



## Media Guidelines for Reporting Suicide

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### Summary

There is a significant evidence-base demonstrating that media reporting of suicides is linked to copycat suicides among youth and young adults under 24 years of age. Suicidologists, public health officials, researchers, psychiatrists, psychologists, and news media professionals with the Canadian Association for Suicide Prevention (CASP) and the Center for Disease Control (CDC) have provided specific guidelines for the media to report suicide.

There is evidence in the literature that implementation of guidelines for media reporting of suicide actually decreases the rate of copycat suicides and the incidence of suicide. Although guidelines exist, most journalists are unaware of the impact of reporting suicide with regard to copycat suicides. They are often unacquainted with or do not follow the guidelines.

For the Canadian Psychiatric Association (CPA) to have a Policy Paper on media reporting guidelines, it is necessary to establish a collaborative approach between health professionals and the media in order to promote a non-reinforcing attitude toward suicide without increasing stigma towards those with mental health problems. Since media often call psychiatrists to comment on suicide, it is crucial for psychiatrists to have this knowledge readily available. These requests can be an opportunity for educating the media and ultimately saving lives.

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## Introduction

There is a significant evidence-base demonstrating that media reporting of suicides is linked to copycat suicides among youth and young adults under 24 years of age.<sup>1-10</sup> It has been deemed reasonable to believe that a causal link exists between the reporting of suicides in newspaper and television and copycat suicides in the community.<sup>11</sup> This association has satisfied the criteria of consistency, strength, temporality, specificity, and coherence in a systematic review conducted by Pirkis and Blood.<sup>12,13</sup>

A decrease in the suicide rate was observed in Detroit when the newspaper was on strike.<sup>14</sup> Interestingly, once the strike was over and the newspaper resumed publishing, the suicide rate increased back up to previous levels.<sup>14</sup> This phenomenon was also observed during a newspaper strike in New York in which the rate of suicide decreased with respect to young women.<sup>15</sup>

Correlations have been made about sensational reporting and suicide rates.<sup>6,7,16</sup> In the mid-1980s, an alarming amount of the Austrian population was committing suicide by means of the subway.<sup>18</sup> These suicides were praised, glorified and rewarded to such a degree that the copycat effect became obvious to media as well as to policy-makers and psychiatrists.<sup>17</sup> The evidence that exists about imitative effects in suicidal behaviour prompted the Austrian Association for Suicide Prevention, Crisis Intervention and Conflict Resolution to produce media guidelines for safe reporting.<sup>18</sup> Journalists were not blamed for how they had been reporting, nor were told to stop reporting all together.<sup>18</sup> Instead, they were educated through guidelines on how to report in a way that was hypothesized to decrease copycat behaviour.<sup>18</sup>

After the media guidelines were put in practice, suicide rates and suicide methods in Austria revealed that the hypothesis of safe reporting was valid. Over the next five years, aware of their importance, the media complied with guidelines and the suicide rate decreased (by as much as 75% by way of the subway).<sup>18</sup> The importance of

continuous monitoring of the media cannot be underscored enough for suicide prevention. The evidence attests that implementation of guidelines for media reporting of suicide decreases the rate of copycat suicides and the incidence of suicide.<sup>18,19</sup>

Furthermore, a dose response-effect was revealed in Austria during the implementation of guidelines.<sup>20</sup> The guidelines were ignored by a popular tabloid, which was distributed unevenly throughout the country.<sup>20</sup> Through analysis of suicide rates, use of firearms for suicide, and distribution of the tabloid; it was revealed that 40% of the variance in suicides by firearm can be attributed to dangerous reporting of suicide by firearm from the tabloid.<sup>20</sup>

It has been argued, namely by Stack,<sup>21,22</sup> that it is unknown whether a victim of suicide has been exposed to the reporting in question. This issue was addressed by Cheng<sup>23</sup> through directly interviewing suicide attempters from the same time after media exposure. Data indicated that 89.2% of them reported exposure to media coverage. Psychological autopsies (reconstruction of lifestyle, circumstances, behaviours and events which led to the death of the individual) suggest that indirect exposure to suicide from the media has been the source for contagion – the process in which one suicide brings about another.<sup>3,24</sup>

Suicidologists, public health officials, researchers, psychiatrists, psychologists, and news media professionals with the Canadian Association for Suicide Prevention (CASP) and the Center for Disease Control (CDC) have provided specific guidelines to the media for safe reporting of suicide, which hold over North America.<sup>25,26</sup> Although these guidelines exist, most journalists are unaware of the impact of reporting suicide with regards to copycat suicides. They are often unacquainted with or do not follow the guidelines.<sup>27</sup> This suggests that the media have not been monitored with reinforcement of guidelines when it was necessary.

<b>Table 1 Canadian Association for Suicide Prevention and Center for Disease Control, Guidelines for Media Reporting Suicide</b>	
<b>AVOID</b>	<b>CONVEY</b>
<ul style="list-style-type: none"> <li>• Details of the method</li> <li>• The word “suicide” in the headline</li> <li>• Photo(s) of the deceased</li> <li>• Admiration of the deceased</li> <li>• The idea that suicide is unexplainable</li> <li>• Repetitive or excessive coverage</li> <li>• Front page coverage</li> <li>• Exciting reporting</li> <li>• Romanticized reasons for the suicide</li> <li>• Simplistic reasons for the suicide</li> <li>• Approval of the suicide</li> </ul>	<ul style="list-style-type: none"> <li>• Alternatives to suicide (i.e. treatment)</li> <li>• Community resource information for those with suicidal ideation</li> <li>• Examples of a positive outcome of a suicidal crisis (i.e. calling a suicide hotline)</li> <li>• Warning signs of suicidal behaviour</li> <li>• How to approach a suicidal person</li> </ul>
<p>*CDC Guidelines available at:  <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/00031539.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/00031539.htm</a></p>	<p>*CASP Guidelines available at:  <a href="http://casp-acps.ca/Publications/MEDIA%20GUIDELINES.doc">http://casp-acps.ca/Publications/MEDIA%20GUIDELINES.doc</a></p>

## Media Perspective

Anonymous phone interviews of journalists and professors of journalism across Canada were conducted by writer, which verified what Chris Frost, head of the Journalism Department at John Moores University in Liverpool, UK, discussed.<sup>28</sup> Key points include that suicide is a newsworthy event, firm deadlines necessitate easily available guidelines if they are to be used, and that there is a finite amount of print for a suicide story.<sup>28</sup> This last point causes problems when guidelines necessitate that information about suicide and treatment be included in the article.<sup>28</sup> However, the media feel it is necessary to be sensitive to the risk of copycat suicides.<sup>28</sup> Education of the media, readily available guidelines, and on-hand expert opinion are the best ways to decrease copycat suicides.<sup>8</sup>

## Media Guidelines for Reporting Suicide

The many different guidelines throughout the world aimed to promote safe reporting of suicide are based on the same general ideas, and were incorporated by the CDC.<sup>26</sup> Suicide will be reported; it would be futile to prevent this.<sup>26</sup> Experts need to provide more than “No Comment” when approached by the media covering suicide.<sup>26</sup> They should educate the media with the aid of this position paper about suicide contagion, so that the media will be motivated as they were in Austria to implement safe reporting techniques.<sup>17–19,26</sup> Suicide prevention workers should not tell journalists how to do their job, but make them want to change.<sup>26</sup>

Simplistic explanations of suicide, repetitive/excessive reporting, sensational/morbid reporting (photographs of deceased, funeral, or place of death), details of suicide method, the idea

that suicide is a solution to problems, and only focusing on the deceased's positive characteristics are generally regarded to promote suicide contagion.<sup>26</sup>

## The Goal of this Position Paper

The Canadian Psychiatric Association has issued this Policy Paper to promote a non-reinforcing attitude toward suicide without increasing stigma towards those with mental health problems. Since media often call psychiatrists to comment on suicide, it is important for psychiatrists to have this knowledge readily available.<sup>8,29</sup> These requests can be an opportunity for educating the media and ultimately saving lives.<sup>8–10,18,30,31</sup>

## Areas for Improvement

Unfortunately, this information is not covered in the curricula of many journalism programs nor is it well known by journalists, as was established during unidentified phone interviews with reporters and professors of journalism across Canada. Kisely's study<sup>27</sup> in Nova Scotia was reviewed and provides evidence that dangerous reporting exists in Canada.

When asked if they were aware of guidelines for reporting suicide, the majority of journalists answered simply that they do not report suicide . . . unless it is a celebrity, happened in a public place, used unusual means, or was indicative of a greater social problem.<sup>32,33</sup> The dilemma is that any suicide can be considered newsworthy and few people writing the news are aware of the devastating impact not knowing or not following guidelines has on human life.<sup>2,33</sup>

The majority of countries that have developed a suicide prevention strategy have included improving the reporting of suicidal behaviour in the media.<sup>34</sup> An important source of information on mental illness is the media, which can directly impact the attitude of the community.<sup>2,9,35,36</sup> The suicide prevention movement as a whole deserves criticism for lacking a logical media strategy, undervaluing the power of media support, and its

insufficiency in getting across the message.<sup>30</sup> As a rule, approaching the media in a positive manner is necessary to form a constructive alliance in suicide prevention.<sup>37</sup>

## Recommendations

1. Advocate for teaching of suicide reporting in journalism schools.<sup>2</sup> When the media understands the importance of the issue, they have enhanced their reporting and suicides have decreased as was witnessed in Austria.<sup>18</sup> This can be accomplished through increasing contact with psychiatrists and professors of journalism via phone calls or meetings.
2. Focus educational efforts on the editors of print media and producers of television and radio news, as they have the power to enforce change.<sup>2,10,18,38</sup>
3. Create credit card size summary of guidelines and website info for up-to-date and more comprehensive information for journalists.<sup>10</sup> (See Table 1) The media perspective makes this request as they deem it necessary for a positive change in reporting practices.<sup>8</sup>
4. Policy-makers at the provincial and national level need to consider methods of continuous monitoring of the media.
5. More information is needed about the impact of suicide coverage and suicide method available on the internet. This is a very important future direction of research.<sup>39–42</sup>

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