

COVERING SUICIDE WORLDWIDE: MEDIA RESPONSIBILITIES

Guidelines, training and ethical issues
raised by the latest review of research about
the impact of media coverage on suicidal behaviour

Compiled by
Bill Norris & Mike Jempson (The PressWise Trust)
with
Lesley Bygrave (Befrienders International)

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"I believe suicide is one of the most under-covered and mis-covered issues on our landscape. Unfortunately, there is little meaningful discussion on the topic in newsrooms and a paucity of guidance for journalists."

Dr Robert Steele, Ethics Group Leader, Poynter Institute, Florida, USA.

1. Introduction

Compelling evidence from the initial findings of a comprehensive and systematic review of international research into the impact of media coverage of suicide, suggests that media professionals everywhere have an onerous responsibility when reporting about suicide. The review covers a variety of media portrayals of suicide, including fiction; this commentary focuses on journalistic coverage of suicide.

Probably the most important and encouraging message of the study is that *'responsible approaches to the portrayal of suicidal behaviour in the media can save lives'*.

This raises an immediate question about what constitutes 'responsible reporting'? And who is to define it – relatives, suicidologists, the police, politicians, media regulators and analysts, or media professionals themselves?

If journalists do not receive specific training early in their careers about how to tackle one of the most disturbing human tragedies, how are they supposed to develop 'responsible' techniques? As anyone who has had to come to terms with the suicide of a family member or close friend knows, discussion about the topic is riddled with taboos – like mental illness. Most people who attempt or succeed in killing themselves have suffered from some form of mental illness. Failure to acknowledge this fact helps to shroud the topic in mystery, but emphasising the point can cause additional distress and confusion to those trying to cope with their loss.

The PressWise Trust, the UK-based media ethics charity that advises people with complaints about media coverage, has been approached on numerous occasions by distraught relatives who were unaware that personal information supplied to an inquest hearing is automatically in the public domain – unless the Coroner has agreed to limit reporting.

They have found themselves suddenly confronted with distressing enquiries, often from inexperienced reporters who have been assigned to the dreaded 'death knock'. Later they have to deal with even more problematic consequences that can flow from published reports, especially where children are involved, details of the suicide method are described, or family problems come to light.

These anxieties are exacerbated when the media turn the suicide of a celebrity into a spectacle. Celebrity status may have been achieved by a combination of personal talent or wealth and the assiduous efforts of public relations industry, but the media confers 'added value' by exploiting the sales/ratings potential of celebrities, and the distorting process that is fame has often been blamed for the pressures that have led someone to take their own life. When time and space is devoted to intrusive and sometimes speculative coverage about the circumstances surrounding such a suicide it can have far-reaching consequences – not just for the immediate family but for those to whom the deceased has become a role model.

As journalists we like to think that our role is to help people understand the world in which they live. We are the eyes and ears of those who cannot be present when courts deliberate, or who feel the need to know why and how events have occurred. Our job is to supply accurate information, to the best of our ability.

But how much detail do we need to go into when a domestic tragedy becomes a news item? And should we be held responsible for consequences over which we have no control?

Media professionals are constantly required to make judgements about what to publish and how to tell the story, but when we make decisions that could influence the behaviour of others whom do not know, it is incumbent upon us to ensure that our judgements are as informed as might reasonably be expected. If there is expert advice available we have a responsibility to listen.

Where expert opinion is divided on topics of significance for the public, normally we see it as our duty to bring the controversy to light. That is especially important when the issue affects public health, for instance. Our responsibility is to provide members of the public with information that allows them to make informed decisions about their lives. Press freedom, after all, is a responsibility exercised by journalists on behalf of the public.

One way in which the collective experience of journalists is transmitted to colleagues, apart from vocational training and institutional checks and balances, is through the generation of codes of practice and the dissemination of guidelines.

Given the results of the Williams/Hawton research it is worth examining current practice in the field, and considering ways in which coverage of suicide might be improved.

2. Influencing media coverage of suicide

Media professionals throughout the world share a common sensitivity to any perceived or actual encroachment upon 'press freedom'. In some societies, the activities of the mass media are circumscribed by regulatory bodies with greater or lesser powers to intervene when breaches of the rules are detected. In others the freedom of the press is enshrined in the constitution.

Where market forces are allowed full reign – regarded by some as the apotheosis of a 'free press' - media proprietors are particularly resistant to any move that might limit their opportunities to publish matters which might be of interest to the public, and thus attract readers, viewers and listeners – and hence advertising revenue.

The media is not above the law, however, and a variety of regulatory systems exist which are designed to ensure that the media adhere to standards that reflect the cultural values of society. Furthermore most media institutions have their own 'mission statements' and house styles, which shape the content and direction of the material they produce, and of which editors are the stewards. Individual journalists may insist that they should be free to report about events as they see them, without interference - especially from state, political, commercial and non-governmental bodies that have a vested interest in influencing media agendas – yet most also acknowledge the need to define their professional integrity. By joining trades unions or professional associations they sign up to codes of conduct devised by their peers to enhance public trust in their work.

Dr Robert Steele, Ethics Group Leader at Florida's prestigious Poynter Institute, may have good reason to regret the lack of attention paid to suicide coverage in American newsrooms, but there is certainly no shortage of advice on the subject – the problem is that much of it comes from outside the media industry.

Journalists are not in the habit of asking others how they should do their jobs, nor of searching out guidance from non-media sources. They tend to resent, ignore or overlook the injunctions or admonitions of others, and rely entirely upon their instincts and a body of experience built up among their own colleagues.

If journalists are to operate independently and without fear or favour, it is reasonable and appropriate for media professionals to devise their own ethical guidelines. However it is equally reasonable to suggest that self-regulation might be improved if industry guidelines were informed by the knowledge and expertise of others who must deal with the consequences of inappropriate media coverage.

The taboos that surround suicide in most cultures are reflected in the almost complete avoidance of the subject of suicide reporting in the many codes of conduct in the world of journalism. Among the 86 codes collected and analysed by The PressWise Trust, only eight make any mention of it (see *Panel 1*).

Panel 1

What journalism codes say

Denmark (Suicide rate - 24.1 males and 11.3 females per 100,000 population)

"Suicides or attempted suicides should not be mentioned unless an obvious public interest requires or justifies press coverage, and in such a case the mention should be as considerate as possible."

Estonia (Suicide rate - 64.6 males and 14.2 females per 100,000 of the population)

"The news value of a suicide or attempted suicide is to be questioned rigorously."

Germany (Suicide rate - 21.8 males and 8.3 females per 100,000 population)

"Restraint must be exercised when reporting on cases of suicide. This applies particularly to the publication of names and detailed descriptions of circumstances. Exceptions are only justifiable where the incident in question is of contemporary historical significance and general public interest."

Lithuania (Suicide rate - 81.9 males and 13.4 females per 100,000 population, reputedly the highest suicide rate of any country in the world)

"The journalist should be particularly careful in publishing the facts about suicides or attempts of committing suicide, avoiding mentioning the family names."

Norway (Suicide rate - 17.7 males and 6.9 females per 100,000 population)

"Suicide and attempted suicide should in general never be given any mention."

South Korea (Suicide rate - 12.8 males and 6.1 females per 100,000 population)

The Korean Press Ethics Commission established an Ethical Media Practice Outline in 1967, which influenced the development of in-house guidelines by media organisations. (see Panel 2)

"In consideration of the effect the reports of suicide have on society, the Commission makes the following rules as the criteria for such reports: The name and amount of the lethal dose of the medicine used in suicide shall not be given. However, such may be reported in incidents related with crime or carrying a special social significance. Cruel methods of suicide shall not be described."

Since the words 'group suicide' can be an inaccurate expression in case it involves children and other family members not willing to die, accurate expression shall be used depending on the incident. At no time should such incidents be reported in a way that caters to the public's curiosity, nor should they be beautified."

Sweden (Suicide rate - 20.0 males and 8.5 females per 100,000 population)

"Exercise great caution in publishing notices concerning suicide and attempted suicide, particularly out of consideration for the feelings of relatives and in view of what has been said above concerning the privacy of the individual."

Turkey (Suicide rate - 3.8 males and 2.4 females per 100,000 population)

"In cases of suicide, publishing or broadcasting information in an exaggerated way that goes beyond normal dimensions of reporting with the purpose of influencing readers or spectators should not occur. Photography, pictures, visual images or film depicting such cases should not be made public."

In most countries such guidelines about the reporting of suicide as do exist appear in codes developed by individual media organisations.

Most of these, it should be noted, are 'thou shalt not's' – seldom the most persuasive of methods of influencing the independent minded - and there is little mention of *why* reporters and editors should be extra-sensitive when reporting suicides. It might be assumed that this sort of reasoned approach would take place at the training stage of a journalistic career, when attitudes are more easily influenced than in the pressurised atmosphere of the newsroom. There is little evidence that this is happening, except perhaps in Australia. (See *Chapter 3*)

Panel 2

In-house guidelines in South Korea

Daily newspapers

Chosun Ilbo (estimated circulation 2,300,000)

Discuss each story with the legal department before proceeding to publication.

Dong-A Ilbo (est. circ. 2,150,000)

Each story considered by internal review board before proceeding to publication.

Joon-Ang Ilbo (est. circ. 1,600,000)

In-house guidelines insist use of term 'toxic substance' rather than naming the product or brand used in a suicide.

Hankyoreh Shinmun (est. circ. 500,000)

Unless the reason for suicide has a social meaning, any product or brand used is not mentioned.

News agency

Yonhap News Wire

Has internal guidelines based on the Ethical Media Practice Outline and therefore do not mention the brand of a product used in a suicide.

TV stations

MBC, KBS, SBS

All three stations have their own in-house guidelines based on the Korean Ethical Media Practice Outline. The product or brand used in suicide bids is not mentioned.

Panel 3

Selected in-house guidelines and practice

Australia (Suicide rate - 21.5 per 100,000 for males, 5.2 for females)

The Press Council of Australia has urged that any guidelines on the reporting of suicide should present a balanced view of the issues – noting the statistically significant evidence for a link between reporting and 'copycat' suicide but indicating that it is not conclusive, and emphasising that responsible reporting of suicide and suicide-related issues can have a beneficial effect.

The Melbourne Herald and Weekly Times

"When reporting individual suicide cases, do not refer to them as such, except when the public figure or public interest tests apply. Avoid reporting details of suicide methods. Take particular care when reporting youth suicide trends not to imply that suicide is an acceptable means of resolving problems."

Australian Broadcasting Corporation

"Reported suicides may encourage others. The ABC tries not to add to this risk. If reported at all (there are reporting restrictions in NSW, Queensland and the Northern Territory), suicides should be reported in moderate terms. Reports should usually avoid details of method, with descriptions in general terms only, unless there is a good reason to go into detail. When the method used is unusual, reports should continue to be circumspect."

Costa Rica (Suicide rate - 7.1 males and 1.2 females per 100,000 population)

Radio Monumental

This leading national news station has a rule of 'no reports on suicides'.

Channel 4 News

Staff have been told not to emphasise news of suicides for fear of "the nasty consequences for society at large".

Channel 6 News

Has a policy of reporting with "responsibility, decency and good taste. We never provide details on the way a suicide was planned or carried out."

Japan (Suicide rate - 25 males and 12 females per 100,000 population)

Yomiuri Shimbun

There is no written in-house code on reporting suicide, and resistance to the imposition of guidelines from outside. The paper claims to report on all matters with the utmost care and respect, and is careful to avoid providing details of suicide methods employed by celebrities or public figures to avoid the risk of copycat actions.

Asashi Shimbun

Has no definitive guidelines on the reporting of suicides, relying instead on the personal ethics of each reporter. There appears to be a consensus among reporters and editors that they will disclose neither the name of the individual nor details of suicide compound(s). Resistance to the imposition of guidelines from outside.

Sankei Shimbun

No written guidelines, and resistance to prescriptions from outside bodies. When informed by police of a suicide, the paper decides whether the incident is newsworthy. If it involves a 'public figure', reporters make their own enquiries and write up the results. No names or details are given when an excessive dose of sleeping pills has been taken, but if a person dies after taking the recommended dosage of a medication, reporters will investigate further.

In Costa Rica, which has a tradition of non-sensational journalism, there is no well-defined or general policy on reporting suicide. However it appears that the Costa Rican media would rather not mention suicide - to prevent others from attempting it and in order not to provide hints on how to kill yourself. Only those suicides that have a unique or spectacular angle are reported, or when there is evidence of a trend for a particular harmful product to become the means of choice for suicide.

Although the number of suicides in Costa Rica has increased in recent years (in the decade to 1996 the number of reported cases rose by 263 per cent to 69 reported cases), the subject has not become an issue in the public mind perhaps because of the treatment accorded to it by the media.

Japan has no official guidelines - and there is resistance to the idea that any should be imposed from outside the industry - but there is a consensus among the media that the name of an individual who commits suicide, or the agent that caused the death, should not be revealed unless the victim is a celebrity or a publicly known figure. Lethal substances are identified in the case of a homicide or attempted murder.

"Police on Wednesday were investigating a suspected case of attempted poisoning in Susaka, Nagano Prefecture, in which cyanide apparently had been injected into a can of Oolong tea. Police said the 340-gram can had a perforation five to six millimetres in diameter on the bottom that had been covered with what appeared to be either an opaque sticker or glue. Nagano prefectural police analysed the tea and found it contained cyanide." The Daily Yomiuri, 3 September 1998.

The Japanese Broadcasting Corporation NHK has an in-house manual that outlines ethical standards and sets the framework for consistency and accuracy in all NHK radio and TV news and programs. Strict rules apply to coverage of suicide, and only the deaths by suicide of public figures and celebrities are likely to be reported. It informs the work of editorial executives, but in their day-to-day activities reporters rely upon common sense and their own ethical norms. NHK tries to avoid mentioning the name of a company or its products, unless it is directly relevant to a story, and this applies to poisonous agents used in a suicide.

NHK would consider very seriously any suggestion or request for self-imposed guidelines, since NHK claims to be attentive to the public opinion and concerns, and is open to advice from external independent third parties about how to refine its policies on the reporting of suicide.

In the United Kingdom (Suicide rate - 11 males and 3.3 females per 100,000 population), the British Broadcasting Corporation's (BBC) Producer Guidelines, the most comprehensive instruction manual for broadcasters, state:

"Reported suicides may encourage others. We should not try to add to this risk. They should be reported in moderate terms. Reports should usually avoid details of method: describe them in general terms unless there is a good reason to go into detail. When the method used is unusual, reports should continue to be circumspect."

Similarly, the Independent Television Commission's code says:

"Common sense dictates that the subject of suicide be handled with care and discretion, particularly in popular drama serials. There should be no more detailed demonstration of the means or method of suicide than is justified by the context, scheduling and likely audience for the programme. Where appropriate, professional advice or guidance should be sought from voluntary organisations such as the Samaritans."

Otherwise the media regulators make no specific mention of suicide, although Clause 5 of the newspaper industry's Code of Practice, policed by the Press Complaints Commission, echoes sentiments to be found elsewhere in regulations covering taste, decency and privacy:

"In cases involving grief or shock, enquiries must be carried out and approaches made with sympathy and discretion. Publication must be handled sensitively at such times, but this should not be interpreted as restricting the right to report judicial proceedings."

Journalists' unions in the UK, the National Union of Journalists (NUJ, UK & Ireland) and the Institute of Journalists (IOJ) have codes that do not mention suicide but believe their members take the issue seriously and would feel justified in reporting on methods of suicide if it were a crucial element of the news story.

Whether or not the means of suicide is reported is a matter for an editor's discretion, according to the UK Guild of Editors, and will depend on the circumstances surrounding each individual case. In general editors are sensitive to the risk of copycat suicides or attempted suicides, but their main consideration must be the public interest – and this means that sometimes it may be appropriate to publish some details of suicide methods.

In the case of a successful suicide, details of the cause of death cannot be reported until an inquest has been held. It is properly in the public interest to report inquest findings, although coroners do have discretion to limit the amount of information that enters the public domain.

In the USA, the media report suicides in lurid detail, with prominence given to the agent or method used. All US publications report suicides when they are considered newsworthy. Invariably the method of suicide is seen as an important part of the story.

There is some evidence that the public feels its values and priorities are not always reflected in the nation's newsrooms. One national survey by American Society of Newspaper Editors (ASNE) found that more than 80 percent of US adults think the press is too sensational, reporting lurid stories and details just to sell newspapers. According to the survey, 75 per cent of the public said it would respect a family's wishes to keep the story of a child's fatal accident out of the newspaper; 70 per cent of editors said they would publish the story.

"Shortly before 3 a.m. Wednesday, H...gulped down a shot of gasoline from an old Gatorade bottle, doused himself with fuel and struck a match, setting his body ablaze in the locked bathroom of his family home." New York Times, 25 March 1998.

There are no industry-wide standards that address the subject of how to cover suicides. Virtually every media outlet does, however, have its own Code of Conduct or Ethics, setting out policies for staff ranging from the personal (a reporter's political activity, freelance work and filing of expense reports) to the professional (reporting standards, attribution of sources, use of ethnic, racial or religious references).

A review of the Codes of Conduct for 16 US daily newspapers revealed that only three even mentioned the subject of suicide (*see Panel 4*). None of them offer any guidance – for or against – about publishing the method by which someone killed themselves.

Panel 4

Reporting suicide in the USA

USA (Suicide rate - 19.8 males and 4.4 females per 100,000 population)

"Except for newsworthy public figures, do not identify suicide victims by name or address when the suicide would not otherwise gain public notice. Attempted suicides should be handled similarly." The Journal News, White Plains, New York

"We generally do not cover suicides unless the identity of the victim or the circumstances of the death thrust the event into public attention." The Daily Press, Newport, Virginia

"Discuss with your editor whether we should report suicides, which we would do normally only if it involved a public figure or public suicide." The Dallas Morning News

"We treat suicides and attempted suicides with sensitivity." The San Francisco Chronicle

In addition to the policy statements drafted by individual news outlets, there are general codes developed by the print and broadcast industries as a whole. But as Craig Branson, executive director of the American Society of Newspaper Editors (ASNE), says:

"Industry codes are very generic and totally voluntary. Most ethical decisions are left to individual editors at individual papers. The industry would fight any attempt to create more specific rules or standards, and editors would no doubt ignore them."

The review of industry Codes bears this out. The Radio Television News Directors Association (RTNDA), the largest professional organisation devoted exclusively to broadcast journalism, has a one-and-a-half page Code of Ethics which makes no mention of suicide or any other specific area of coverage. It advises reporters to:

"reject sensationalism or misleading emphasis in any form."

The Code of the Society of Professional Journalists, the nation's oldest and largest professional journalism organisation, also contains no reference to the reporting of suicide. Its only specific admonition relates to crime:

"Be cautious about identifying juvenile suspects or victims of sex crimes."

Several years ago, when an alarming rise in suicide among adolescents and teenagers had been noted, a national workshop was convened among suicidologists, public health officials, psychiatrists, psychologists and the news media. One result was the development of media guidelines for reporting about suicide by the American Association of Suicideology (AAS) and the Centers for Disease Control (CDC), an agency of the U.S. Department of Health and Human Services.

The general theme of the guidelines is that responsible reporting of suicides is a valuable step toward addressing the problem, but that certain types of reporting may contribute to more suicides.

"Generally, reporting of suicide should not be shunned when newsworthy. It is important the public be aware of the nature and magnitude of the problem."

"All parties should understand that a scientific basis exists for concern that news coverage of suicide may contribute to the causation of suicide."

"Health officials must explain carefully the established, scientific basis for their concern about suicide contagion and how responsible reporting can reduce contagion. Some characteristics of news coverage may contribute to contagion, and other characteristics may help prevent suicide."

"Clinicians and researchers need to acknowledge that it is not news coverage of suicide, per se, but certain types of news coverage, that may promote contagion. Instead of dictating what should be reported, public officials should explain the potential for suicide contagion associated with certain types of reporting and suggest ways to minimize the risk of contagion."

While acknowledging that glorifying the act of suicide or the person who commits suicide, and presenting suicide as a tool for accomplishing certain ends are among the factors that contribute to suicide contagion, the guidelines specifically point out that 'how-to' references in news stories is likely influence others:

"Technical details about the method of suicide is not recommended and may in fact facilitate imitation of the suicidal behavior by other at-risk individuals."

Guidelines alone are not enough, according to Alan L. Berman, Ph.D., executive director of the ASS:

"The issue is not whether guidelines are developed. The issue is whether they would be adhered to."

3. Training...what training?

"I don't know of any degree courses in the US or elsewhere that address this matter for journalists."
Dr Robert Steele, Ethics Group Leader, Poynter Institute, Florida, USA

Florida's Poynter Institute, which conducts seminars over a wide range of ethical issues for journalists, does not devote one to the specific issue of suicide reporting. Ethics Group Leader Dr Robert Steele, however, does his best to spread the word:

"I challenge journalists to reject the notion that we 'don't cover suicides.' I urge them to find ways to meaningfully cover the ISSUE of suicide, and that may require them to cover some suicide incidents. I urge them to apply high standards of professionalism and a high degree of compassion in their reporting."

Poynter's most public contribution to the debate came in the year 2000, following a high-profile suicide in the neighbouring city of Tampa. In an article published on the World Wide Web, Al Tompkins, Broadcast/Online Group leader, wrote:

"According to the American Association of Suicidology, in the United States someone commits suicide every 17 minutes. It happens 84 times a day, more than 30,000 people a year. Yet, suicide is one of the most under-reported stories of our time. Suicide is the eighth leading cause of death in the United States.

"Homicide ranks 13th, yet homicide receives astronomically more news coverage. Moreover, there are 25 suicide attempts for every one that is completed. At least five million living Americans have attempted suicide.

"One reason suicides are so under-reported in mainstream journalism is linked to an historic newsroom avoidance of covering the topic. By avoiding the story in an effort to minimise potential harm to the victims' families or concern that news coverage might prompt others to take their lives, journalists avoid an important issue that viewers need to understand. WRC-Washington recognised the need to look deeper into this problem. They told the stories of the people who died and the pain they left behind."

In fact there are no rules governing what the American media can or cannot report regarding a suicide, and given the Constitutional First Amendment protecting freedom of speech there is little chance that such rules could ever be implemented.

In the UK, Rob Selwood of the National Council for the Training of Journalists (NCTJ) admits that beyond a requirement to attend a coroner's court there is no mention in the NCTJ syllabus of suicide reporting.

Training courses run by the National Union of Journalists do not cover it, and nor do those organised by the Thomson Foundation, a long established journalism training organisation operating internationally. Nor is it a topic on which The PressWise Trust, which delivers training on media ethics internationally, has been approached to run courses.

However, a survey of journalism tutors in all British universities that follow the NCTJ syllabus, reveals that some, though not many, do tackle the subject.

David Noble, of Lambeth College in London, explains the circumstances under which most journalists are likely to encounter 'suicide' as part of their duties:

"Students learn about inquests as part of their journalism and law training. If time permits, they attend an inquest, but obviously we do not know in advance what the nature of death in each of the cases is likely to be. Occasionally the verdict of the inquest is that the deceased killed himself - a form of words preferable nowadays to 'suicide'.

"Students are taught that this is a verdict which can be sustained only if there is clear evidence that the deceased formed the intention to take his own life, and that his death resulted directly from that intention. Otherwise the verdict will be open to challenge by way of judicial review. (Many relatives feel that a 'suicide' verdict is a slur on their family. Furthermore, such a verdict will usually prevent payment of any life assurance money.)

"A coroner has power to direct that evidence in the form of a written statement shall not be read out, and it is fairly common practice to exercise this power in relation to suicide notes, in order to spare relatives who are in court unnecessary distress.

"Students are also likely to be taught that, although attempted suicide is no longer an offence, aiding and abetting the suicide of another is one of the homicide offences.

"Except as stated above, students are taught about suicide simply as one of the several verdicts possible at an inquest."

David English, Cardiff University, Wales:

"Students are taught that if distraught relatives approach them at inquests, they must write the story, then add a memo to News Editor/Editor reporting the approach and leaving such an editorial decision to them. They are also taught that they must be sympathetic and understanding to relatives on such an occasion, but must point out that publishing such a report is not their decision."

Sandy Felton, Liverpool Community College:

"On induction all students receive a lecture on ethics and the code of conduct. During that lecture attention is drawn to the pressure news reporting can have on individuals which may in some cases (the EastEnders star as an example) cause them to commit suicide.

"We do cover suicide inquests, as part of inquests generally, and we discuss the ethics of what we report in terms of how it affects family etc. We pay particular attention to suicide letters etc and what should be reported."

Sue Cambell, Darlington College of Technology (herself a member of the Samaritans):

"I lecture in media law and when talking about coverage of a suicide inquest take a bit of time to explain why, for instance, coroners rarely allow the contents of a suicide note to be released to the press, and the difficulties that those who are left behind by a suicide often face."

Rebecca Eliahoo of Harrow College:

"As part of our module on press ethics, I do talk about the media reporting of suicide, using the Samaritans' media pack, as well as a media pack from the Mental Health Foundation on attitudes to mental illness and depression."

It is surprising that only one UK academic among all those queried chose to mention the Samaritans' media pack. It is a useful and, most importantly, a non-prescriptive guide to the problem which is shortly to be reissued.

The UK Samaritans also offer advice to reporters who find themselves interviewing people who may be at risk of suicide. While it is difficult to determine how close somebody may be to taking their own life, since people in crisis have unique feelings and react in different ways, there are tell-tale indicators to which journalists can be alert.

The important thing, they argue, is to trust to instinct and if they are concerned about someone's state of mind, listen carefully to what they have to say, encourage them to seek help and talk to someone they trust. With deadlines pressing and no training in counselling, journalists may have neither the time nor the aptitude to deal with the situation. The least they can do is to make sure that someone else is aware about the situation and that professional help can be given to the person

concerned. There are lessons that could easily be incorporated into training modules on interview techniques, for instance.

In Australia, where the Press Council had been ambivalent about a media resource kit issued by Suicide Prevention Australia and the Australian Institute for Suicide Research and Prevention academic institutions are taking a much more active interest in the subject.

The Hunter Institute for Mental Health - an Australian NGO providing mental health information - has been working since 1997 on a project to provide university lecturers with detailed materials on suicide reporting. The materials are being widely adopted and incorporated into ethics and news-writing courses.

The materials start from four basic principles:

- *Suicide should not be reported unless it is in the public interest.*
- *When suicide is reported it should be reported with moderation.*
- *Reporting the details of suicide methods should be avoided.*
- *Media reports of suicide should positively attempt to avoid the copycat phenomenon by sensitive reporting of the mental health issues involved.*

The principles are spelled out in detail, and training modules are provided for instructors along with some graphic examples of poor practice in the Australian press. It is an impressive introduction to the subject for young would-be journalists which could be adapted for use elsewhere.

"The media need to handle this topic in a very careful and sensitive fashion. It must be said that they have not always been helped in this regard by professionals in the field of Suicideology, particularly the medical profession."

Dr. John F. Connolly, Chief psychiatrist at St. Mary's Hospital, Castlebar and secretary of the Irish Association of Suicideology

4. To publish, or not to publish?

In his introduction to the first edition of the UK Samaritans' guidelines on reporting of suicide, chief executive Simon Armon wrote:

"Any suicide is a newsworthy event. The fact that an individual has chosen to end their life, quite deliberately and prematurely, attracts the attention of the public."

"The sad truth is that there are over 6,000 suicides every year in the UK. Many of these deaths go unreported, yet the effect of each individual suicide has a profound impact on the family, friends and colleagues, even if it doesn't reach a wider audience."

"For the journalist, a suicide presents a difficult dilemma. As an issue of concern to the public, it is clearly the responsibility of the reporter to present the facts as they happen, without glamorising the story or imposing on the grief of those affected. Yet, there seems to be some suggestion that inappropriate reporting or depiction can lead to so-called 'copycat suicides'."

"(Our) Guidelines are not exhaustive and they do not seek to dictate, because each situation is different. They simply aim to offer some help to the journalist in resolving his or her own professional, and sometimes personal, dilemma."

Whether or not to publish certainly is a difficult dilemma. Does the reporting of suicide encourage a 'copy-cat' reaction and encourage others to follow the suicide's example, or is there a public duty to report on a significant piece of news? There has been no shortage of academic surveys, with sufficiently ambiguous results to prevent common agreement in the past.

The government of New Zealand (Suicide rate - 20.5 males and 5.4 females per 100,000) sought to reach its own conclusions, and placed them on its website:

'The Ministry of Health has analysed the published studies and concluded that a large body of research does show a link between the media coverage of suicide and a subsequent increase in suicides and suicide attempts. Evidence suggests if suicide is communicated publicly then some vulnerable individuals may consider it as an option.'

'This increased risk of suicide has been shown across all age groups, but young people who are struggling with apparently insurmountable personal, interpersonal, or family problems may be the most vulnerable.'

'In most cases it appears that the person may have been influenced by either the suicide of someone else or the depiction of suicide, factual or fictional. This is referred to as copycat suicide or suicide contagion and has been linked to books, movies, television dramas, documentaries, magazines, and news coverage of suicide. This phenomenon is usually due to the power of suggestion and normalisation presented in these media representations.'

The World Health Organisation concurs that:

"Overall, there is enough evidence to suggest that some forms of non-fictional newspaper and television coverage of suicides are associated with a statistically significant excess of suicides,"

It acknowledges that suicide is often newsworthy and the media have a right to report it.

"Reporting of suicide in an appropriate, accurate and potentially helpful manner by enlightened media can prevent tragic loss of lives by suicide."

However, the WHO also points out that the majority of suicides are not reported in the media. Those that are generally involve a particular person, method or place. In its 'Resource for Media Professionals,' the WHO goes on to say:

"Clinicians and researchers acknowledge that it is not news coverage of suicide per se, but certain types of news coverage, that increase suicidal behaviour in vulnerable populations. Conversely, certain types of coverage may help to prevent imitation of the suicidal behaviour. Nevertheless, there is always the possibility that publicity about suicide might make the idea of suicide seem 'normal'. Repeated and continual coverage of suicide tends to induce and promote suicidal preoccupations, particularly among adolescents and young adults."

Addressing a meeting of the Irish Suicide Bereavement Support Group (Solace) in January 1997, Dr John Connolly secretary of the Irish Association of Suicideology, offered as a model for media practice the way the media in Seattle handled the situation following the death of Nirvana rock star Kurt Cobain, who killed himself in April 1994.

"Personnel in the support and outreach organisations in that city at that time, were very fearful that a number of fans would copy the example of Cobain."

"Fortunately research has shown that this did not happen. That was thanks, in many respects, to the way the media handled the event in a very sensitive way, separating the act from the man."

"Often the media make it seem a very romantic sort of thing to do; idealise suicide and make it appear acceptable as a rational choice of method of solving problems; and over-simplify what is the end result of a very complex process, or otherwise sensationalise it."

"In addition the media often tend to have an over simplistic view of the origins of suicide and what was going on in the life of an individual at the particular time when he choose to end his life."

He went on to point out that Ireland's provincial press tended to ignore suicides and rarely reported on them:

"This I think is done from the very best of motives in an effort not to cause pain to families and not to identify and stigmatise the victims and their relatives. The disadvantage of this is that it keeps suicide as a taboo subject."

In 1998 mainstream print publishers and publishers' associations in Australia indicated their view that the 'public interest' should be the criterion of responsible reporting of suicide-related issues. They were responding, through the Press Council, to a Media Resource Kit for the reporting and portrayal of suicide in Australia released by Suicide Prevention Australia and the Australian Institute for Suicide Research and Prevention.

The starting point for the Council was that freedom of the press is the freedom of the public to be informed. The media have a responsibility to inform the public appropriately on important issues such as suicide prevention, treatment of mental illness, causes of depression, lack of government funding etc.

The newspaper industry has yet to be convinced of the linkage between reporting and suicide occurrence, especially the Resource Kit's assumption that reporting of suicide, particularly youth suicide, is ipso facto bad and could itself be a causative factor in subsequent suicides. Besides, youth readership of newspapers is small and dwindling, so why should newspaper reports be blamed for increased suicide among young people?

Far from leading solely to the increase in the rate of suicide, reporting suicide may have an ameliorative effect. Assertions about the negative impact of any reporting of suicide-related stories

appear to contradict the widely held views of mental health experts that appropriate reporting can lead to improved 'mental health literacy' and to the promotion of mental health services.

Indeed Dr Brendan Nelson, the chair of a federal government report, has indicated youth health and education services need to be more aware of the suicide problem in Australia. By implication suicide issues should be aired publicly, requiring more rather than less reporting of suicide-related stories.

The Press Council was able to point out that reporting in 1991-2 by the *Brisbane Sunday Mail* of the incidence of suicides from the Gateway Bridge led directly to steps being taken which reduced the use of that structure for suicide; and after the *Sunday Herald Sun* reported on an alarming cluster of suicides in Kyneton during August 1992, the township became the centre of media attention and, as a result, a public meeting was held to discuss the issue.

It could be argued that one error of judgement by the media can have positive consequences in terms of galvanising public opinion about acceptable standards of coverage. In November 1988, when Thai television broadcast live footage of a woman leaping to her death from a building in Bangkok, there was public outrage and a rash of suspected copycat suicide attempts. The Ministry of Public Health sought urgent meetings with media chiefs and the police to discuss ways of reducing levels of graphic coverage of gruesome events.

Yet even when serious efforts to tackle the issue of suicide prevention and contagion are undertaken through partnerships between media and experts, things can go wrong and mixed messages reach the public.

In April 1999 the British Medical Journal published an earlier paper by Keith Hawton et al, looking at suicide increases following a paracetamol suicide on a popular medical soap on national television. Specific scenarios had been written into the script, and measurements were taken at hospital casualty departments on the number of overdose cases reported after the episode was broadcast. There was a marked short-term increase, especially in the use of paracetamol.

The study concluded that:

"Broadcast of popular television dramas depicting self-poisoning may have a short term influence in terms of increases in hospital presentations for overdose and changes in the choice of drug taken. This raises serious questions about the advisability of the media portraying suicidal behaviour."

"...media portrayals seem to influence the choice of method, which is particularly dangerous if it concerns a method such as paracetamol overdose...joint consensus of guidelines about this matter by media staff, researchers and clinicians would be an important step in the right direction."

Instant media reaction to these conclusions - stories suggesting that the 'soap' had caused people to try and kill themselves - led BBC news journalists to challenge executives from the Corporation's drama department, live on air, about the wisdom of the storylines. Lost in the media frenzy was another aspect of the study, which showed that lessons about the dangers of paracetamol abuse had stayed with audiences long after the broadcast, and the short-term increase in attempted overdoses - demonstrating that drama can fulfil an important public education role.

The circumstances surrounding the release of the research findings also highlighted the importance of an appreciation among non-media professionals about how the media operates and the importance of being prepared for sudden interest in the most sensational aspects of research instead of a more measured examination of its implications.

By contrast, in Austria an increase in suicides on the Viennese underground system in 1986-7, following dramatic reporting of such suicides (22 took place over a period of 21 months, compared with 9 during 1983-4), persuaded the local media to introduce voluntary guidelines limiting dramatic

or sensational coverage given to suicides. In 1988 no subway suicide was mentioned in the press, subsequently the number of suicides on the underground system fell (four in 1989, three in 1990) as did the number of attempted suicides.

One of the earliest studies of the impact of newspaper reports on imitative suicides was undertaken in the USA after a newspaper strike. Using data from seven American cities in 1967, J.A. Motto found little support for his hypothesis that the strike would lead to a reduction in suicides. In a second study in Detroit, three years later, he did find a significant lowering of the suicide rate for females, particularly those aged under-35. But three years later again, in 1973, S. Blumenthal and L. Bergner found that the overall suicide rate was not significantly lower during the 1966 New York newspaper strike, though female suicide rates had reduced.

All of which suggests that hard and fast rules offer no guarantees of a given desired result. However, since the prevalence of suicide is on the increase in many societies, and especially among young people in some cultures, there are messages to be drawn from the evidence collected both for this commentary and the Williams/Hawton study.

5. Conclusions

Where suicide reporting is concerned, the world's media is clearly divided. There seems to be no clear national pattern to be found in reporting customs; at least in those countries which enjoy a free press.

There are those intent on reporting every gruesome detail (and putting it on the front page or running it live). There are those who go to the other extreme and avoid reporting on it at all. And there are those who strive to act responsibly, reporting only those cases which are genuinely newsworthy and tactfully refraining from including such details as method, motive or substance.

Independent editorial policies ensure that examples of all three approaches to the problem can be found just about anywhere, and research indicates that any strong official advice on the subject is likely to be resented or ignored.

The last 'middle-way' is probably the most difficult course to follow, frequently involving fine editorial judgement, but it is the approach favoured by those whose field of expertise is suicide prevention, mental health promotion, psychiatry and counselling.

Journalists are rarely complimented on their endeavours, but the moment professionals from outside the media say we have got the balance about right we begin to question whether we have lost our 'edge' and independence. Perhaps we should make more efforts to win the approbation of those concerned with the well-being of more vulnerable members of society.

It may be that widespread adoption of the kind of training programme now used in Australia will modify extreme attitudes on both wings. But that will take time to work through. In the meantime, it is probable that more lives will be lost through irresponsible reporting, though no one will be able to say for sure that this was the cause. Those concerned will not be talking.

However, when the teenage son of one PressWise client killed himself he was found clutching the newspaper articles which had besmirched the reputation of his murdered sister and which his parents had spent years, unsuccessfully, seeking to set straight. And another PressWise client ended his own life when the Press Complaints Commission decided that factual errors in a local newspaper front page story which had wrecked his standing among family, friends and colleagues were not significant enough to warrant an apology or a correction. The media can drive people to desperation - that much we do know.

Where does all this leave us? With the need for more attention to be paid in vocational training to raising awareness among would-be journalists about the facts, figures and implications of suicide, for a start. Bringing in guest speakers from suicide support groups, including surviving relatives, would add a lasting dimension to ethics training.

It may be possible to develop brief generic modules that could be applied in-house and mid-career across national boundaries, but cultural attitudes to suicide differ sufficiently for each country to formulate their own versions.

The same is true for guidelines generated from within the industry. The International Federation of Journalists is well placed to promulgate outline guidance based on best practice models from around the world. Regional and national versions could then be developed as a way of encouraging media professionals to take responsibility for influencing the way suicide is reported. This approach has the benefit of commending itself to media regulators.

Such guidelines need to be short and simple. The longer and more complex they are, the more they are open to misinterpretation and the more prescriptive they can appear to be. To be effective they have to be of assistance to journalists rather than a hindrance or a source of resentment. And they

need to be based on reliable, factual information rather than surmise if they are not to be dismissed as a distraction by the more cynical.

Suicide cannot be taboo to the media. It is a phenomenon that has to be addressed, especially if society is to understand and tackle the underlying causes that drive people to end their lives – physical and mental illness, depression, unemployment, poverty, relationship failure.

Journalists do not have to share the conviction of those who believe that all suicide coverage risks a copycat response to recognise their responsibilities to readers, listeners and viewers. They know that they need reliable information and advice, just as those health communicators who want to heighten public awareness about suicide risk and prevention need assistance in obtaining media coverage. There are opportunities here for mutual support, especially through their professional associations.

And it costs nothing for media organisations to advertise help-line numbers and contact details for the relevant support groups when suicide is in the news.

When faced with difficult ethical choices, even the most independent of journalists can turn to colleagues for advice and support. Unfortunately the macho culture of much journalism rarely allows journalists to admit to their own weaknesses and anxieties. Suicide is no stranger to the newsroom, and media employers need to consider what support they can provide to staff who have to report on trauma and tragedy almost daily.

Few journalists have the luxury of a 'conscience clause' in their contracts that allows them to refuse to undertake assignments that offend their personal code of ethics. It would give them the ultimate sanction were they to be pressurised from any direction over how to cover a story. That would be in an ideal world we all know we do not inhabit.

For the moment then we must rely upon the integrity of media professionals to listen to the messages that have emerged from the current batch of research into the impact of media on suicidal behaviour, draw heart from the fact that responsible coverage can save lives, and carry with them the basic human desire to do no harm.

Bristol
September 2001

Appendix 1

Suicidal Behaviour and the Media

Summary conclusions drawn by Kathryn Williams & Keith Hawton of the Centre for Suicide Research, Department of Psychiatry, Oxford University.

A review of 90 studies of the impact of media portrayals of suicide in some 20 countries has given rise to the following conclusions:

- To treat suicide as a 'mystery' is misleading; most people who die by suicide have been suffering from psychiatric illnesses, and this is consistently under-reported by the news media in many countries.
- Responsible approaches to the portrayal of suicidal behaviour in the media can save lives. Voluntary restraints on reporting suicides by specific lethal methods have resulted in abrupt and statistically significant reductions in deaths by those methods. In contrast, providing a warning about the danger of certain medications, poisons or other methods of suicide may be helpful to most of the audience but send the opposite message - that these methods are effective (that is, lethal) - to depressed and suicidal people.
- Highlighting risk factors and providing the telephone numbers of crisis lines can have positive effects, encouraging people to seek help.
- There is considerable potential for innovative media presentations which communicate positive messages (for example, there is help available for those in suicidal crisis, and mental illness can be treated). Depicting celebrities or fictional characters dealing with their emotional distress in constructive ways is another way in which the media can promote life and hope. Such presentations would reflect the reality that most people who consider suicide never act upon their feelings, but find ways to solve their problems.
- Nonetheless media portrayals can lead to imitative suicidal behaviour. There is compelling evidence of increases in suicidal behaviour after the appearance of news reports, fictional drama presentations on television and suicide manuals.
- Certain aspects of media portrayals tend to increase the likelihood that imitative behaviour will occur. Of particular concern are:
 - news stories, fictional drama and suicide manuals that name or depict a method of suicide, especially when that method is lethal and readily available;
 - prominent and/or repetitive news coverage of suicide;
 - coverage of celebrities who take their own lives.
- Imitation is more likely among audiences members who can identify with the suicide victim in some way; for example by age, gender or nationality.
- Young people and elderly people appear to be more vulnerable than those in their middle years to media-related suicide contagion.
- These findings support a number of theoretical explanations of how and why imitative suicide occurs. In turn these models predict that certain characteristics of media presentations will promote imitation; specifically:
 - portraying suicidal behaviour as a natural or understandable response to problems such as failure to achieve important goals, relationship difficulties or financial crises;
 - showing or implying that a person may be 'rewarded,' for suicidal behaviour, for example by achieving a reconciliation, gaining revenge or eliciting sympathy;
 - treating suicide as a tragic or heroic act by someone who apparently had everything to live for.

Appendix 2

Suicide: Questions for the newsroom

Drafted by Al Tompkins, Broadcast/Online Group leader, The Poynter Institute, Florida, USA.

- What policies or rules does your newsroom have that could trap you from covering the issue of suicides?
- What guidelines do you have about when or how you cover this story? What tone would the coverage take? Where should suicide stories play in a newscast? How much coverage is warranted?
- What exactly are your concerns about covering this topic; the privacy of the individual, the potential harm coverage could cause a grieving family, the public's need to know the extent to which the death was carried out in public view?
- How well known was the victim or the victim's family? What was the motivation for the death? Were others directly harmed in the act of the suicide? Did others assist in the death? How did the person die and how often does this happen?
- What is the potential harm that could come from not reporting the story? For example, if a teenager kills himself other young people are likely to hear about the death. But parents might not know about the death of the young person without media coverage. Parents would not know that they should be especially alert to changes in the behaviour of their children who might be in shock. News coverage can serve as an alert that parents should be open with their kids about this sensitive topic.
- What guidelines does your newsroom have about how to minimise the danger that a story about suicides, especially the suicide of a juvenile, could trigger copycat deaths? How could your newsroom include, as a matter of policy, the phone number of a local crisis line any time you do a suicide story?
- How well does the newsroom understand the underlying warning signs and motivations of suicide?
- What experts does your newsroom have contact with who can advise the newsroom on deadline about how to handle suicide stories?
- Whenever possible, present examples of positive outcomes of people in suicidal crisis.

Appendix 3

World Health Organisation guidance on reporting suicide

- Sensational coverage of suicides should be assiduously avoided, particularly when a celebrity is involved. The coverage should be minimised to the greatest extent possible. Any mental health problems the celebrity may have had should also be acknowledged. Every effort should be made to avoid overstatement. Photographs of the deceased, of the method used and of the scene of the suicide are to be avoided. Front page headlines are never the ideal location for suicide reports.
- Detailed descriptions of the method used and how the method was procured should be avoided. Research has shown that media coverage of suicide has a greater impact on the method of suicide adopted than the frequency of suicides. Certain locations - bridges, cliffs, tall buildings, railways etc. - are traditionally associated with suicide and added publicity increases the risk that more people will use them.
- Suicide should not be reported as unexplainable or in a simplistic way. Suicide is never the result of a single factor or event. It is usually caused by a complex interaction of many factors such as mental and physical illness, substance abuse, family disturbances, interpersonal conflicts and life stresses. Acknowledging that a variety of factors contribute to suicide would be helpful.
- Suicide should not be depicted as a method of coping with personal problems such as bankruptcy, failure to pass an examination, or sexual abuse.
- Reports should take account of the impact of suicide on families and other survivors in terms of both stigma and psychological suffering.
- Glorifying suicide victims as martyrs and objects of public adulation may suggest to susceptible persons that their society honours suicidal behaviour. Instead, the emphasis should be on mourning the person's death.
- Describing the physical consequences of non-fatal suicide attempts (brain damage, paralysis, etc.) can act as a deterrent.

Appendix 4

A basis for media guidelines

Prepared by the Press Council of Australia.

Preamble:

These guidelines recognise that freedom of speech, and of the press, is an over-riding consideration and that the [print] media have a duty to inform the public on matters of public interest.

Guidelines:

- Suicide should be reported when such reports are in the public interest. Media professionals avoid the distribution of material that is likely to incite or encourage self-harm or suicidal behaviour.
- Media professional exercise care to not trivialise, romanticise, nor glorify suicide, particularly in media which targets, or is likely to be available to, young people.
- Media professionals adhere to existing Australian media industry codes of practice for reporting suicide.
- Media professionals consult, when appropriate, reputable associations, research centres, counselling services and Departments of Health when seeking comment on suicide and mental health issues.
- Media professionals show sensitivity to persons bereaved by suicide in a way that is respectful of the deceased and the family since people bereaved by suicide are themselves at increased risk for suicidal behaviour.

Appendix 5

Samaritan guidelines for the media (UK)

A fine line remains between sensitive, intelligent reporting by the media and sensationalising the issue. The focus should be on educating and informing the public. Perhaps the most important guiding principle is to consider the reader, listener or viewer who might be in crisis when they read, hear or see the piece. Will this piece make it more likely that they will attempt suicide or more likely that they will seek help?

Reporting a suicide

The language used when reporting a suicide should be carefully considered.

- Use phrases like:
 - A suicide
 - Die by suicide
 - A suicide attempt
 - A completed suicide
 - Person at risk of suicide
 - Help prevent suicide
- Encourage public understanding of the complexity of suicide.
- Seek expert advice. The Samaritans' Press Office can help put you in contact with acknowledged experts on suicide and offer advice about depiction based on an overview of previous cases.
- Debunk the common myths about suicide. There is an opportunity to educate the public by challenging these.
- Encourage explanation of the risk factors of suicide.
- Encourage discussion by health experts on the possible contributory causes of suicide.
- Consider the timing. The coincidental deaths by suicide of two or more people makes the story more topical and newsworthy, but additional care is required in the reporting of "another suicide, just days after...", which might imply a connection. There are 17 suicides every day, most of which go unreported.
- Include details of further sources of information and advice. Listing appropriate sources of help or support at the end of an article or a programme shows the person who might be feeling suicidal that they are not alone.
- Remember the effect on survivors of suicide - either those who have attempted it or who have been "left behind". It might be helpful to be able to offer interviewees some form of support (e.g. information about The Samaritans, or for those who are bereaved by suicide, information about The Compassionate Friends or Cruse).
- Look after yourself. Reporting suicide can be very distressing in itself, even for the most hardened news reporter, especially if the subject touches something in your own experience. Talk it over with colleagues, friends, family or The Samaritans.

Appendix 6

Debunking common myths about suicide

Compiled by The Samaritans (UK)

- *Those who talk about suicide are the least likely to attempt it.*
Those who talk about their suicidal thoughts, do attempt suicide. Our experience shows that many people who take their lives will have told others about it in the weeks prior to their death.
- *If someone is going to kill themselves, there is nothing you can do about it.*
If you can offer appropriate help and emotional support to people who have suicidal thoughts then you can reduce the risk of them dying by suicide.
- *Suicidal people are fully intent on dying.*
Many suicidal people are undecided about living or dying. Many callers to The Samaritans do not want to die but they talk of not wanting to go on living as things are.
- *If someone has a history of making 'cries for help' then they won't do it for real.*
Those who have attempted suicide once are 100 times more likely than the general population to do so again. Around four out of ten people who die by suicide will have attempted suicide earlier.
- *Talking about suicide encourages it*
On the contrary, allowing a person to talk through their worst fears and feelings may provide them with a lifeline which makes all the difference between choosing life and choosing to die.
- *Only mentally ill/clinically depressed people make serious attempts at suicide.*
Although the majority of suicides are judged to have had some sort of psychiatric illness (whether diagnosed or not), feelings of desperation and hopelessness are more accurate predictors of suicide.
- *A good pumping out in the Casualty Department will teach those who make silly gestures a lesson they won't forget.*
Those at risk of suicide may choose a less painful and more certain method next time. The response of those responsible for the primary care of a person who has attempted suicide can be important to their recovery. An attempted suicide should always be taken seriously.
- *Once a person is suicidal, they are suicidal forever.*
Individuals who wish to kill themselves may be suicidal for only a limited period of time. In our experience, emotional support can help people come through a suicidal crisis. Talking and listening can make the difference between choosing to live and deciding to die.
- *Suicide can be a blessed relief not just for the individual but for those that surround him or her.*
The effects of suicide should not be trivialised in this way. The loss of a loved one is the start of a nightmare, not the end. It leaves profound feelings of loss, grief and guilt in its wake.

Appendix 7

Reminders to officials dealing with the media about suicide cases

Prepared by the Centers for Disease Control and Prevention & the American Association of Suicideology.

1. Suicide is often newsworthy, and it will probably be reported. It is important to assist news professionals in their efforts toward responsible and accurate reporting.
2. 'No comment' is not a productive response to media representatives who are covering a suicide story. Refusing to speak with the media does not prevent coverage of a suicide; rather, it precludes an opportunity to influence what will be contained in the report. It is not necessary to provide an immediate answer to difficult questions; however, be prepared to provide a reasonable timetable for giving such answers or provide a referral.
3. All parties should understand that a scientific basis exists for concern that news coverage of suicide may contribute to the causation of suicide. Health officials must explain the carefully, established, scientific basis for their concern about suicide contagion and how responsible reporting can reduce contagion.
4. Some characteristics of news coverage of suicide may contribute to contagion, and other characteristics may help prevent suicide. Clinicians and researchers need to acknowledge that it is not news coverage of suicide, per se, but certain types of news coverage that may promote contagion.
5. Health professionals or other public officials should not try to tell reporters what to report or how to write the news regarding suicide. Instead of dictating what should be reported, public officials should explain the potential for suicide contagion associated with certain types of reporting and suggest ways to minimise the risk for contagion.
6. Public officials and the news media should carefully consider what is to be said and reported regarding suicide.

Appendix 8

Advice to the media on reporting suicide

Prepared by the Centers for Disease Control and Prevention & the American Association of Suicideology.

- In order to discourage copycat suicides,
 - avoid or minimise reporting specific details of the method the victim used in taking his/her life;
 - avoid descriptions of a suicide as 'unexplainable' such as 'he had everything going for him';
 - avoid reporting romanticised versions of the reasons for the suicide, e.g. 'they wanted to be together for all eternity'; and
 - avoid reporting simplistic reasons for suicides such as 'the boy committed suicide because he has to wear braces on his teeth.' The rationale for suicidal thoughts are much deeper.
- Consider how you play the story. Consider minimising harm by not playing the story in pre-show teases. Consider not using the photo of the person who killed him/herself. It will make the suicide less glamorous to someone considering imitating the act.
- Report suicide in a straightforward manner so suicide does not appear to be exciting. Reports should not make the suicidal person appear admirable nor should they seem to approve of suicide as an alternative.
- Present alternatives to suicide, such as calling a suicide hotline or getting counselling.
- Whenever possible, present examples of positive outcomes of people in suicidal crisis.

Appendix 9

The warning signs of suicide

Compiled by the American Association of Suicidology

A person might be suicidal if he or she:

- Talks about committing suicide;
- Has trouble eating or sleeping;
- Experiences drastic changes in behaviour;
- Withdraws from friends and/or social activities;
- Loses interest in hobbies, work, school, etc.;
- Prepares for death by making out a will and final arrangements;
- Gives away prized possessions;
- Has attempted suicide before;
- Takes unnecessary risks;
- Has had recent severe losses;
- Is preoccupied with death and dying;
- Loses interest in their personal appearance;
- Increases their use of alcohol or drugs.