

Preventing suicide A resource for media professionals Update 2017



**World Health
Organization**



International Association
for Suicide Prevention

Preventing suicide: a resource for media professionals

Update 2017



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Foreword

Suicide is a serious global public health problem that demands our attention but preventing suicide is no easy task. Current research indicates that the prevention of suicide, while feasible, involves a whole series of activities, ranging from provision of the best possible conditions for bringing up our children and young people, through accurate and timely assessment of mental disorders and their effective treatment, to the environmental control of risk factors. Appropriate dissemination of information and awareness-raising are essential elements in the success of suicide prevention. Cultural, age- and gender-related variations need to be taken into account in all these activities.

In 1999 the World Health Organization (WHO) launched its worldwide initiative for the prevention of suicide. This booklet is the second revised version of one of the resources prepared which are addressed to specific social and professional groups that are particularly relevant to the prevention of suicide. The revised booklet is the product of continuing collaboration between WHO and the International Association for Suicide Prevention (IASP). 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 first revision of the booklet was undertaken by the Media Task Force of IASP under the leadership of Associate Professor Jane Pirkis, School of Population Health, University of Melbourne, Australia.

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The collaboration of IASP with WHO on its activities related with suicide prevention is greatly appreciated.

This resource is being widely disseminated in the hope that it will be translated and adapted to local conditions which is a prerequisite for its effectiveness. Comments and requests for permission to translate and adapt the resource will be welcome.

Alexandra Fleischmann

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and Substance Abuse
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Prevention

Responsible reporting on suicide: quick reference guide

Dos

- Do provide accurate information about where to seek help
- Do educate the public about the facts of suicide and suicide prevention, without spreading myths
- Do report stories of how to cope with life stressors or suicidal thoughts, and how to get help
- Do apply particular caution when reporting celebrity suicides
- Do apply caution when interviewing bereaved family or friends
- Do recognize that media professionals themselves may be affected by stories about suicide

Don'ts

- Don't place stories about suicide prominently and don't unduly repeat such stories
- Don't use language which sensationalizes or normalizes suicide, or presents it as a constructive solution to problems
- Don't explicitly describe the method used
- Don't provide details about the site/location
- Don't use sensational headlines
- Don't use photographs, video footage or social media links

Introduction

Suicide is a major public health problem, with far-reaching social, emotional and economic consequences. There are approximately 800 000 suicides a year worldwide, and it is estimated that at least six people are directly affected by each suicide death.

The factors contributing to suicide and its prevention are complex and not fully understood, but there is increasing evidence that the media can play a significant role in either enhancing or weakening suicide prevention efforts. Media reports about suicide may minimize the risk of imitative (copycat) suicide or increase the risk. The media may provide useful educational information about suicide or may spread misinformation about it.

On the one hand, vulnerable individuals are at risk of engaging in imitative behaviours following media reports of suicide, particularly if the coverage is extensive, prominent, sensational, explicitly describes the method of suicide, and condones or repeats widely-held myths about suicide. The risk is particularly pronounced when the person who died by suicide had a high social status and/or can easily be identified with. Reports about suicide that trigger subsequent suicides are often repeated over a longer period. The effect of media reports on increasing suicides is referred to as the “Werther effect”, named after the title character in Goethe’s novel *The sorrows of young Werther*, who dies by suicide when faced with the loss of his love.

On the other hand, responsible reporting about suicide may help to educate the public about suicide and its prevention, may encourage those at risk of suicide to take alternative actions and may inspire a more open and hopeful dialogue in general. Stories demonstrating help-seeking (positive coping) in adverse circumstances may strengthen protective factors or barriers to suicide and thus contribute to its prevention. Media reports about suicide should always include information about where to seek help, preferably from recognized suicide prevention services that are available on a 24/7 basis. Protective effects of responsible media reporting about suicide have been referred to in the scientific literature as the “Papageno effect”, named after the character Papageno in Mozart’s opera *The magic flute*, who becomes suicidal when he fears he has lost his love, but is reminded of alternatives to suicide at the last moment and subsequently chooses an alternative route of action.

Media recommendations need to be tailored to traditional media as well as digital media and should aim to reach as many people as possible about suicide prevention. A specific characteristic of digital media is that information can be spread very quickly and, thus, is more difficult to monitor and control. Despite the differences between digital media and more traditional media, findings from research on the effects of traditional media on suicidal behaviour can help inform suicide prevention initiatives in digital media. Conversely, lessons learned about the potential role of digital media in the increase or prevention of suicidal behaviour can help inform suicide prevention initiatives in traditional media.

This resource booklet briefly summarizes the current evidence on the impact of media reporting of suicide, and provides information for media professionals about how to report

on suicide, recognizing that there are times when a suicide will need to be reported on the grounds of its newsworthiness. The booklet makes suggestions about how best to ensure that such reporting is accurate, responsible and appropriate. It is applicable to both traditional and digital media reporting.

This resource booklet acknowledges that the reporting of suicide and its portrayal in various media types differ within and across countries. There are cultural differences in terms of what is appropriate to report and how information about a given suicide is accessed. While this booklet is designed to provide guiding principles about media reporting that apply across cultures, media professionals are encouraged to work with their local suicide prevention community and to draw on local media reporting guidelines, if available. Suicide prevention experts in the area of media reporting are active around the globe, as evidenced by the number of international experts who have contributed to this booklet. They are ready, available and willing to work with media professionals to ensure that reporting of suicide is responsible and encourages accurate messaging and avoids posing a risk to vulnerable persons. In some countries, guidelines for the reporting of suicide have been incorporated into codes of conduct for the press.

The booklet is designed for media professionals working in print, broadcast and online media. Most of the recommendations are relevant to reporting across all media, but some relate specifically to print media or digital media. A brief summary of considerations for digital media can be found in Annex 1. It is beyond the scope of this resource to address issues which are specific to websites, films, television soap operas or stage plays. For related information, see resources of the Entertainment Industry Council (<http://www.eiconline.org/>). Reporting on mass shootings and terrorism is addressed in Annex 2.

Scientific evidence of media impacts on suicidal behaviour

Reporting as a risk factor of suicidal behaviour

Over 100 investigations have been conducted into imitative (copycat) suicides (i.e. suicides that appear to be directly related to media reports about one or more suicides).

Systematic reviews of these studies have consistently drawn the same conclusion: media reporting of suicide cases can lead to subsequent, additional, suicidal behaviours. These reviews also conclude that copycat suicidal behaviour is more likely under some circumstances than others. In particular, repeated coverage and high-impact/high-profile stories are most strongly associated with copycat behaviour. The effect of a report about a suicide on subsequent suicides is greater when the person described in the story is a celebrity and is held in high regard by the reader or viewer. Particular subgroups in the population (such as young people, people suffering from mental illness, persons with a history of suicidal behaviour or those bereaved by suicide) are particularly vulnerable to engaging in imitative suicidal behaviour. The risk is most pronounced when the characteristics of the person who died by suicide and those of the reader or viewer are similar in some way and when the reader or viewer identifies with the featured person. Additionally, the content of stories also plays an important role: stories that confirm or repeat myths about suicide or that include a detailed description of a particular method of suicide are more likely to result in copycat suicides. However, media reports about suicides written in accordance with media guidelines show strong potential to help prevent suicide and do not usually trigger further suicides.

Positive impacts of reporting

Whereas there is a relatively long history of research on the harmful effects of media reports about suicide, in the last few years more and more research has focused on the potential benefits of responsible media reporting about suicide. Media reports on persons who were in adverse life circumstances but who managed to cope constructively with their suicidal thoughts have been associated with decreases in suicidal behaviour. Further studies suggest that educative media portrayals featuring how to cope with suicidal thoughts may help reduce suicidal behaviour.

A more detailed overview of the scientific literature on media impacts is provided in Annex 3.

Responsible reporting

Provide accurate information about where to seek help

Information about support resources should be provided at the end of all stories about suicide. The specific resources should include suicide prevention centres, crisis helplines, other health and welfare professionals, and self-help groups. Information about where to seek help should include services that are recognized in the community as being of high quality and accessible 24/7, if available. These resources should provide access to support for persons who are distressed or prompted to consider suicide as a result of the story. The address or contact information of listed resources should be checked regularly to ensure that it is accurate. However, providing a long list of potential resources can be counter-productive; therefore, only a limited number of resources (e.g. one phone number and one website) should be provided.

Educate the public about the facts of suicide and suicide prevention, without spreading myths

There are many misconceptions about suicide. Research has shown that media reports that repeat these myths are more likely to trigger imitative behaviour. Studies have also shown that the public tends to recall the myths in “myths versus facts” stories in the media. Some of the most common myths and facts about suicide are listed in Annex 4. Consequently, it is preferable to lead with facts about suicide. Apart from carefully researching facts when discussing suicide, it is always helpful to report on how to prevent suicide, to include the message that people who are suicidal should seek help, and to indicate how to access that help.

Report stories of how to cope with life stressors or suicidal thoughts, and how to get help

Providing personal narratives of people who managed to cope with adverse circumstances and suicidality may help others in difficult life situations to adopt similar positive coping strategies. Stories that integrate educative materials explaining how to get help when faced with seemingly insurmountable difficulties are also encouraged. These stories typically feature specific ways adopted by others to overcome their suicidal thoughts, and highlight what can be done to get help if one is suicidal.

Apply particular caution when reporting celebrity suicides

Celebrity suicides are considered newsworthy and it is often considered to be in the public interest to report them. However, such reports are particularly likely to induce copycat suicides in vulnerable persons. Glorifying a celebrity’s death may inadvertently suggest that society honours suicidal behaviour and thus may promote suicidal behaviour in others. For this reason, special care should be taken when reporting celebrity suicides. Such reports should not glamorize the suicide or describe the suicide method in detail. A focus on the celebrity’s life, how he or she contributed to society, and how their death negatively affects others is preferable to reporting details of the suicidal act or providing simplistic reasons for why the suicide occurred. Additionally, care should be taken when reporting a celebrity’s death when the cause of death is not immediately known. Media speculation about suicide as a possible cause of a celebrity’s death can be harmful. It is more appropriate to wait for the cause of death to become known and to research the

specific circumstances carefully. As noted above, reports should always include information about access to support resources for those who are, or might become, distressed or suicidal due to the death.

Apply caution when interviewing bereaved family or friends

The views of persons who have experienced a loss from suicide can be a very valuable resource for educating others about the realities of suicide. However, several key considerations should be taken into account when collecting such information and including it in a media report about suicide. There needs to be caution when involving family, friends and others who are grieving over an acute loss and who might be in a crisis situation. A decision to interview someone who has been bereaved by suicide should never be taken lightly. Such persons are at increased risk of suicide or self-harm while they are dealing with their grief. Respect for their privacy should take precedence over writing a dramatic story. In some countries, journalists are guided by a code of conduct when undertaking such interviews.

It is important for media professionals to recognize that, as part of their investigations, they may gain knowledge about a suicide or the deceased that witnesses and/or the bereaved do not have. The publication of such material could be harmful to those who are bereaved by the suicide. Reporters also need to carefully consider the accuracy of any information received from the bereaved during an interview because their recall of specific memories, statements or behaviours of the suicide may be clouded by acute grief.

In instances where reporting is not related to a recent loss, people who have managed to cope with loss due to suicide and want to contribute to a media story can be an important resource for increasing awareness and providing viable options for others on how to cope with similar circumstances. However, even if the actual loss occurred a long time ago, it is important to remember that talking about past experiences with suicide may trigger painful memories and emotions. Persons bereaved by suicide who volunteer to speak with the media may be unaware of the potential personal consequences of widespread public dissemination of detailed private information; therefore, this should be discussed with the individual beforehand, and steps should be taken to protect their privacy. Whenever possible, the bereaved should be shown reports containing their personal accounts prior to publication in order to allow corrections or other changes before publication.

Recognize that media professionals themselves may be affected by stories about suicide

Preparing a story about a suicide may resonate with media professionals' own experiences. The effect can occur in all settings, but may be particularly pronounced in small, close-knit communities where media professionals have strong local connections. There is an obligation on media organizations to ensure that necessary supports – such as debriefing opportunities and mentoring arrangements – are in place for media professionals. Individual media professionals should not hesitate to seek help if they are negatively affected in any way.

Do not place stories about suicide prominently and do not unduly repeat such stories

Prominent placement and undue repetition of stories about suicide are more likely to lead to subsequent incidents of suicidal behaviour than more subtle presentations. Newspaper stories about suicide should ideally be located on the inside pages, towards the bottom of the page, rather than on the front page or at the top of an inside page. Similarly, broadcast stories about suicide should be presented in the second or third break of television news, and further down the order of radio reports or online posts, rather than as the lead item. Caution should be exercised regarding the repetition or updating of the original story.

Do not use language which sensationalizes or normalizes suicide, or presents it as a constructive solution to problems

Language that sensationalizes suicide should be avoided. For example, it is much better to report on “increasing suicide rates” than on a “suicide epidemic”. When reporting on a suicide, the use of language that conveys the message that suicide is a public health problem and identifies risk factors, combined with a message about the prevention of suicide, can help to educate the public about the importance of suicide prevention.

Language that misinforms the public about suicide, normalizes it or provides simplistic explanations for a suicide should also be avoided. Apparent changes in suicide statistics should be verified, as they may signal temporary fluctuations rather than statistically reliable increases or decreases. Out-of-context use of the word “suicide” – such as, for instance, “political suicide” – may serve to desensitize the public to its gravity. Terms like “unsuccessful suicide” or “successful suicide”, implying that death is a desirable outcome, should not be used; alternative phrases such as “non-fatal suicidal behaviour” are more accurate and less open to misinterpretation. The phrase “committed suicide” implies criminality (suicide remains a criminal offence in some countries) and unnecessarily increases the stigma experienced by those who have lost a person to suicide. It is better to say “died by suicide” or “took his/her life”.

Do not explicitly describe the method used

Detailed description and/or discussion of the method should be avoided because this will increase the likelihood that a vulnerable person will copy the act. In reporting an overdose, for example it could be harmful to detail the brand/name, nature, quantity or combination of drugs taken, or how they were obtained.

Caution should also be exercised when the method of suicide is rare or novel. While use of an unusual method may appear to make the death more newsworthy, reporting the method may trigger other people to use this method. New methods can spread easily via sensationalist media reporting – an effect that can be accelerated via social media.

Do not provide details about the site/location

Sometimes a location can develop a reputation as a “suicide site” – e.g. a bridge, a tall building, a cliff or a railway station or crossing where suicidal acts have occurred.

Particular care should be taken by media professionals not to promote such locations as suicide sites by, for instance, using sensationalist language to describe them or overplaying the number of incidents occurring at that location. Similar caution is necessary when reporting about suicides or suicide attempts in educational settings or specific institutions, particularly those for vulnerable individuals (e.g. prisons and psychiatric units/hospitals).

Do not use sensational headlines

Headlines serve the purpose of attracting the reader's attention by giving the essence of the story in as few words as possible. The word "suicide" should not be used in the headline, and explicit reference to the method or site of the suicide should be avoided. If headlines are written by other media professionals than those working on the main text, the author of the main text should work with the headline writer to ensure that an appropriate headline is selected.

Do not use photographs, video footage or digital media links

Photographs, video footage or social media links of the scene of a suicide should not be used, particularly if reference is made to specific details of the location or method. In addition, great caution is required in the use of pictures of a person who has died by suicide. If images are used, explicit permission should be obtained from family members. These images should not be prominently placed and should not glamorize the individual or the suicidal act. Research shows that pictures associated with suicidal acts can be reactivated by vulnerable readers later, such as during a personal crisis, and may then trigger suicidal behaviour. Coordination of editorial work on text and pictures is recommended, as individuals responsible for the text are sometimes not responsible for the use of images. Suicide notes, final text messages, social media posts and emails from the deceased individual should not be published.

Sources of reliable information

Sources of reliable statistics and other information about suicide should be used by media professionals when reporting about suicide. Government statistics agencies in many countries provide data on their annual suicide rates, usually by age and sex. WHO Member States report mortality data, including suicide, to WHO (http://www.who.int/healthinfo/mortality_data/en/). Data and statistics should be interpreted carefully and correctly.¹

Media professionals should seek advice from local suicide prevention experts when preparing stories about suicide. These experts can help interpret data about suicide, ensure that reports about suicide avoid increasing the risk of copycat suicide, dispel myths about suicidal behaviour, and provide useful information about recognizing and helping persons who are thinking about taking their own lives.

National or regional suicide prevention organizations often have specific contact details for the media. Many countries have associations that provide information about suicide. Some of these associations also have a role in suicide prevention, offer support to people who are experiencing suicidal thoughts or have been bereaved by suicide, provide advocacy services, and/or foster research about suicide. The International Association for Suicide Prevention (IASP) is the international equivalent of these associations. The IASP website (<https://www.iasp.info>) includes useful background information for media professionals preparing stories on suicide, including lists of suicide prevention services and media guidelines for reporting on suicide from several countries. Leading experts, suicide prevention services and public health organizations have also developed best practice recommendations for reporting on suicide in multiple languages (<http://www.reportingonsuicide.org>).

¹ Some caution should be exercised in making international comparisons of rates, because countries have different legal regulations and procedures which may influence the way in which deaths are identified, certified and recorded as suicides.

Annex 1.

Considerations for digital media

Nowadays people obtain their information from a much broader range of sources than they did in the past, and there is increasing overlap between traditional media and online media. The Internet has become an important platform for information and communication about suicide, especially among young people and persons at high risk of suicide. This booklet can be used for media reporting in both traditional and digital media. However, there are additional challenges with regard to reporting on suicide in digital media and managing potential suicidal content online. Specific guidelines have been created in recent years to address these challenges.

It is important to avoid the hyperlinking of suicidal material in social media. Video or audio footage (e.g. emergency calls) or social media links to the scene of a suicide should not be used, particularly if the location or method is clearly presented. In addition, great caution is necessary when using pictures of a person who has died by suicide. Search engine optimization efforts need to be carefully balanced against the use of harmful wording, particularly when it comes to writing the headline. As is true for traditional media, data visualizations should be carefully checked to prevent the exaggeration or sensationalization of statistics about suicide. Adequate policies should be established by the managers of media platforms for dealing with potentially suicidal content in the comments sections of digital media, such as online newspapers or print newspapers' websites, and for timely responses to content relating to suicide.

A set of best practices for online technologies (<http://www.preventtheattempt.com>) has been developed to serve small, medium-sized and large organizations and companies with online representations. Basic, mid-level and advanced-level recommendations are offered about how to integrate online resources with interactive components for suicide prevention. Basic recommendations include: the provision of a help centre with information on supportive resources and Frequently asked questions (FAQ) on suicide, policies on how to respond to potentially suicidal users, regulations on the involvement of law enforcement, timeliness of responses to suicidal content, and information on where to refer potentially suicidal individuals.

Another set of recommendations has been developed for bloggers (<https://www.bloggingsuicide.org>) by Suicide Awareness Voices of Education (SAVE). These recommendations are based on the content of guidelines for traditional media, highlighting safety concerns that are frequently encountered in blogs and how to deal with them.

Annex 2.

Reporting on mass shootings and terrorism

Research on the imitative effects of media reports about mass shootings and terrorism is not as extensive as research on the copycat effects of media reports about suicides. However, there is some evidence that sensationalist reporting about killings can trigger further homicidal actions. These incidents typically receive considerable media attention, and may or may not include self-directed violence after, or as part of, the murder(s). If such an event includes suicide, it should not be described as a suicide attack or suicide bombing because this magnifies the negative labelling of suicidal behaviour. Referring to such events as “homicidal bombings” or “mass killings” would be more appropriate because the main purpose of these acts is to kill others; only some of the perpetrators may actually be suicidal. In reporting these killings, it is important to remember that the perpetrator may not be suicidal and may not have a mental illness; most mass shootings are not committed by persons with a diagnosed mental disorder. An international expert team lead by Suicide Awareness Voices of Education (SAVE) has developed recommendations (<https://www.reportingonmassshootings.org>) for reporting such events – including reducing the media attention on the perpetrators, because such emphasis can potentially lead others to identify with them and be inspired by them to commit similar acts.

Annex 3.

Overview of the scientific literature on media impacts

Harmful media impacts

The earliest evidence of the impact of the media on suicidal behaviour was provided in the late 18th century when Goethe published *The sorrows of young Werther*, in which Werther shoots himself because he falls in love with a woman who is beyond his reach. The novel was implicated in a spate of suicides across Europe. Many of those who died by suicide were dressed in a similar fashion to Werther and adopted his method or were found with a copy of Goethe's book. Consequently the book was banned in several European countries.

The evidence for imitative suicidal behaviours occurring in response to the reporting or portrayal of suicide remained anecdotal until the 1970s when Phillips (1) published a study which retrospectively compared the number of suicides that occurred in the months in which a front-page article on suicide appeared in the United States press with the number that occurred in the months in which no such article appeared. During the 20-year study period, there were 33 months during which a front-page suicide article was published, and there was a significant increase in the number of suicides in 26 of those 33 months. Imitation effects were also found by Schmidtke & Häfner (2) after the broadcast of a television series.

Since Phillips' study, over 100 other investigations into imitative suicides have been conducted. Collectively, these studies have strengthened the body of evidence in a number of ways. First, they have used improved methodologies. For example, Wasserman (3) and Stack (4) replicated the findings from Phillips' original study and extended the observation period, using more complex time-series regression techniques, and considered rates rather than absolute numbers of suicide. Second, these studies have examined different media. For instance, Bollen & Phillips (5) and Stack (6) examined the impact of suicide stories that were given national coverage on television news in the USA and found significant increases in suicide rates following such broadcasts. Furthermore, although most of the early studies were conducted in the USA and considered suicide only, later studies broadened the scope to Asian and European countries and included a focus on suicide attempts. For example, studies by Cheng et al. (7, 8), Yip et al. (9) and Chen et al. (10) demonstrated increases in suicides and suicide attempts following the news coverage of celebrity suicides in China (Province of Taiwan and Hong Kong SAR), and the Republic of Korea, respectively. A study by Etzersdorfer, Voracek & Sonneck (11) reported similar results following coverage of a celebrity suicide in the largest Austrian newspaper, with increases in suicides being more pronounced in regions where distribution of the newspaper was greatest. More recent studies also assessed the characteristics of the content of media reports before assessing media effects. This is reflected in studies by Pirkis and colleagues that differentiated various types of media reports on the basis of differences in content (12). They found that repetitive stories reporting suicide methods and reinforcing public misconceptions about suicide were associated with subsequent increases in suicides. Notably, Gould and colleagues found that youth copycat suicides were more likely to be triggered by newspaper stories that were more prominent (i.e. front-page placement or inclusion of a picture), more explicit (i.e. with headlines containing the word "suicide" or specifying the method used), more detailed (i.e. including the deceased's name, the details of the method, or the presence of a suicide note), and reporting on suicide death rather than suicide attempt (13).

Systematic reviews of studies in the area of media and suicide have consistently reached the same conclusion: media reporting of suicide can lead to subsequent increases in suicidal behaviours (14-17). These reviews have also observed that the likelihood of an increase in suicidal behaviours varies as a function of the time after the news report, usually peaking within the first three days and levelling off by about two weeks (5, 18), but sometimes lasting longer (19). The increase is related to the amount and prominence of coverage, with repeated coverage and high-impact stories being most strongly associated with imitative behaviours (10, 11, 20-22). Such behaviours are accentuated when the person described in the story and the reader or viewer are similar in some way (22, 23), or when the person described in the story is a celebrity and is held in high regard by the reader or viewer (3, 4, 7, 9, 22, 24). Sensationalist or glamorized reporting on suicides of entertainment industry celebrities appears to be associated with the greatest increases in subsequent suicides (25). Combined evidence across studies has shown that the average increase in suicide rates in the month subsequent to sensationalist news media reporting on a celebrity suicide is 0.26 per 100 000 population, but the estimated effect is even more pronounced for reports on the suicides of entertainers (0.64 per 100 000 population) (25). Media effects also depend on the characteristics of the audience. Some subgroups in the population (young people, people suffering from depression, and persons who identify with the deceased) seem especially vulnerable and are therefore more likely to show increased rates of suicidal thoughts or imitative suicidal behaviours (18, 26-29). Overt description of suicide by a particular method often leads to increases in suicidal behaviour employing that method (10, 30-33).

Protective media impacts

There is also some evidence regarding the potential for the media to exert a positive influence. This evidence comes from studies which considered whether best-practice media reporting of suicide could lead to a reduction in the rates of suicide and suicide attempts. Etzersdorfer and colleagues showed that the introduction of media guidelines on the reporting of suicides on the Vienna subway resulted in a reduction in sensational reporting of these suicides and, in turn, a 75% decrease in the rate of subway suicides and a 20% decrease in the overall suicide rate in Vienna (34-36). The repeated distribution of these guidelines resulted in an improvement in the quality of reporting about suicide and a reduction in the Austria's national suicide rate, with the positive impact most pronounced in regions with strong media collaboration (37). Studies from Australia, China, Hong Kong SAR, Germany and Switzerland have similarly shown that media guidelines were positively related to the quality of reporting on suicide. However, the effectiveness of media guidelines depends on their successful implementation (38, 39). Experience from several countries – including Australia (<http://www.mindframe-media.info>), Austria (<http://www.suizidforschung.at>), China, Hong Kong SAR (<http://www.csrp.hku.hk/media/>), Switzerland (<http://www.stopsuicide.ch>), the United Kingdom (<http://www.samaritans.org/media-centre/>) and the USA (<http://www.reportingonsuicide.org>) – provide important insights on the implementation of media guidelines, which could be instructive for other countries.

Further evidence of a possible suicide-protective effect of certain media reports comes from a study by Niederkrotenthaler and colleagues, who found that a specific class of articles that focused on positive coping/mastery of crises was associated with decreases in suicide rates in

the geographical area where the published media reports reached a large proportion of the population (21). This protective media potential has been labelled the Papageno effect after the character in Mozart's opera *The magic flute* who considers suicide but changes his plan when reminded of alternatives to dying. Following this first study on the Papageno effect, some other studies have identified protective impacts by media materials that address constructive coping and provide information on suicide prevention (28, 38, 40).

Overall, reviews of media and suicide find that, while there is evidence for both beneficial and harmful impacts of the media on suicide prevention, most research to date has focused on the harmful impacts (17).

Digital media

The very little research that is yet available about the impact of suicide-related depictions online suggests that both protective and harmful effects are possible. Digital media are considered a potentially valuable resource for persons in need of help when suicidal because online media sites are easily accessible and are often used by young people. Persons at risk for suicide frequently report feeling less alienated when using social media and sometimes report that their online activities have reduced suicidal thoughts. This is particularly the case for activities on websites and message boards that offer constructive help and actively avoid normalizing or condoning suicidal behaviour.

However, the potential to normalize suicidal behaviours, the access to images about suicide and suicide methods, and the creation of communication channels that can be used for bullying and harassment are of major concern (41, 42). There are also pro-suicide sites that describe the specifics of different suicide methods, encourage suicidal behaviour, or recruit individuals for suicide pacts. An increasing number of case studies indicate that message boards can serve as a tool for learning about suicide methods, and can promote suicidal behaviour in vulnerable persons.

Conclusion

There is strong support for the contention that sensationalist media reports about suicide can lead to subsequent additional suicidal behaviours (suicides and suicide attempts). These time-limited increases in suicides are not simply the early occurrence of suicides that would have happened anyway (if this were the case, they would be followed by a commensurate decrease in suicide rates); they are additional suicides that would not have occurred in the absence of the inappropriate media reporting.

Studies of the potential protective effects of responsible media reporting of suicide have started only quite recently and the evidence for the benefits of this type of reporting is currently emerging.

Media professionals should exercise caution in reporting on suicide, balancing the public's "right to know" against the risk of causing harm.

References

1. Phillips DP. The influence of suggestion on suicide: substantive and theoretical implications of the Werther effect. *Am Sociol Rev.* 1974;39(3):340-54.
2. Schmidtke A, Häfner H. The Werther effect after television films: new evidence for an old hypothesis. *Psychol Med.* 1988;18(3):665-76.
3. Wasserman IM. Imitation and suicide: a re-examination of the Werther effect. *Am Sociol Rev.* 1984;49(3):427-36.
4. Stack S. A reanalysis of the impact of non-celebrity suicides: a research note. *Soc Psychiatry Psychiatr Epidemiol.* 1990;25(5):269-73.
5. Bollen KA, Phillips DP. Imitative suicides: a national study of the effects of television news stories. *Am Sociol Rev.* 1982;47(6):802-9.
6. Stack S. The effect of publicized mass murders and murder-suicides on lethal violence, 1968-1980: a research note. *Soc Psychiatry Psychiatr Epidemiol.* 1989;24(4):202-8.
7. Cheng ATA, Hawton K, Lee CTC, Chen THH. The influence of media reporting of the suicide of a celebrity on suicide rates: a population-based study. *Int J Epidemiol.* 2007;36(6):1229-34.
8. Cheng ATA, Hawton K, Chen THH, Yen AMF, Chen CY, Chen LC, et al. The influence of media coverage of a celebrity suicide on subsequent suicide attempts. *J Clin Psychiatry.* 2007;68(6):862-6.
9. Yip PSF, Fu KW, Yang KCT, Ip BYT, Chan CLW, Chen EYH et al. The effects of a celebrity suicide on suicide rates in Hong Kong. *J Affect Disord.* 2006;93(1-3):245-52.
10. Chen YY, Yip PS, Chan CH, Fu KW, Chang SS, Lee WJ et al. The impact of a celebrity's suicide on the introduction and establishment of a new method of suicide in South Korea. *Arch Suicide Res.* 2014;18(2):221-6.
11. Etzersdorfer E, Voracek M, Sonneck G. A dose-response relationship of imitational suicides with newspaper distribution. *Aust N Z J Psychiatry.* 2001;35(2):251.
12. Pirkis JE, Burgess PM, Francis C, Blood RW, Jolley DJ. The relationship between media reporting of suicide and actual suicide in Australia. *Soc Sci Med.* 2006;62:2874-86.
13. Gould M., Kleinman MH, Lake AM, Forman J, Basset Midle J. Newspaper coverage of suicide and initiation of suicide clusters in teenagers in the USA, 1988-96: a retrospective, population-based, case-control study. *Lancet Psychiatry.* 2014;1(1): 34-43. doi: 10.1016/S2215-0366(14)70225-1.
14. Pirkis J, Blood RW. Suicide and the media: (1) Reportage in non-fictional media. *Crisis.* 2001;22(4):146-54.

15. Stack S. Media impacts on suicide: a quantitative review of 293 findings. *Soc Sci Q.* 2000;81(4):957-72.
16. Stack S. Suicide in the media: a quantitative review of studies based on non-fictional stories. *Suicide Life Threat Behav.* 2005;35(2):121-33.
17. Sisask M, Värnik A. Media roles in suicide prevention: a systematic review. *Int J Environ Res Public Health.* 2012;9(1):123-38.
18. Phillips DP, Carstensen LL. Clustering of teenage suicides after television news stories about suicide. *N Engl J Med.* 1986;315(11):685-9.
19. Fu KW, Yip PSF. Long-term impact of celebrity suicide on suicidal ideation: Results from a population-based study. *J Epidemiol Community Health.* 2007;61(6):540-6.
20. Hassan R. Effects of newspaper stories on the incidence of suicide in Australia: a research note. *Aust N Z J Psychiatry.* 1995;29(3):480-3.
21. Niederkrotenthaler T, Voracek M, Herberth A, Till B, Strauss M, Etzersdorfer E et al. Role of media reports in completed and prevented suicide – Werther v. Papageno effects. *Br J Psychiatry.* 2010;197:234–43.
22. Niederkrotenthaler T, Till B, Voracek M, Dervic K, Kapusta ND, Sonneck G. Copycat-effects after media reports on suicide: a population-based ecologic study. *Soc Sci Med.* 2009;69:1085–90. doi: 10.1093/eurpub/ckp034.
23. Stack S. Audience receptiveness, the media, and aged suicide, 1968-1980. *J Aging Stud.* 1990;4(2):195-209.
24. Stack S. Celebrities and suicide: a taxonomy and analysis. *Am Sociol Rev.* 1987;52(3):401-12.
25. Niederkrotenthaler T, Fu KW, Yip P, Fong DYT, Stack S, Cheng Q, et al. Changes in suicide rates following media reports on celebrity suicides: a meta-analysis. *J Epidemiol Community Health.* 2012;66:1037–42.
26. Cheng ATA, Hawton K, Chen THH, Yen AMF, Chang JC, Chong MY et al. The influence of media reporting of a celebrity suicide on suicidal behaviour in patients with a history of depressive disorder. *J Affect Disord.* 2007;103:69-75.
27. Phillips DP, Carstensen LL. The effect of suicide stories on various demographic groups, 1968-1985. *Suicide Life Threat Behav.* 1988;18(1):100-14.
28. Till B, Strauss M, Sonneck G, Niederkrotenthaler T. Determining the effects of films with suicidal content: a laboratory experiment. *Br J Psychiatry.* 2015;207(1):72-8. doi: 10.1192/bjp.bp.114.152827.

29. Scherr S, Reinemann C. Belief in a Werther effect: third-person effects in the perceptions of suicide risk for others and the moderating role of depression. *Suicide Life Threat Behav.* 2011;41(6):624–34.
30. Ashton JR, Donnan S. Suicide by burning: a current epidemic. *BMJ.* 1979;2(6193):769-70.
31. Ashton JR, Donnan S. Suicide by burning as an epidemic phenomenon: an analysis of 82 deaths and inquests in England and Wales in 1978-79. *Psychol Med.* 1981;11(4):735-9.
32. Veysey MJ, Kamanyire R, Volans GN. Antifreeze poisonings give more insight into copycat behaviour. *BMJ.* 1999;319(7217):1131.
33. Hawton K, Simkin S, Deeks J, O'Connor S, Keen A, Altman DG et al. Effects of a drug overdose in a television drama on presentations to hospital for self-poisoning: time series and questionnaire study. *BMJ.* 1996;318(7189):972-7.
34. Etzersdorfer E, Sonneck G. Preventing suicide by influencing mass- media reporting: the Viennese experience 1980-1996. *Arch Suicide Res.* 1998;4(1):64-74.
35. Etzersdorfer E, Sonneck G, Nagel Kuess S. Newspaper reports and suicide. *N Engl J Med.* 1992;327(7):502-3.
36. Sonneck G, Etzersdorfer E, Nagel Kuess S. Imitative suicide on the Viennese subway. *Soc Sci Med.* 1994;38(3):453-7.
37. Niederkrotenthaler T, Sonneck G. Assessing the impact of media guidelines for reporting on suicides in Austria: interrupted time series analysis. *Aust N Z J Psychiatry.* 2007;41(5):419-28.
38. Stack S, Niederkrotenthaler T, editors. *Media and suicide: international perspectives on research, theory & policy.* Piscataway (NJ): Transaction Publishers; 2017.
39. Tatum PT, Canetto SS, Slater MD. Suicide coverage in U.S. newspapers following the publication of the media guidelines. *Suicide Life Threat Behav.* 2010;40:525-35.
40. Till B, Tran U, Voracek M, Niederkrotenthaler T. Papageno vs. Werther Effect online: randomized controlled trial of beneficial and harmful impacts of educative suicide prevention websites. *Br J Psychiatry.* 2017. Online first: doi: 10.1192/bjp.bp.115.177394
41. Robinson J, Cox G, Bailey E, Hetrick S, Rodrigues M, Fisher S et al. Social media and suicide prevention: a systematic review. *Early Interv Psychiatry.* 2016;10(2):103-21.
42. Daine K, Hawton K, Singaravelu V, Stewart A, Simkin S, Montgomery P. The power of the web: a systematic review of studies of the influence of the internet on self-harm and suicide in young people. *PLoS One.* 2013;30;8(10):e77555.

Annex 4.

Myths and facts about suicide

MYTH Talking about suicide is a bad idea and can be interpreted as encouragement.

FACT Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give a person other options or the time to rethink his/her decision, thereby preventing suicide.

MYTH People who talk about suicide do not mean to do it.

FACT People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.

MYTH Someone who is suicidal is determined to die.

FACT On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking pesticide, for instance, and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.

MYTH Most suicides happen suddenly without warning.

FACT The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course, some suicides occur without warning. But it is important to understand what the warning signs are and look out for them.

MYTH Once someone is suicidal, he or she will always remain suicidal.

FACT Heightened suicide risk is often short-term and specific to the situation. While suicidal thoughts may return, they are not permanent and a person with previous suicidal thoughts and attempts can go on to live a long life.

MYTH Only people with mental disorders are suicidal.

FACT Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder.

MYTH Suicidal behaviour is easy to explain.

FACT Suicide is never the result of a single factor or event. The factors that lead an individual to suicide are usually multiple and complex, and should not be reported in a simplistic way. Health, mental health, stressful life events, social and cultural factors need to be taken into account when trying to understand suicidal behaviour. Impulsivity also plays an important role. People with a mental illness, which may influence a person's ability to cope with life stressors and interpersonal conflicts, are more likely to be at risk of suicide. However, mental illness alone is insufficient to explain suicide. Almost always, it will be misleading to attribute a suicide to a specific event such as failure in an examination or breakdown of a relationship. In circumstances where the death has not yet been fully investigated, it is inappropriate to report premature conclusions about causes and triggers.

MYTH Suicide is an appropriate means of coping with problems.

FACT Suicide is not a constructive or appropriate means of coping with problems, nor is it the only possible way to manage severe distress or to deal with adverse life circumstances. Stories about individuals with a personal experience of suicidal thoughts who managed to cope with their difficult life situations can help to highlight viable options for others who might currently be contemplating suicidal behaviour. Suicide also has a devastating impact on family members, friends and entire communities, often leaving them wondering whether there were signs they may have missed, and feeling guilty, angry, stigmatized and/or abandoned. Reports of suicide that explore some of these complex dynamics in a sensitive way, without blaming grieving survivors, can help educate the public about the need to provide appropriate support to persons bereaved by suicide.

Preventing suicide: a resource series

1. A resource for general physicians
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 in jails and prisons
6. How to start a survivors group
7. A resource for counsellors
8. A resource at work
9. A resource for police, firefighters
and other first line responders
10. A resource for suicide case registration
11. A resource for non-fatal suicidal behaviour case registration



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