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.

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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.

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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 *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*).

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

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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. (adapted from Gould MS. Suicide clusters and media exposure. In: Blumenthal SJ, Kupfer DJ, eds. *Suicide Over the Life Cycle*. Washington DC, American Psychiatric Press, 1990.)

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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