Background

There has been renewed discussion in Australia and New Zealand about how the media reports suicide. This issue has long been debated. Suicide has a devastating impact on those close to the person who has died, including friends, family members and health professionals. Appropriate reporting in the media can play an important role in working towards suicide prevention and understanding. The Australian Press Council has recently undertaken a review of its current standards on suicide reporting. The New Zealand Law Commission has also recently undertaken a review of the suicide reporting restrictions under the Coroners Act 2006.¹

This position statement seeks to review key issues regarding media reporting of suicide and outlines key principles supported by the Royal Australian and New Zealand College of Psychiatrists. For the purposes of this statement, the term ‘media’ is used to refer to the widely and publicly available news and information media, both traditional (newspaper, television, books) and newer media (the Internet).

Evidence

Several key factors are used as potential indicators of suicide risk, including the presence of mental illness, in particular a depressive disorder, previous attempts of suicide, self-harm, substance abuse, lack of family support and available means to die by suicide. Although it is difficult to predict and therefore prevent suicide, there is a body of research evidence that indicates that the way suicide deaths are reported in the media can have an impact on rates of suicidal behaviour in the community (through suicide deaths, attempts and ideation).

Since the 1774 publication of Goethe’s ‘The sorrows of young Werther’, which depicted suicide, it has been believed that suicide could be influenced by publicity. Since then more than 100 international research papers have confirmed that some ways of reporting and portraying suicide in the media may increase rates of suicidal behaviour. This is now known as the ‘Werther Effect’, coined by the sociologist, David Phillips in 1974. An early Australian review by Goldney in 1989, ‘Suicide: the role of the media’² and more comprehensive recent work such as that of Pirkis et al. in 2007 in their publication, The Newsworthiness of Suicide, have emphasised that the majority of published studies have drawn a consistent conclusion, namely, that media reporting of suicide can lower the threshold for suicide in vulnerable individuals and can raise awareness of suicide methods, which these individuals might not previously have considered. This is particularly the case if the coverage is extensive, prominent, sensationalist and/or explicitly describes the method or location of death.³

Pirkis et al. (2007) also state that ‘there are times when it may be appropriate for a suicide to be reported, providing this is done accurately, responsibly, and ethically’. The news media certainly has a role in educating the public about health and social issues and may be an important player in raising awareness about suicide, increasing understanding of depression and related issues, and providing information about sources of help for vulnerable individuals.⁴

¹ Please see Appendix A for a summary of current guidelines on suicide reporting in the media in Australia and New Zealand.
⁴ Ibid.
Guidelines for the media have been introduced internationally over the past 10-15 years, including in New Zealand and Australia. In Australia, the Federal Government has funded the Mindframe National Media Initiative (Mindframe) which aims to encourage responsible, accurate and sensitive media representation of mental illness and suicide. Media peak bodies have endorsed these principles in their codes of practice, the most recent being the Australian Press Council. Suicide Prevention Information New Zealand (SPINZ) provides similar resources in New Zealand. Both SPINZ and Mindframe recognise that the reporting of suicide can provide challenges for those reporting, but that enhancing safe reporting and portrayal of suicide by the media can make an important contribution to suicide prevention. Studies have indicated that media have integrated the guidelines into their reports, with an overall improvement in reporting quality.

Social media, and the internet generally, is an under-researched area. Indeed, because of its broad reach and essentially unregulated content, and the explicit and directive nature of the material, the internet's influence is potentially greater. Australia criminalised pro-suicide sites in 2006, and was the first country to do so. According to Pirkis et al., the impacts of the legislation designed to control pro-suicide websites is still unfolding. Although there have been some suggestions in the media of a link between social networking and ‘cluster’ suicides, there is a lack of research that confirms this link.

Organisations such as beyondblue, Kids Helpline, Lifeline, SANE Australia, Headspace, SPINZ and Reachout have all embraced social media such as Facebook, Twitter and MySpace. Their attributed pages on Facebook or MySpace also contain links to other relevant organisations. They promote positive mental health messages, provide details of crisis hotlines and resources, advocate for changes to mental health policy and provide links for consumers and carers. They also use social media to enter into discussions about both mental illness and suicide with followers or subscribers and can interact directly with traditional media in a social media space.

The media can contribute to suicide prevention by understanding aspects of reporting and portrayal that might increase the risk for vulnerable people, and ensuring that there is adherence to relevant guidelines. At the very least, data suggests that media professionals and suicide experts need to work together to balance newsworthiness against the risk of encouraging modeled suicidal behavior. Emphasising that suicide is usually associated with remediable emotional conditions and that help is available can also ensure the media play a positive role. Although further research on any links between suicide and social media or the internet is required, it is a positive approach that these new forms of media are being embraced by organisations that are working towards suicide prevention and understanding.

Recommendations

Certain ways of talking about and reporting on suicide can alienate members of the community, sensationalise the issue or inadvertently contribute to suicide being presented as glamorous or an option for dealing with problems. People who are vulnerable to suicide, or bereaved by suicide, can be particularly impacted by certain presentations.


8 Ibid.

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The RANZCP supports the following principles for reporting suicide:

- Any reporting of suicide through traditional or online media should not describe method or location in detail to prevent others from emulating the behaviour. This includes any details provided to the media from psychiatrists.

- If the focus of reporting is suicide prevention or highlighting ‘hotspot’ locations, the same level of caution about detailing method and location should, however, still be considered.

- Reports of suicide should not be glamorised, trivialised or sensationalised. Stories should not be placed on the front page or the word ‘suicide’ included in the headline.

- Psychiatrists and media should check the accuracy of their information and use only reputable sources. Communicating unsubstantiated, sensational or inaccurate information is unhelpful to the community.

- Any language used in an interview, media release or resulting media story should not sensationalise suicide or suggest there is nothing that can be done.
  - Use more general terms like ‘died by suicide’ or ‘took their own life’ rather than language such as ‘successful suicide’ (which can present suicide as a desired outcome) or ‘committed suicide’ (which can present suicide as a crime or sin).
  - Use approved terms for self-injury and suicide attempt (differentiating between the two where required).
  - Use non-sensationalist language to describe suicide rates. For example there may be ‘high rates’, ‘increasing rates’ or ‘clusters of deaths’ but not a ‘suicide epidemic’.

- Both media and psychiatrists working with media should avoid simplistic explanations that suggest suicide might be the result of a single factor or event. Instead, placing discussions about suicide in the context of risk factors and other mental health issues can assist in breaking down myths about suicide.

- Special consideration should be given to ‘celebrity suicide’ and how best to report the death to reduce the impact on those who may identify with the celebrity and may be at higher risk of suicide.

- Relatives and friends should be treated sensitively and great care needs to be taken to avoid causing unnecessary further harm or hurt, including responsible reporting of impact of death by suicide on family and community. Public awareness of prevention programs like ‘Standby’ (Bereavement Support Service), given the impact on those left behind, should be increased.

The RANZCP supports the following principles for maximising possible benefits:

- The media can play a role in challenging common myths and misunderstandings about suicide, particularly where stories focus on the broader issue of suicide (in partnership with the mental health and suicide prevention sector) rather than reporting on an individual death.
  - Reporting of suicide should aim to encourage discussion as to why people die by suicide and the link between suicide and a range of risk factors, including mental illness. Psychiatrists may be well placed as a source for media to explain some of these risk factors as well as ways these risk factors can be best managed.
• Reporting should highlight available resources for people to access if they are experiencing difficulties. A benefit of media involvement is encouraging people to talk to families and other support services if they are experiencing social isolation or a perceived lack of care or connection (for example, that young people often experience).
  
  o Crisis support service (24 hour) should accompany suicide-related stories, to ensure those vulnerable members of the community can access support immediately (Mindframe provides an advice card on helplines to journalists)

• Further research is needed to discover whether there are any possible benefits for the community of media coverage of suicide and any specific elements that may lead to increased literacy about suicide prevention and/or a reduction in suicide rates;

• Further research into the role of social media in suicide and suicide prevention is needed so the potential dangers and benefits can be further understood.

References


Appendix A

Current guidelines in Australia and New Zealand

In New Zealand, the Ministry of Health (NZMoH) provides guidelines for reporting suicide. Its recommendations are: to avoid inadvertently glorifying suicide; provide information on assistance; and avoid detailed descriptions of suicide methodology as well as repetition. Stories should not be placed on the front page or the word ‘suicide’ included in the headline. Photographs or dramatic visuals should not be used and particular care should be taken when reporting suicides by celebrities. They also recommend promoting the link between mental health problems and suicide, as well as not over-simplifying.9 NZMoH also produces a ‘Reporting Suicide: At a Glance’ card10, which summarises guidelines for journalists and editors/sub-editors.

As well as the NZMoH guidelines, the Coroners Act 2006 (NZ) also has stipulations relating to reporting. These were recently updated following a review by the New Zealand Law Commission. The following restrictions apply:

- If a death is self-inflicted, or if there is reasonable cause to suspect that the death was self-inflicted, no person may make public the method or any suspected method of the death, the place where the death occurred, if the place suggests the method (or any suspected method) of the death or a description of a death as a suicide.
- The Chief Coroner may grant an exemption from this restriction but only if satisfied that:
  - granting the exemption does not present an undue risk that other people will attempt to copy the behaviour of the dead person concerned
  - any risk that people will attempt to copy the behaviour of the dead person concerned is outweighed by other considerations that make it desirable, in the public interest, to allow the publication of the details.

All media have codes of practice that include provisions on the reporting of suicide, including FreeTV Australia, the ABC, SBS, Commercial Radio Australia, Community Broadcasting Association and the Australian Press Council. The most recent to be updated in Australia are the standards on reporting suicide from the Australian Press Council (APC) that had not been updated for 10 years. This proceeded the release of the Senate committee report, “The Hidden Toll: Suicide in Australia” in December 2010. The APC ran a series of “roundtables” for print and television media and other media organisations, such as the Australian Communications and Media Authority and mental health bodies.

The revised Standards reiterate that the reporting of suicide should not sensationalise, glamorise or trivialise suicides. They should also only report suicide deaths when they are in the public interest, should seek consent from the family and refrain from detailing methods and location of suicide. There are additional footnotes in relation to appropriate language and adding helpline numbers to stories. They should not inappropriately stigmatise people involved, but this does not preclude responsible description or discussion of the impacts, even if they are severely adverse, on people, organisations or communities. Where appropriate, underlying causes such as mental illness should be mentioned.11 As with the NZMoH guidelines, the revised Standards recommend that reports are not given undue prominence or have unnecessarily explicit headlines or images. Great care should be taken to avoid causing unnecessary harm or hurt to people who have attempted suicide or to relatives and other people who have been affected by a suicide or attempted suicide. Sensitivity and moderation in both gathering and reporting news is required.12 The revised Standards also recommend that reports are accompanied by details of relevant 24 hour crisis lines and other appropriate assistance.

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11 Australian Press Council (2011). Standards of Practice: Suicide reporting.
12 Ibid.
Resources in Australia that support these developments are provided under ‘Mindframe’\(^{13}\) which is supported by the Australian Government Department of Health and Ageing and is regularly updated and reviewed to ensure accurate facts and figures, thus providing good quality advice for journalists. In addition, the College acknowledges the groundwork of the ‘ResponsAbility’\(^{14}\) program which provides information to support the use of multi-media packages in Australian tertiary institutions training journalism students. The resources are available online at [www.mindframe-media.info](http://www.mindframe-media.info) and [www.responseability.org](http://www.responseability.org).

**Disclaimer**

This information is intended to provide general guide to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.