising suicides: Reports which highlight community expression of grief (eg naming local dignitaries attending the funeral) may create the impression that the local community is honouring the suicidal behaviour rather than mourning the death of the person. People may lose their enthusiasm for an option when the option is linked with negative outcomes. It is suggested that where the story reports the suffering suicide brings upon themselves, relatives and friends, some readers may be dissuaded from committing suicide.

Don't give 'how to' descriptions of suicide in reports: Reporting the methods of an individual death, is, in itself, not harmful, but however giving actual details of the procedures used could lead to copycat attempts.

Avoid ongoing repetitive coverage of suicide stories: Continued focusing or prominent coverage of a particular suicide tends to promote and maintain a preoccupation with suicide among at risk individuals. Suicide stories should be short, and alternative stories to suicide (including sources of help) should be featured along side.

Don't over-emphasise the positive characteristics of the person who has died: By neglecting to mention the personal, social and mental health problems of the individual the impression may be created that suicide is a response to an everyday life crisis.

Decide placement of the message: Front page stories are read more often than those on any other page. Therefore, suicide stories should be placed elsewhere. The effect may be reduced if presented in a straggling rather than compact format.

Include information outlining further sources of help.

Case Study

Below is an example of a fictional case study which illustrates how news reporting could encourage copycat suicides and perpetuate common myths.

Young Man Ends It All After Relationship Breaks Up (1)

Heartbroken John Hill, aged 17, was seen jumping from Craigavon Bridge after his girlfriend, Anne Smith, ended their relationship; an inquest was told yesterday. (2)

“Up until his death John was the life and soul of the party” his friends said “but life without Anne had no meaning for him. The ‘bust up’ shattered him. He became less confident and withdrawn” (3).

Witnesses said they saw him put heavy stones into his pockets and jump from the middle of the bridge into the river at its deepest point where the current is strong. (4).

John's close friend, Gary Reilly, said ‘everything was going fine for John and Anne, and then they started having arguments about lots of things like where to go and who to go with’. (5)

John's mother described him as the best son a mother could want and said he had changed when the arguments with Anne started (6).

John had won trophies for basketball and swimming and was always keen to help out in community activities. He was a talented musician and lived for his favourite band Nirvana. (7)

Consultant pathologist, Dr Mary Adams told the inquest that death was caused by drowning. John's funeral, earlier this year, was attended by many local dignitaries and the congregation overflowed into the carpark. (8)

John's local school plan to present a trophy to the most promising newcomer in the swimming team each year in memory of John. This will be known as the 'John Hill Memorial' cup. (9)

Notes

1. Headline gives impression suicide is a normal response to a single dramatic life event romanticising and not concentrating on the negative aspects for family.
2. This may be one of many stressful incidents and more likely have been a trigger than a cause of his suicide. The term 'heartbroken' romanticises the story.
3. Portrays person as a positive role model for teenagers instead of concentrating on complex build up of problems.
4. This level of detail is unnecessary and may contribute to copycat attempts.
5. This person is giving an unqualified opinion and reinforces the belief that the break up was the cause of his suicide.
6. Emphasis is placed upon a normal lifestyle with other problems possibly overlooked. This may portray the message that suicide is a normal response to ordinary problems. Also places person on pedestal.

7. Is this relevant and is an attempt being made to associate John's death with Kurt Cobain's?
8. This may be newsworthy but may suggest that death by suicide attains celebrity status. More likely to romanticise notion especially for young people.
9. Young people at risk with a negative outlook may interpret this as suicide leads to recognition and a position of importance.

NB: No helpline numbers or sources of help accompanying report.

6. FURTHER READING

A Special Scar - The Experiences of People Bereaved by Suicide

Alison Wertheimer

1991, London, Routledge, 11 New Fetter Lane, London, EC4P 4EE

ISBN 415017637

Suicide in Ireland

Fergal Bowers

Irish Medical Organisation 1994

Colour Books Ltd, Dublin

ISBN 0952303302

The Long Sleep: Young People and Suicide

Kate Hill, 1995

London: Virage press, 20 Vauxhall Bridge Road, London, SW1V 2SA

ISBN 185385896

NHS Health Advisory Service 1994

Suicide Prevention the Challenge Confronted

London

HMSO

Young Gods: Suicide and Young Men: A Guide for the News Media

Dorset Health Promotion Agency

Jessopp House

Mill Lane

Wimborne

Dorset

BH21 1HG

AIDS Helpline
Tel: 0800 137437

Anti-Bullying Campaign
10 Borough High Street
London SE1 9QQ
Tel: (0171) 3781446
Fax: (0171) 3788374

Childine
Royal Mail Building
Studd Street
London N1 9QW
Tel: (071) 2391000

The Samaritans
Clarendon Street
Derry
Tel: (01504) 265511

Al-Anon
64 Donegall Street
Belfast
Tel: (01232) 243849

Alcoholics Anonymous
Central Service Office
152 Lisburn Road
Belfast
Tel: ((01232) 681084

Gingerbread
169 University Street
Belfast
Tel: (01232) 234568/231417

Northern Ireland Association of Mental
Health
82/84 University Street
Belfast
Tel: (01232) 328474

NSPCC Child Protection Helpline
800 800 500

Parents Advice Centre
Bryson House
Bedford Street
Belfast
Tel: (01232) 238800

Relate (Marriage Guidance Counselling)
76 Dublin Road
Belfast
Tel: (01232) 457848

WELB
Hospital Road
Omagh
Tel: (01662) 240240

Western Health & Social Services Board
Clooney Road
Gransha Park
Derry
Tel: (01504) 860086

Sperrin Lakeland Trust
Strathdene House
Tyrone & Fermanagh Hospital
Omagh
Tel: (01662) 244127

Altnagelvin HSS Trust
Glenshane Road
L'Derry
Tel: (01504) 345171

Foyle Health & Social Services Trust
Riverview House
Abercorn Road
Derry
Tel: (01504) 266111

Age Concern
Whyte House
Chapel Road
L'Derry
Tel: (01504) 47478

Barnardo's
63 Carlisle Road
L'Derry
Tel: (01504) 264677

Derry Well Woman
17 Queen Street
L'Derry
Tel: (01504) 360777

National Schizophrenia Fellowship
15 Clarendon Street
L'Derry
Tel: (01504) 371857

AWARE - Defeat Depression
22 Great James Street
L'Derry
Tel: (01504) 260602

Aisling Centre
37 Darling Street
Enniskillen
Co Fermanagh
Tel: (01365) 325811

The Tara Centre
11 Holmview Terrace
Omagh
Tel: (01662) 250024

Foyle Friend
(Gay Helpline)
37 Clarendon Street
L'Derry
Tel: (01504) 263120

Foyle Homeless Action Group
23a Bishop Street
L'Derry
Tel: (01504) 266115

Foyle Search & Rescue
10 Victoria Road
Waterside
L'Derry
Tel: (01504) 313800

Foyle Victim Support
NICD Resource Centre
58 Strand Road
L'Derry
Tel: (01504) 370086

Foyle Woman's Aid
Office Tel: (01504) 364923

Gingerbread
38 Clarendon Street
L'Derry
Tel: (01504) 377066

Nexus Institute
38 Clarendon Street
L'Derry
Tel: (01504) 260566

NI Association for Mental Health
Beacon Centre
20 Clarendon Street
L'Derry
Tel: (01504) 269677

NSPCC
29a Strand Road
L'Derry
Tel: (01504) 266789

Northlands Centre
13 Pump Street
L'Derry
Tel: (01504) 263056

Sheperd's Way
Dungiven Road
L'Derry
Tel: (01504) 313232

Youth Counselling & Information Service
(Contact Youth)
2a Ribble Street
Belfast
Tel: (01232) 457848

PRAXIS
16 Bishop Street
L'Derry
Tel: (01504) 308020

Bogside & Brandywell Women's Group
C/o Dove House
32 Meenan Square
L'Derry
Tel: (01504) 269327

Cruse - Bereavement Care
9 Crawford Square
Derry
Tel: (01504) 262941

Parents Advice Centre
18 Great James Street
L'Derry
Tel: (01504) 266663/372006