

## For more information

The World Health Organisation compiles facts and figures about suicide around the world.

See: [www.who.int/health\\_topics/suicide/](http://www.who.int/health_topics/suicide/) and WHO Suicide Prevention Project: [www.who.int/mental\\_health](http://www.who.int/mental_health)

Many national government health ministries have a department dealing with suicide prevention. In many countries there are non-governmental agencies concerned with suicide prevention and support for the relatives and friends of suicides.

A list of such agencies can be found at [www.suicide-hotlines.org/](http://www.suicide-hotlines.org/)

## Training for media professionals

In consultation with media professionals and suicide prevention agencies, PressWise has devised training modules which can assist journalists to develop responsible approaches to the reporting of suicide.

The modules may be accessed at [www.presswise.org.uk/health](http://www.presswise.org.uk/health)

## Other useful websites

International Academy for Suicide Research  
[www.uni-wuerzburg.de/IASR](http://www.uni-wuerzburg.de/IASR)

International Association for Suicide Prevention  
[www.iasp.info.no/iasp](http://www.iasp.info.no/iasp)

Centre for Suicide Research, UK  
[cobanh.warner@ce.ac.uk/csr](mailto:cobanh.warner@ce.ac.uk/csr)

American Association of Suicidology  
[www.suicidology.org](http://www.suicidology.org)

American Foundation for Suicide Prevention  
[www.afsp.org](http://www.afsp.org)

Mindframe-media, Canberra, Australia  
[www.mindframe-media.info](http://www.mindframe-media.info)

Suicide Information and Education Centre, Canada  
[www.siec.ca/](http://www.siec.ca/)

Suicide Research and Prevention Unit, Norway  
[www.med.uio.no/psy/sst/](http://www.med.uio.no/psy/sst/)

## Good and bad news about suicide coverage

### Australia

A 1995 study of coverage in Australian newspapers found that rates of male suicide increased following reports of suicide, with actual male suicides peaking on the third day after the story appeared.

### Austria

There were 22 suicides on the Vienna underground in the 18 months (twice the total for the previous three years) after sensational media coverage of one incident in 1986. The figures dropped dramatically after the media agreed voluntarily to limit coverage for a time.

### Germany

In the ten weeks following broadcast of a TV series in the 1980s featuring the suicide of a student, there was a substantial increase in suicides by the same method.

### Hong Kong

When publicity was given to an unusual method of suicide in 1998, nine similar cases were reported within a month. Two months later it had become the third most common method, and within two years it was the second most common method. A study of the first 100 cases revealed similarities between the age, marital status, mental state and financial problems of all victims and those reported in the media.

### UK

In the week following a suicide attempt in a popular TV series in 1999, there was a 17% increase in reported attempts using the same method. However, a study 18 months later revealed that the public had absorbed the underlying message about the risks associated with misuse of the tablets involved.

### US

Studies of 'cluster' suicides among young people, using similar methods and soon after each other, strongly suggest imitative behaviour. During a journalists' strike in the 1960s, when there were no newspapers to report suicides, some evidence emerged of a drop in suicide attempts among women.

# The Media and Suicide

Guidance for journalists from journalists

## REPORTING SUICIDE: BEWARE OF IMITATIONS

**THESE** is a direct link between media coverage and a short-term increase in suicide rates, according to evidence from around the world.

People are most likely to imitate suicide methods when the media reveal explicit details, or when there is high-profile coverage of particular cases.

Following a review of 90 studies from 20 countries about the impact of media coverage, Professor Keith Havron of Oxford University says: "The weight of evidence indicates that media portrayals can and do lead to imitative suicidal behaviour, or 'copycat' suicides."

Young and elderly people are among those most likely to be influenced.

## Sensitive reporting 'can save lives'

**SENSITIVE REPORTING** of suicides can save lives, according to Keith Havron and Kathryn Williams from Oxford University's Dept. of Psychiatry.

This is a key conclusion of their global review of research about the impact of media coverage on suicidal behaviour.

They reject suggestions that mention of suicide should be avoided, and insist: "Responsible approaches to the portrayal of suicide can save lives."

Vulnerable people are more likely to seek help, if the media provide contact details for suicide prevention agencies.

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# Sensitive reporting saves lives

These guidelines have been compiled by journalists in consultation with suicide prevention agencies.

**Their aim is to assist print, broadcast and online colleagues to appreciate the risks associated with suicide coverage and suggest simple ways of avoiding unnecessary harm.**

Not all suicides are newsworthy. When they are, it is less likely that others will attempt to take their own lives if media professionals handle the stories responsibly.

**Sensitive reporting includes:**

- consideration for the feelings of relatives
- avoiding detailed descriptions of suicide methods
- acknowledging the complexities of suicidal behaviour
- providing information about where help and advice can be found
- acknowledging that sudden death creates problems for family and friends

**Avoid sensational headlines, images and language**

In the aftermath of a suicide, relatives are especially vulnerable. They may feel anger, despair, guilt, incomprehension or shame. Publicity makes the situation worse, particularly for children. Consult with immediate family before publishing material that may not have been in the public domain. Some may welcome sympathetic media interest especially if a suicide occurs in unusual circumstances, but avoid unnecessary intrusion into grief and family privacy.

**Publicising details of suicide methods can encourage imitation**

It may be relevant to indicate how a person has died, but providing too much detail may encourage others to try these methods. Explicit descriptions can also cause additional distress to relatives and friends of the deceased, especially children.

**Avoid speculation, especially about 'celebrity' suicides**

Prominent figures are entitled to privacy, even if they kill themselves. Beware of gossip and rumours. Always check your sources and consult with relatives before publishing speculative comment that may be unfounded, untrue or hurtful to survivors.

**Suicide is a complex issue, often linked to mental illness**

It is neither helpful nor accurate to suggest that suicide occurs as a result of a single factor. Often there will be history of forms of mental illness like depression, and this should be acknowledged. Avoid giving the impression that suicide is a simple 'solution'.

**Consider context – suicides in institutions deserve investigation**

When people kill themselves while in the care of the authorities – in hospital, in police custody, in prison, or in other institutions, their deaths may raise important questions about levels of supervision and care. The public interest is best served if suspicions are investigated, and lessons learned that may prevent recurrences.

**Challenge 'myths' about suicide**

Avoid perpetuating popular misconceptions - like 'those who threaten suicide are unlikely to do it' or 'if someone wants to kill themselves, nothing will stop them'. Our job is to report the facts and to try to explain the phenomenon, the circumstances and the wider issues.

**Censorship or misinformation about suicide is unhelpful**

Attitudes towards suicide vary from culture to culture, but media professionals should not seek to hide the facts. It is more important for the public to be aware of the phenomenon than to be ignorant of the warning signs or where to go for help to prevent suicide. Newsrooms should encourage debate among staff, and develop their own policies on suicide coverage.

**Put people in touch with suicide prevention agencies**

If a suicide story merits coverage there should be space or time to let people know where they can get help if the issues affect them. Newsrooms should ensure that they have up-to-date contact details of support organisations that can provide advice or counselling.

**Journalists are vulnerable too – support colleagues**

Working in the media involves stress, competition and unusual challenges, in addition to the pressures individuals face in their private lives. A willingness to share concerns and provide support should be a feature of professional relationships in the workplace, especially when colleagues experience emotional difficulties.

A summary of **'SUICIDAL BEHAVIOUR AND THE MASS MEDIA: Findings from a systematic review of the research literature'** by Kathryn Williams and Keith Hawton, Centre for Suicide Research, Department of Psychiatry, Oxford University, 2001; can be found at [www.presswise.org.uk/health](http://www.presswise.org.uk/health)