Mental and Behavioural Disorders
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2. A resource for media professionals
3. A resource for teachers and other school staff
4. A resource for primary health care workers
5. A resource for prison officers
6. How to start a survivors group

Department of Mental Health
World Health Organization

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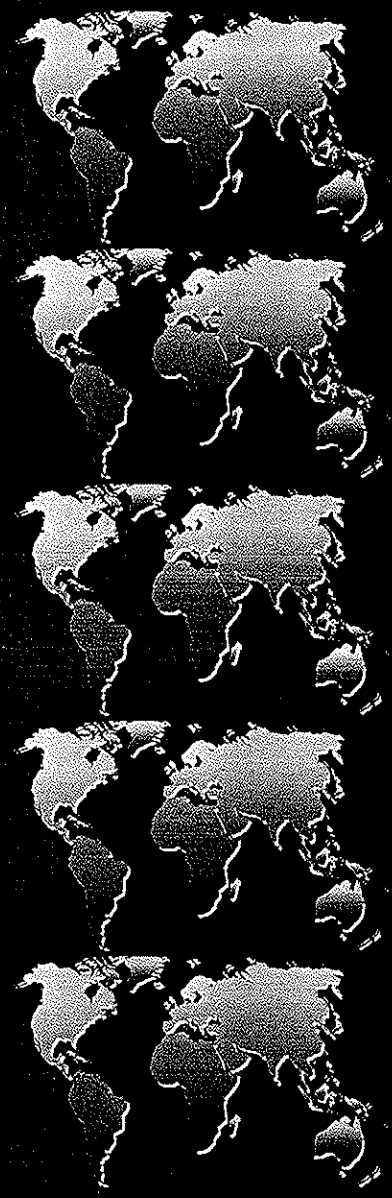
Mental and Behavioural Disorders



Preventing Suicide: a resource for media professionals

Department of Mental Health
Social Change and Mental Health
World Health Organization
Geneva

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PREVENTING SUICIDE
A RESOURCE FOR MEDIA PROFESSIONALS

This document is one of a series of resources addressed to specific social and professional groups particularly relevant to the prevention of suicide.

It has been prepared as part of SUPRE, the WHO worldwide initiative for the prevention of suicide.

Keywords: suicide / prevention / resources / media / media professionals.

Mental and Behavioural Disorders
Department of Mental Health
World Health Organization
Geneva
2000

CONTENTS

FOREWORD

Suicide is a complex phenomenon that has attracted the attention of philosophers, theologians, physicians, sociologists and artists over the centuries; according to the French philosopher Albert Camus, in *The Myth of Sisyphus*, it is the only serious philosophical problem.

As a serious public health problem it demands our attention, but its prevention and control, unfortunately, are no easy task. State-of-the-art research indicates that the prevention of suicide, while feasible, involves a whole series of activities, ranging from the provision of the best possible conditions for bringing up our children and youth, through the effective treatment of mental disorders, to the environmental control of risk factors. Appropriate dissemination of information and awareness-raising are essential elements in the success of suicide prevention programmes.

In 1999 WHO launched SUPRE, its worldwide initiative for the prevention of suicide. This booklet is one of a series of resources prepared as part of SUPRE and addressed to specific social and professional groups that are particularly relevant to the prevention of suicide. It represents a link in a long and diversified chain involving a wide range of people and groups, including health professionals, educators, social agencies, governments, legislators, social communicators, law enforcers, families and communities.

We are particularly indebted to Professor Diego de Leo, Griffith University, Brisbane, Queensland, Australia, who produced an earlier version of this booklet. The text was subsequently reviewed by the following members of the WHO International Network for Suicide Prevention, to whom we are grateful:

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The resources are now being widely disseminated, in the hope that they will be translated and adapted to local conditions - a prerequisite for their effectiveness. Comments and requests for permission to translate and adapt them will be welcome.

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PREVENTING SUICIDE
A RESOURCE FOR MEDIA PROFESSIONALS

Media play a significant role in today's society by providing a very wide range of information in a variety of ways. They strongly influence community attitudes, beliefs and behaviour, and play a vital role in politics, economics and social practice. Because of that influence media can also play an active role in the prevention of suicide.

Suicide is perhaps the most tragic way of ending one's life. The majority of people who consider suicide are ambivalent. They are not sure that they want to die. One of the many factors that may lead a vulnerable individual to suicide could be publicity about suicides in the media. How the media report on suicide cases can influence other suicides.

These resources seek to outline the impact of media reporting on suicide, indicate sources of reliable information, suggest how to report on suicide in both general and specific circumstances, and point to pitfalls to be avoided in reporting on suicide.

IMPACT OF MEDIA REPORTING ON SUICIDE

One of the earliest known associations between the media and suicide arose from Goethe's novel *Die Leiden des jungen Werther* (*The Sorrows of Young Werther*), published in 1774. In that work the hero shoots himself after an ill-fated love, and shortly after its publication there were many reports of young men using the same method to commit suicide. This

resulted in a ban of the book in several places (*1*). Hence the term "Werther effect", used in the technical literature to designate imitation (or copycat) suicides.[1]

Other studies of the media's role in suicide include a review going back to the last century in the United States (*2*). Another famous and recent case concerns the book *Final Exit* written by Derek Humphry: after the publication of this book, there was an increase in suicides in New York using the methods described (*3*). The publication of a translation entitled *Suicide, mode d'emploi* in France also led to an increase in the number of suicides (*4*). According to Philips and colleagues (*5*), the degree of publicity given to a suicide story is directly correlated with the number of subsequent suicides. Cases of suicide involving celebrities have had a particularly strong impact (*6*).

Television also influences suicidal behaviour. Philips (*7*) showed an increase in suicide up to 10 days after television news reports of cases of suicide. As in the printed media, highly publicized stories that appear in multiple programmes on multiple channels seem to carry the greatest impact - all the more so if they involve celebrities. However, there are conflicting reports about the impact of fictional programmes: some show no effect, while others cause an increase in suicidal behaviour (*8*).

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[1] *Imitation* is the process by which one suicide exerts a modelling effect on subsequent suicides. *Clusters* are a number of suicides that occur in close temporal and/or geographical proximity, with or without any direct link. *Contagion* is the process by which a given suicide facilitates the occurrence of a further suicide, regardless of the direct or indirect knowledge of the prior suicide.

The association between stage plays or music and suicidal behaviour has been poorly investigated and remains mainly anecdotal.

More recently, the Internet has introduced a number of new issues. There are web sites that help a person with suicidal plans and others that try to prevent suicides. So far, no systematic studies have analysed its impact on suicide.

Overall, there is enough evidence to suggest that some forms of non-fictional newspaper and television coverage of suicide are associated with a statistically significant excess of suicide; the impact appears to be strongest among young people. Nevertheless, the majority of suicides are not reported in the media; when the decision is taken to inform the public about a suicide, it usually involves a particular person, method or place. Suicide is often newsworthy and the media have the right to report it. However, the suicides most likely to attract the attention of the media are those that depart from usual patterns. In fact, it is striking that cases presented in the media are almost invariably atypical and uncommon, and to represent them as typical further perpetuates misinformation about suicide. 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.

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

SOURCES OF RELIABLE INFORMATION

Reliable information on suicide mortality can be obtained from a number of agencies around the world. The WHO data bank contains data starting from 1950, by age and gender. Other agencies that may provide information are United Nations Children's Fund (UNICEF), United Nations Interregional Crime and Justice Research Institute (UNICRI), United Nations Development Fund for Women (UNIFEM), International Clinical Epidemiology Network (INCLEN), International Society for the Prevention of Child Abuse and Neglect (ISPCAN), INTERPOL, Statistical Office of the European Communities (EUROSTAT) and the World Bank.

A number of governmental agencies, national associations and voluntary organizations also provide information: the Swedish National Centre for Suicide Research and Prevention, the Australian Bureau of Statistics and the US Centers for Disease Control and Prevention are examples.

The International Association for Suicide Prevention <http://www.who.int/ina-ngo/ngo/ngo027.htm>, the American Association of Suicidology <http://www.suicidology.org/>, the Australian Early Intervention Network for Mental Health in Young People <http://auseinet.flinders.edu.au/> and the International Academy for Suicide Research <http://www.uni-wuerzburg.de/IASR/> have their own web sites which can be accessed for information. The most recent suicide mortality data available from these agencies usually relate to a period some 18-36 months in the past, depending on the country in question.

The number of suicides is often underestimated. The extent of underestimation varies from country to country, depending chiefly on the ways in which suicide is ascertained. Other reasons for the underestimation of suicide include stigma, social and political factors, and insurance regulations, which means that some suicides may be reported under the guise of accidents or death from undetermined causes. The extent of underestimation of suicides is thought to be 20-25% in the elderly and 6-12% in others. There are no worldwide official records of non-fatal suicidal behaviour (suicide attempts), largely because on average only about 25% of attempters need or seek medical intervention. Most suicide attempts therefore go unreported and unrecorded.

Precautions in using suicide data

Comparisons are frequently made between suicide data from different countries, but it must be borne in mind that procedures for the recording of mortality data vary greatly among countries, and this seriously affects any direct comparability.

Suicide rates are normally expressed as the number of suicidal deaths per 100 000 population. If reported rates refer to small populations (e.g. cities, provinces or even small countries) their interpretation requires extra caution, since just a few deaths may radically change the picture. For populations under 250 000, crude numbers of suicides are generally used. Some rates may be reported in age-standardized form. This can exclude

suicides under 15 years because of the small numbers, but in many countries there is an alarming increase in suicides in this age group.

HOW TO REPORT ON SUICIDE IN GENERAL

Specific issues that need to be addressed when reporting on suicide include the following:

- Statistics should be interpreted carefully and correctly;
- Authentic and reliable sources should be used;
- Impromptu comments should be handled carefully in spite of time pressures;
- Generalizations based on small figures require particular attention, and expressions such as "suicide epidemic" or "the place with the highest suicide rate in the world" should be avoided;
- Reporting suicidal behaviour as an understandable response to social or cultural changes or degradation should be resisted.

HOW TO REPORT ON A SPECIFIC SUICIDE

The following points should be borne in mind:

- Sensational coverage of suicides should be assiduously avoided, particularly when a celebrity is involved. The coverage should be minimized to the extent possible. Any mental health problem 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 stressors. Acknowledging that a variety of factors contributes 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.

PROVIDING INFORMATION ON HELP AVAILABLE

Media can play a proactive role in helping to prevent suicide by publishing the following information along with news on suicide:

- Listing available mental health services and helplines with their up-to-date telephone numbers and addresses;
- Publicizing the warning signs of suicidal behaviour;
- Conveying the message that depression is often associated with suicidal behaviour and that depression is a treatable condition;
- Offering a message of sympathy to the survivors in their hour of grief and providing telephone numbers of support groups for survivors, if available. This increases the likelihood of intervention by mental health professionals, friends and family in suicidal crises.

SUMMARY OF WHAT TO DO AND NOT TO DO

WHAT TO DO

- Work closely with health authorities in presenting the facts.
- Refer to suicide as a completed suicide, not a successful one.
- Present only relevant data, on the inside pages.
- Highlight alternatives to suicide.
- Provide information on helplines and community resources.
- Publicize risk indicators and warning signs.

WHAT NOT TO DO

- Don't publish photographs or suicide notes.
- Don't report specific details of the method used.
- Don't give simplistic reasons.
- Don't glorify or sensationalize suicide.
- Don't use religious or cultural stereotypes.
- Don't apportion blame.

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Reporting on Suicide: Recommendations for the Media

Centers for Disease Control and Prevention
National Institute of Mental Health
Office of the Surgeon General
Substance Abuse and Mental Health Services Administration
American Foundation for Suicide Prevention
American Association of Suicidology
Annenberg Public Policy Center

Developed in collaboration with

World Health Organization • National Swedish Centre for Suicide Research • New Zealand Youth Suicide Prevention Strategy

Suicide Contagion is Real

.....between 1984 and 1987, journalists in Vienna covered the deaths of individuals who jumped in front of trains in the subway system. The coverage was extensive and dramatic. In 1987, a campaign alerted reporters to the possible negative effects of such reporting, and suggested alternate strategies for coverage. In the first six months after the campaign began, subway suicides and non-fatal attempts dropped by more than eighty percent. The total number of suicides in Vienna declined as well.[1-2]

Research finds an increase in suicide by readers or viewers when:

- The number of stories about individual suicides increases[3,4]
- A particular death is reported at length or in many stories[3,5]
- The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast[3,4]
- The headlines about specific suicide deaths are dramatic[3] (A recent example: "Boy, 10, Kills Himself Over Poor Grades")

RECOMMENDATIONS

The media can play a powerful role in educating the public about suicide prevention. Stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. They can also highlight opportunities to prevent suicide. Media stories about individual deaths by suicide may be newsworthy and need to be covered, but they also have the potential to do harm. Implementation of recommendations for media coverage of suicide has been shown to decrease suicide rates.[1,2]

- Certain ways of describing suicide in the news contribute to what behavioral scientists call "suicide contagion" or "copycat" suicides.[7,9]
- Research suggests that inadvertently romanticizing suicide or idealizing those who take their own lives by portraying suicide as a heroic or romantic act may encourage others to identify with the victim.[6]
- Exposure to suicide method through media reports can encourage vulnerable individuals to imitate it.[10] Clinicians believe the danger is even greater if there is a detailed description of the method. Research indicates that detailed descriptions or pictures of the location or site of a suicide encourage imitation.[1]
- Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.[6]

SUICIDE AND MENTAL ILLNESS

Did you know?

- Over 90 percent of suicide victims have a significant psychiatric illness at the time of their death. These are often undiagnosed, untreated, or both. Mood disorders and substance abuse are the two most common.[11-15]
- When both mood disorders and substance abuse are present, the risk for suicide is much greater, particularly for adolescents and young adults.[14,15]
- Research has shown that when open aggression, anxiety or agitation is present in individuals who are depressed, the risk for suicide increases significantly.[16-18]

The cause of an individual suicide is invariably more complicated than a recent painful event such as the break-up of a relationship or the loss of a job. An individual suicide cannot be adequately explained as the understandable response to an individual's stressful occupation, or an individual's membership in a group encountering discrimination. Social conditions alone do not explain a suicide.[19-20] People who appear to become suicidal in response to such events, or in response to a physical illness, generally have significant underlying mental problems, though they may be well-hidden.[12]

Questions to ask:

- Had the victim ever received treatment for depression or any other mental disorder?
- Did the victim have a problem with substance abuse?

Angles to pursue:

- Conveying that effective treatments for most of these conditions are available (but underutilized) may encourage those with such problems to seek help.
- Acknowledging the deceased person's problems and struggles as well as the positive aspects of his/her life or character contributes to a more balanced picture.

INTERVIEWING SURVIVING RELATIVES AND FRIENDS

Research shows that, during the period immediately after a death by suicide, grieving family members or friends have difficulty understanding what happened. Responses may be extreme, problems may be minimized, and motives may be complicated.[21]

Studies of suicide based on in-depth interviews with those close to the victim indicate that, in their first, shocked reaction, friends and family members may find a loved one's death by suicide inexplicable or they may deny that there were warning signs.[22,23] Accounts based on these initial reactions are often unreliable.

Angles to Pursue:

- Thorough investigation generally reveals underlying problems unrecognized even by close friends and family members. Most victims do however give warning signs of their risk for suicide (see Resources).
- Some informants are inclined to suggest that a particular individual, for instance a family member, a school, or a health service provider, in some way played a role in the victim's death by suicide. Thorough investigation almost always finds multiple causes for suicide and fails to corroborate a simple attribution of responsibility.

Concerns:

- Dramatizing the impact of suicide through descriptions and pictures of grieving relatives, teachers or classmates or community expressions of grief may encourage potential victims to see suicide as a way of getting attention or as a form of retaliation against others.
- Using adolescents on TV or in print media to tell the stories of their suicide attempts may be harmful to the adolescents themselves or may encourage other vulnerable young people to seek attention in this way.

LANGUAGE

Referring to a "rise" in suicide rates is usually more accurate than calling such a rise an "epidemic," which implies a more dramatic and sudden increase than what we generally find in suicide rates.

Research has shown that the use in headlines of the word suicide or referring to the cause of death as self-inflicted increases the likelihood of contagion.[3]

Recommendations for language:

- Whenever possible, it is preferable to avoid referring to suicide in the headline. Unless the suicide death took place in public, the cause of death should be reported in the body of the story and not in the headline.
- In deaths that will be covered nationally, such as of celebrities, or those apt to be covered locally, such as persons living in small towns, consider phrasing for headlines such as: "Marilyn Monroe dead at 36," or "John Smith dead at 48." Consideration of how they died could be reported in the body of the article.
- In the body of the story, it is preferable to describe the deceased as "having died by suicide," rather than as "a suicide," or having "committed suicide." The latter two expressions reduce the person to the mode of death, or connote criminal or sinful behavior.
- Contrasting "suicide deaths" with "non-fatal attempts" is preferable to using terms such as "successful," "unsuccessful" or "failed."

SPECIAL SITUATIONS

Celebrity Deaths

Celebrity deaths by suicide are more likely than non-celebrity deaths to produce imitation.[24] Although suicides by celebrities will receive prominent coverage, it is important not to let the glamour of the individual obscure any mental health problems or use of drugs.

Homicide-Suicides

In covering murder-suicides be aware that the tragedy of the homicide can mask the suicidal aspect of the act. Feelings of depression and hopelessness present before the homicide and suicide are often the impetus for both.[25,26]

Suicide Pacts

Suicide pacts are mutual arrangements between two people who kill themselves at the

same time, and are rare. They are not simply the act of loving individuals who do not wish to be separated. Research shows that most pacts involve an individual who is coercive and another who is extremely dependent.[27]

STORIES TO CONSIDER COVERING

- Trends in suicide rates
- Recent treatment advances
- Individual stories of how treatment was life-saving
- Stories of people who overcame despair without attempting suicide
- Myths about suicide
- Warning signs of suicide
- Actions that individuals can take to prevent suicide by others

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Resources

United States

- Centers for Disease Control and Prevention
  Phone: 1-800-311-3435
  www.cdc.gov
- National Institute of Mental Health
  Phone: 301-443-4513
  www.nimh.nih.gov
- Substance Abuse and Mental Health Services Administration

International

- Canterbury Suicide Project (New Zealand)
  Phone: 64 3 364 0530
  www.chmeds.ac.nz/RESEARCH/SUICIDE/Sui
- National Swedish Centre for Suicide Research
  Phone: +46 08/728 70 26
  www.ki.se/ipm/enheter/engSui.html
- National Youth Suicide Prevention Project (Australia)
  Phone: 61 3 9214 7888

Phone: 1-800-487-4890
www.samhsa.gov

- Office of the Surgeon General
  National Strategy for Suicide Prevention
  www.mentalhealth.org/suicideprevention
- American Association of Suicidology
  Phone: 202-237-2280
  www.suicidology.org
  www.aifs.org.au/ysp
- Suicide Information and Education Centre
  Phone: 403 245-3900
  www.siec.ca
- World Health Organization
  Phone: +00 41 22 791 21 11
  www.who.int

American Foundation
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Web: www.afsp.org