

# Reporting Suicide: Awareness training for journalists

## UK Trainers' Notes

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for The PressWise Trust & Befrienders International

### NOTE FOR WORKSHOP LEADERS

*This background material has been compiled to provide trainers with authoritative quotes and suggestions about how to deliver the modules. They are drawn from research conducted by PressWise during 2001 & 2002 and may need to be supplemented by more recent publications. Trainers may wish to employ their own storylines/cuttings, etc.*

*It is recommended that a suicide survivor, a family member, or a representative from a suicide prevention or mental health support group be invited to take part in one or more of the sessions. See notes at start of each session. Any such guest speaker or participant should be made aware of who they will be addressing and why, and should be asked to make clear whether or not their contribution is to be non-attributable and 'off the record'. It is preferable for a training session to agree among all parties that speakers will not be quoted (or identified) without seeking their prior consent.*

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**INTRODUCTION: SUICIDE - PRIVATE MATTER OR PUBLIC CONCERN?**

1. Not just journalists, but many suicide groups and organisations concerned with mental health issues acknowledge that suicide can and should make the news.

*"Responsible approaches to the portrayal of suicidal behaviour in the media can save lives."*

**SOURCE: *Suicidal Behaviour and the Media - Summary Conclusions***, Centre for Suicide Research, Department of Psychiatry, Oxford University, UK

2. The World Health Organisation acknowledges that suicide is often newsworthy and the media have a right to report it.

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

**SOURCE: *Preventing Suicide: A Resource for Media Professionals***, Suicide Prevention Project (SUPRE), World Health Organisation

*"The media can play a powerful role in educating the public about suicide prevention. Stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. They can also highlight opportunities to prevent suicide."*

**SOURCE: *Reporting on Suicide: Recommendations for the Media***, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.  
(Developed in collaboration with the US Office of the Surgeon General, Centers for Disease Control and Prevention, National Institute of Mental Health, Substance Abuse and Mental Health Services Administration; World Health Organisation, National Swedish Centre for Suicide Research, New Zealand Youth Suicide Prevention Strategy)

*"Suicides are generally not reported in newspapers, but mass suicides, suicides by public figures, bizarre cases, the continuing debate around voluntary euthanasia, research and statistical analysis, and other aspects of suicide and mental illness are all legitimate matters of public interest and concern."*

**SOURCE: *Reporting Guidelines: Reporting of Suicide***, Australian Press Council

*As with other taboos, such as rape, domestic violence, child sex abuse, there is now a broad consensus that suicide is a social problem which must be put before the public, and that journalists have a responsibility to present the facts on suicide as fully as possible.*

**SOURCE: *Reporting Suicide***, National Union of Journalists in Ireland in conjunction with Aware Defeat Depression

*"Any suicide is a newsworthy event. The fact that an individual has chosen to end their life, quite deliberately and prematurely, attracts the attention of the public.*

*...For the journalist a suicide presents a difficult dilemma. As an issue of concern to the public, it is clearly the responsibility of the reporter to present the facts as they happen, without glamorising the story or imposing on the grief of those affected."*

**SOURCE: *Media Guidelines on Portrayals of Suicide***, The Samaritans, UK

*"I challenge journalists to reject the notion that we 'don't cover suicides'. I urge them to find ways to meaningfully cover the ISSUE of suicide, and that may require them to cover some suicide incidents. I urge them to apply high standards of professionalism and a high degree of compassion in their reporting."*

**SOURCE: Dr Robert Steele**, Ethics Group Leader, Poynter Institute, Florida, USA

*"Generally, reporting of suicide should not be shunned when newsworthy. It is important the public be aware of the nature and magnitude of the problem."*

**SOURCE: *Reminders to officials dealing with the media about suicide cases***, American Association of Suicidology and the Centers for Disease Control and Prevention

*"It is clear that suicides must be reported in a responsible manner. The way in which suicide and mental illness are represented is important, as are other ethical and social considerations (for example, privacy issues versus the public's 'right to know')."*

**SOURCE: *Suicide and the Media, A Critical Review***, Commonwealth Department of Health and Aged Care, Canberra, Australia

*"At the end of the day, media organisations must weigh up for themselves the balancing of freedom of the press with the need to minimise risks of suicide among more vulnerable members of society."*

**SOURCE: *Suicide & the Media: the Reporting & Portrayal of Suicide in the Media, A Resource***, Youth Suicide Prevention Strategy, New Zealand

*"Suicide cannot be taboo to the media. It is a phenomenon that has to be addressed, especially if society is to understand and tackle the underlying causes that drive people to end their lives - physical and mental illness, depression, unemployment, poverty, relationship failure."*

**SOURCE: *Covering Suicide Worldwide: Media Responsibilities***, The PressWise Trust, UK, with Befrienders International

**SESSION ONE: SUICIDAL BEHAVIOUR****NOTE FOR WORKSHOP LEADERS**

*It may be helpful to start this session with a brief personal 'off the record' account from a suicide survivor or a family member. Suitable speakers may be found by approaching suicide prevention or mental health user groups. The speaker should be made aware of who they will be addressing and why. Participants should be prepared to agree that the speaker will not be quoted without prior consent.*

**1. Most people who kill themselves or attempt suicide have suffered from some form of mental illness.**

*"Mental disorders (particularly depression and substance abuse) are associated with more than 90% of all cases of suicide; however, suicide results from many complex sociocultural factors and is more likely to occur particularly during periods of socio-economic, family and individual crisis situations (e.g. loss of a loved one, employment, honour)."*

**SOURCE: Prevention of suicidal behaviours: a task for all**, Suicide Prevention Project (SUPRE), World Health Organisation

*"All forms of mental illness or mental health problems carry an increased risk of suicide, the most common being depression and schizophrenia."*

**SOURCE: Suicide and self-harm**, Mental Health Foundation, UK

*"Over 90 per cent of suicide victims have a significant psychiatric illness at the time of their death. These are often undiagnosed, untreated, or both. Mood disorders and substance abuse are the two most common."*

- *When both mood disorders and substance abuse are present, the risk for suicide is much greater, particularly for adolescents and young adults.*
- *Research has shown that when open aggression, anxiety or agitation is present in individuals who are depressed, the risk for suicide increases significantly.*

**SOURCE: Reporting on Suicide: Recommendations for the Media**, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.

**2. Suicide prevention groups and mental health organisations feel there is not enough media coverage of the ISSUES surrounding suicide, such as:**

- **the complexity of the subject**
- **the links with mental illness**
- **the variety of risk factors**
- **the warning signs**
- **the possible contributory causes**
- **the value of publicising sources of information and advice**
- **the effect on survivors of suicide or those who have been "left behind"**
- **the official underestimation of the number of suicides**
- **the difficulty of collating and comparing suicide data**
- **the stigma attached to suicide and mental illness**
- **the myths and taboos**

**In many countries suicide and suicide issues are a taboo subject.**

*"Worldwide, the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it. In fact, only a few countries have included prevention of suicide among their priorities."*

**SOURCE: Prevention of suicidal behaviours: a task for all**, Suicide Prevention Project (SUPRE), World Health Organisation

**3. This taboo means it is under-reported in the media, which has the effect of stifling public discussion and debate.**

*"One reason suicides are so under-reported in mainstream journalism is linked to an historic newsroom avoidance of covering the topic. By avoiding the story in an effort to minimise potential harm to the victims' families or concern that news coverage might prompt others to take their lives, journalists avoid an important issue that viewers need to understand."*

**SOURCE:** Al Tompkins, Broadcast/Online Group Leader, Poynter Institute, USA

**4. In Ireland, it has been claimed that the provincial press tends to ignore suicides and very rarely reports on them.**

*"This I think is done from the very best of motives in an effort not to cause pain to families and not to identify and stigmatise the victims and their relatives. The disadvantage is this is that it keeps suicide as a taboo subject."*

**SOURCE:** Dr John Connolly, Secretary, the Irish Association of Suicidology, addressing a meeting of the Irish Suicide Bereavement Support Group (Solace), Republic of Ireland, January 1997

**5. Official statistics can also be very misleading as the number of suicides is often underestimated. They are difficult to examine and compare - particularly between countries - because the stigma attached to both suicide and attempted suicide means many individual cases may not get officially registered or recorded.**

*"Statistics about suicide are difficult to collate, and may be inaccurate because of the sensitivity of the issue, particularly in countries where suicide is an absolute taboo."*

**SOURCE:** *Suicide Statistics*, Befrienders International

**6. The fact that news stories have to be turned round in such a short space of time and in so few words means that suicide issues are often covered very superficially. In many instances if the background details seem too complicated, journalists may play safe and decide not to cover the issue at all.**

*"I believe suicide is one of the most under-covered and miscovered issues on our landscape. Unfortunately, there is little meaningful discussion on the topic and a paucity of guidance for journalists."*

**SOURCE:** Dr Robert Steele, Ethics Group Leader, Poynter Institute, Florida, USA

**7. Most frustrating for support groups are the myths that get repeated because media professionals fail to seek expert advice and accurate information.**

*"There is a lot of nonsense talked about suicide. Fact gets confused with fiction."*

**SOURCE:** *Myths about suicide*, Befrienders International

**Exercise 1** True or false? - debunking the myths

This exercise is intended to be an "icebreaker". Trainers should use it as an opportunity to foster a friendly and informal atmosphere and to break down any barriers or inhibitions. They should encourage free and open discussion and debate as well as the sharing of experiences.

It's also intended to test participants' knowledge and assumptions and to raise their awareness so they appreciate the importance of coming to grips with the myths about suicide right from the outset.

They should understand that over-riding pressure to come up with a "good angle" on a piece about suicide could lead to over-simplification of the issues.

*"Newspapers and broadcast media have a choice in the way they frame stories about suicide, and mental health and illness...*

*...If the right choices are made, they can help to destigmatise mental health in our community and improve the lives of many people with mental illness."*

**SOURCE: *The Media Monitoring Project: A Baseline Description of How the Australian Media Report and Portray Suicide and Mental Health and Illness*, Commonwealth Department of Health and Aged Care, Canberra, Australia**

**The sort of myths and stereotypes that get repeated - which are often retrieved in good faith from the archives - can obscure the subtler truths.**

*"A fine line remains between sensitive, intelligent reporting by the media and sensationalising the issue."*

**SOURCE: *Media Guidelines on Portrayals of Suicide*, The Samaritans, UK**

**WORKSHEET 1:****True or False?**

Present everyone with a worksheet and give the group 10 minutes to complete it individually.

Compare and discuss their conclusions collectively. Use PowerPoint/OHPs to reveal whether each answer is true or false.

1. ***"If someone's going to kill themselves, there is nothing you can do about it."***

**FALSE**

*"Most people either talk about it or do something to indicate that they are going to kill themselves. There is no need to blame yourself if you didn't see it coming."*

**SOURCE: *Myths about suicide*, Befrienders International**

- *Strategies involving restriction of access to common methods of suicide have proved to be effective in reducing suicide rates; however, there is a need to adopt multi-sectoral approaches involving other levels of intervention and activities, such as crisis centres.*
- *There is compelling evidence indicating that adequate prevention and treatment of alcohol and substance abuse can reduce suicide rates.*
- *School-based interventions involving crisis management, self-esteem enhancement and the development of coping skills and healthy decision-making have been demonstrated to reduce the risk of suicide among the youth.*

**SOURCE: *Prevention of suicidal behaviours: a task for all*, Suicide Prevention Project (SUPRE), World Health Organisation**

*"Thorough investigation generally reveals underlying problems unrecognised even by close friends and family members. Most victims do however give warning signs of their risk for suicide."*

**SOURCE: *Reporting on Suicide: Recommendations for the Media*, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.**

*"If you can offer appropriate help and emotional support to people who have suicidal thoughts then you can reduce the risk of them dying by suicide."*

**SOURCE: *Suicide myths: a quick guide to some common views* in *Media Guidelines on Portrayals of Suicide*, The Samaritans, UK**

2. ***"Talking about suicide encourages it."***

**FALSE**

*"People might think it's safer not to talk about suicide with someone considering it. On the contrary, talking will help them deal with some of the heavy issues involved and diffuse the tension. A willingness to listen shows that people care and are willing to help."*

**SOURCE: *Myths about suicide*, Befrienders International**

*"On the contrary, allowing a person to talk through their worst fears and feelings may provide them with a lifeline which makes all the difference between choosing life and choosing to die."*

**SOURCE: *Suicide myths: a quick guide to some common views*, in *Media Guidelines on Portrayals of Suicide*, The Samaritans, UK**

*"Just picking up the phone and ringing ChildLine is an important step for a young person to take. Talking, being listened to and being taken seriously can make all the difference between a young person choosing to live or die."*

**SOURCE: *How do ChildLine counsellors help young people who feel suicidal?* ChildLine, UK**

*"Asking people directly if they are suicidal will often lower their level of anxiety and give them an opportunity to discuss their feelings and thoughts which can lower the risk of suicide."*

**SOURCE: *Suicide & the Media: the Reporting & Portrayal of Suicide in the Media, A Resource***, Youth Suicide Prevention Strategy, New Zealand

**3. "Suicide can be a blessed relief not just for the individual but for those that surround him or her."**

**FALSE**

*"Reports should take account of the impact of suicide on families and other survivors in terms of both stigma and psychological suffering."*

**SOURCE: *Preventing Suicide: A Resource for Media Professionals***, Suicide Prevention Project (SUPRE), World Health Organisation

*"The effects of suicide should not be trivialised in this way. The loss of a loved one is the start of a nightmare, not the end. It leaves profound feelings of loss, grief and guilt in its wake."*

**SOURCE: *Suicide myths: a quick guide to some common views*** in *Media Guidelines on Portrayals of Suicide*, The Samaritans, UK

*"Particular care should be taken as people bereaved by suicide may be at higher risk of suicide."*

**SOURCE: *Media Resource for the Reporting and Portrayal of Suicide***, Department of Health and Aged Care, Canberra, Australia

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

**SOURCE: *Reporting on Suicide: Recommendations for the Media***, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.

**4. "The suicide rate is on the increase."**

**TRUE - WORLDWIDE**

**The World Health Organisation is a reliable source of information on suicide death rates throughout the world.**

- *In the year 2000, approximately one million people will die from suicide: a "global" mortality rate of 16 per 100,000, or one death every 40 seconds.*
- *In the last 45 years suicide rates have increased by 60% worldwide. Suicide is now among the three leading causes of death among those aged 15-44 years (both sexes); these figures do not include suicide attempts up to 20 times more frequent than completed suicide.*
- *Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2020.*
- *Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries, in both developed and developing countries.*

**SOURCE: *Prevention of suicidal behaviours: a task for all***, Suicide Prevention Project (SUPRE), World Health Organisation

**However, WHO stresses:**

*"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."*

**SOURCE: Preventing Suicide: A Resource for Media Professionals**, Suicide Prevention Project (SUPRE), World Health Organisation

**The World Health Organisation also warns:**

*"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."*

**SOURCE: Preventing Suicide: A Resource for Media Professionals**, Suicide Prevention Project (SUPRE), World Health Organisation

*"Statistics about suicide are difficult to collate, and may be inaccurate because of the sensitivity of the issue, particularly in countries where suicide is an absolute taboo."*

**SOURCE: Suicide Statistics**, Befrienders' International

*"During the 1960s and 1970s there was an increase in attempted suicide in the Western world, mainly through self-poisoning. This was followed by a gradual decline during the 1980s but there has been an increase during the late 1980s and 1990s."*

**SOURCE: Suicide statistics**, The Samaritans, UK

**Suicide data can be read and interpreted in many different ways and can reveal significant variations when examined more closely. Especially when figures are broken down by individual country, gender, age, socio-economic group or time frame. Use data from the country or region hosting your particular workshop to illustrate the pitfalls encountered when attempting to interpret statistics.**

**For example, in the UK and Republic of Ireland there has been an overall decrease in the suicide rate since 1990. But these combined figures hide significant variations.**

**Since 1991**

*In England there has been a 6% decrease in the overall suicide rate*

*In Wales there has been a 7% decrease in the suicide rate*

**Since 1990**

*In Scotland there has been a 17% increase in the suicide rate*

*In Northern Ireland there has been a 10% increase in the suicide rate*

*In the Republic of Ireland there has been an 8% increase in the suicide rate*

*In the UK and Republic of Ireland combined, 75% of suicides are by males.*

**Since 1990**

*In Scotland there has been a 57% increase in the suicide rate among 15 - 24 year old males.*

**SOURCE: Suicide statistics**, The Samaritans, UK

*"There are at least two suicides every day by young people under the age of 25 in the United Kingdom and Republic of Ireland. The rate of suicide amongst young men (15-24 years) in the UK has increased since the 1970s - statistics showed a downturn from 1993, but the rate rose once again in 1997 to 17 per 100,000, compared with a national suicide rate of 13 per 100,000.*

*In the Republic of Ireland, suicide amongst young men had been rising dramatically, but in 1999 the rate actually fell by 31%. Compared with 1998, however, the rate for young men in the Republic is still comparatively high at 25 per 100,000. However, the rate in Scotland for young men continued to rise and is now 33 per 100,000."*

**SOURCE: Young people & suicide**, The Samaritans, UK

**In the US, the Centers for Disease Control reports that:**

- *More people die from suicide than from homicide. In 1997, there were 1.5 times as many suicides as homicides.*
- *Overall, suicide is the eighth leading cause of death for all Americans, and is the third leading cause of death for young people aged 15-24.*
- *Males are four times more likely to die from suicide than are females. However, females are more likely to attempt suicide than are males.*

**SOURCE:** *Suicide Statistics*, Befrienders' International

**In the UK, there is a wide choice of governmental and non-governmental organisations that can help with interpretation of data on suicide.**

**Some examples:**

- *2 suicides every day by young people in the UK and Republic of Ireland*
- *80% of suicides are by young men*
- *Suicide accounts for over a fifth of all deaths of young people*
- *Suicide by young men in the Republic of Ireland has increased by 79% since 1989*
- *An estimated 24,000 adolescents self-harmed in 1998 - 3 every hour<sup>1</sup>*
- *Young women and girls carry out the most self-harm episodes each year*
- *Alcohol and substance misuse are significant factors in youth suicide*
- *Contributory factors to youth suicide include unemployment, social isolation, recent interpersonal life events and difficulties with parents, peers or partners.*

**SOURCE:** *Young people & suicide*, The Samaritans, UK

*"The number of suicides by young people has risen to the extent that it is now one of the main causes of death for this age group with young men particularly at risk. The Mental Health Foundation also believes that the actual rate of suicide in young people could be as much as three times higher than official statistics suggest as many deaths are registered as 'undetermined' possibly due to an unwillingness to use the label 'suicide' for the sake of the family."*

**SOURCE:** *Press Release*, 23 November 2000, Mental Health Foundation, UK

*"Young people who self harm are 100 times more likely to commit suicide than those who do not. ChildLine believes self harm, where young people deliberately inflict injury - such as cutting or burning - on themselves, should be taken as seriously as suicide attempts."*

**SOURCE:** *Press Release*, ChildLine, UK

*"The suicide rate amongst young Asian women (aged 15-34) is currently twice as high as their white counterparts."*

**SOURCE:** *Press Release*, 15 February 2000, Mind, UK

*"Nearly three times more men than women kill themselves every year. Of the 6,500 suicides and undetermined deaths in 1995, 4,835 (74%) were men and 1,665 (26%) were women...It is the second most common cause of death in men under 45 and women between the ages of 25 and 44."*

**SOURCE:** *Suicide and self-harm*, The Mental Health Foundation, UK, November 2000

*"The rate of self-inflicted deaths in prison more than doubled between 1982 and 1998... There were 68 suicides in 1997/98, since when they increased to 83 in 1998/99."<sup>2</sup>*

**SOURCE:** *Suicide is Everyone's Concern: A Thematic Review*, HM Chief Inspector of Prisons for England and Wales, May 1999

<sup>1</sup> Data from the Centre for Suicide Research, Department of Psychiatry, Warneford Hospital, Oxford

<sup>2</sup> Suicides in prison in England and Wales rose further in 1998/99 to 91, then fell to 81 in 1999/2000, 72 in 2000/2001 and 39 in 2001/2002. **SOURCE:** *Monitoring and casework*, INQUEST, UK

"Suicide is defined as the intentional taking of one's own life. Some coroners are reluctant to return a verdict of suicide in the case of a person with a mental illness, arguing that the person's intentions could not be clear. Official figures may, therefore, underestimate the number of people with a mental illness who take their own lives.

A 1999 National Schizophrenia Fellowship analysis of 589 unnatural deaths of people with schizophrenia over an eight-year period, *One in Ten*, found that coroners were more likely to ascribe a verdict of suicide to deaths by hanging, trains and burns. Deaths where the person was found to have jumped/fallen or drowned were more likely to be categorised as open verdicts.

Men were more likely to use one of the methods likely to receive a verdict of suicide, while women were likely to use one of the methods associated with an open verdict. Women in general, and in particular women from the Asian ethnic minority, were more likely to use burning as a method of suicide."

**SOURCE: Schizophrenia: suicide briefing note**, National Schizophrenia Fellowship, UK

"Why did the suicide rate [in England and Wales] decrease between 1990 and 1997? It is possible that psychosocial stress has reduced during this period. The national economy and unemployment levels improved substantially during this time; and it is possible that improvements in services for suicide prevention helped to reduce the suicide rate, particularly for females and the elderly.

The Royal College of Psychiatrists undertook both suicide prevention initiatives and the Defeat Depression campaign. Care in the community was also developed, with increasing awareness of risk assessment in relation to suicide.

The improvement in suicide rates in line with the Health of the Nation target of 15% between 1990 and 2000 is encouraging, but should not lead to complacency. A greater understanding of the reasons for suicide must be developed..."

**SOURCE: Press Release**, 1 January 2000, Royal College of Psychiatrists, UK

**As a source of reliable information, the World Health Organisation recommends its own data bank on suicide deaths, starting from 1950, by age and gender.**

**Other international agencies that may provide information include:**

- the 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 (INCLIN)
- International Society for the Prevention of Child Abuse and Neglect (ISPCAN)
- INTERPOL
- Statistical Office of the European Communities (EUROSTAT)
- World Bank.

**A number of governmental agencies, national associations and voluntary organisations also provide information, for example:**

- Swedish National Centre for Suicide Research and Prevention
- Australian Bureau of Statistics
- US Centers for Disease Control and Prevention
- International Association for Suicide Prevention
- American Association of Suicidology
- International Academy for Suicide Research.

**SOURCE: Preventing Suicide: A Resource for Media Professionals**, Suicide Prevention Project (SUPRE), World Health Organisation

**5. "Those who talk about suicide are the least likely to attempt it."**

**FALSE**

"If someone who has been depressed or suicidal suddenly seems happier, don't assume that the danger has passed. A person, having decided to kill themselves, may feel "better" or feel a sense of relief having made the decision. Also, a severely depressed person may lack the energy to put

*their suicidal thoughts into action. Once they regain their energies, they may well go ahead and do it".*

**SOURCE: *Myths about suicide*, Befrienders International**

*"Those who talk about their suicidal thoughts do attempt suicide. Our experience shows that many people who take their lives will have told others about it in the weeks prior to their death."*

**SOURCE: *Suicide myths: a quick guide to some common views*, in *Media Guidelines on Portrayals of Suicide*, The Samaritans, UK**

**6. "Once a person is suicidal, they are suicidal forever."**

**FALSE**

*"People who want to kill themselves are "suicidal" only for a limited period of time. During this time they either move beyond it, get help or die."*

**SOURCE: *Myths about suicide*, Befrienders International**

*"Individuals who wish to kill themselves may be suicidal for only a limited period of time. In our experience, emotional support can help people come through a suicidal crisis. Talking and listening can make the difference between choosing to live and deciding to die."*

**SOURCE: *Suicide myths: a quick guide to some common views* in *Media Guidelines on Portrayals of Suicide*, The Samaritans, UK**

**7. "Suicide is never the result of a single factor or event."**

**TRUE**

*"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 stresses. Acknowledging that a variety of factors contribute to suicide would be helpful."*

**SOURCE: *Preventing Suicide: A Resource for Media Professionals*, Suicide Prevention Project (SUPRE), World Health Organisation**

*"To treat suicide as a "mystery" is misleading; most people who die by suicide have been suffering from psychiatric illnesses, and this is consistently under-reported by the news media in many countries."*

**SOURCE: *Suicidal Behaviour and the Media - Summary Conclusions*, Kathryn Williams & Keith Hawton, Centre for Suicide Research, Department of Psychiatry, Oxford University**

*"The idea that suicide is merely a social phenomenon is a particular barrier to seeking help to people who are in the highest risk groups, people with mental disorders and people who have made previous suicide attempts."*

**SOURCE: *Media Resource for the Reporting and Portrayal of Suicide*, Department of Health and Aged Care, Canberra, Australia**

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

**SOURCE: *Reporting on Suicide: Recommendations for the Media*, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.**

8. **"If someone has a history of making 'cries for help' then they won't do it for real."  
FALSE**

"As many as 80% of all completed suicides occurred after previous attempts. This is especially true for young people."

**SOURCE: Myths about suicide**, Befrienders International

"The commonly held view that suicide attempts are merely 'attention seeking' is dangerous, and there is no truth in the myth that those who talk about suicide don't do it. Many of the suicidal children who called ChildLine said that their distress was increased by their parents' or carers' apparent lack of concern."

**SOURCE: Saving Young Lives**, ChildLine, UK

"Those who have attempted suicide once are 100 times more likely than the general population to do so again. Around four out of ten people who die by suicide will have attempted suicide earlier."

**SOURCE: Suicide myths: a quick guide to some common views in Media Guidelines on Portrayals of Suicide**, The Samaritans, UK

9. **"Suicidal people are fully intent on dying."  
FALSE**

"The majority of people who consider suicide are ambivalent. They are not sure they want to die."

**SOURCE: Preventing Suicide: A Resource for Media Professionals**, Suicide Prevention Project (SUPRE), World Health Organisation

"Ambivalence is a marked feature of a suicidal person. Many don't want to die, but simply want a way to escape an unbearable situation."

**SOURCE: Myths about suicide**, Befrienders International

"Many suicidal people are undecided about living or dying. Many callers to The Samaritans do not want to die but they talk of not wanting to go on living as things are."

**SOURCE: Suicide myths: a quick guide to some common views in Media Guidelines on Portrayals of Suicide**, The Samaritans, UK

"Although, deep down, many of the young people who call ChildLine feeling suicidal may not really want to die, they tell us that at the time death feels like the only way of dealing with their problems."

**SOURCE: What do young people tell ChildLine about feeling suicidal?** ChildLine, UK

10. **"High-profile media reporting of an individual suicide has a 'copycat' effect."  
IT DEPENDS**

"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..."

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."

**SOURCE: Preventing Suicide: A Resource for Media Professionals**, Suicide Prevention Project (SUPRE), World Health Organisation

"Responsible approaches to the portrayal of suicide in the media can save lives. Voluntary restraints on reporting suicides by specific lethal methods have resulted in abrupt and statistically significant reductions in deaths by those methods."

*In contrast, providing warnings about the danger of certain medications, poisons or other methods of suicide may be helpful to most of the audience but send the opposite message - that these methods are effective (that is, lethal) - to depressed and suicidal people...*

*Certain aspects of media portrayals tend to increase the likelihood that imitative behaviour will occur. Of particular concern are:*

- *news stories, fictional drama and suicide manuals that name or depict a method of suicide especially when that method is lethal and readily available;*
- *prominent and/or repetitive news coverage of suicide;*
- *coverage of celebrities who take their own lives...*

*Imitation is more likely among audience members who can identify with the suicide victim in some way; for example by age, gender or nationality...*

*Young people and elderly people appear to be more vulnerable than those in their middle years to media-related suicide contagion."*

**SOURCE: Suicidal Behaviour and the Media - Summary Conclusions** Kathryn Williams & Keith Hawton, Centre for Suicide Research, Department of Psychiatry, Oxford University, UK

*"There is general agreement that reporting suicide is and can be beneficial...*

*Yet there seems to be some suggestion that inappropriate reporting or depiction can lead to so-called "copycat" suicides...*

*There is conflicting evidence on the effect of the media's treatment on suicide rates in the overall population, but experts do feel that an effect exists, particularly in individual cases and the young are especially susceptible.*

*Although the evidence is conflicting, and in many cases lacking, there is cause for concern that inappropriate depiction of suicide can influence the attitude and behaviour of the audience.*

*Equally, it is clear that positive explanation of the issue in a sensitive way can help to educate and destigmatise the issue of suicide.*

*Suicide is a legitimate topic for serious discussion in the media, like other mental health issues. However the presentation of it should only be done with great care."*

**SOURCE: Media Guidelines on Portrayals of Suicide**, The Samaritans, UK

*"Media stories about individual deaths by suicide may be newsworthy and need to be covered, but they also have the potential to do harm. Implementation of recommendations for media coverage of suicide has been shown to decrease suicide rates.*

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

**SOURCE: Reporting on Suicide: Recommendations for the Media** American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.

*"All parties should understand that a scientific basis exists for concern that news coverage of suicide may contribute to the causation of suicide.*

*Health officials must explain carefully the established, scientific basis for their concern about suicide contagion and how responsible reporting can reduce contagion.*

*Some characteristics of news coverage may contribute to contagion, and other characteristics may help prevent suicide."*

**SOURCE: Reminders to officials dealing with the media about suicide cases**, American Association of Suicideology and the Centers for Disease Control and Prevention

**Exercise 2** What feels right?**Exercise 2a:** The death knock - dealing with distressing assignments**Exercise 2b:** Turning the tables – dealing with death on your doorstep

These exercises are intended as a natural follow-on to the icebreaking session. It takes participants one step further by confronting them with the question: *"How would YOU feel if...?"*

**NOTE FOR TRAINERS**

*Workshop leaders should be sensitive to the likelihood that participants will feel unsettled or distressed when discussing events that have touched their emotions.*

1. Journalists should be concerned about the effect of inaccurate or insensitive media coverage. It could cause additional and enduring harm to someone contemplating taking his or her own life or add to the suffering felt by a suicidal person's relatives and friends.

Media professionals pride themselves on their detachment, objectivity and skill in capturing their audience's imagination so they compel the public to take notice of important human issues. But at the same time they must remain sensitive to other people's feelings and vulnerabilities.

*"Perhaps the most important guiding principle is to consider the reader, listener or viewer who might be in crisis when they read, hear or see the piece. Will this piece make it more likely that they will attempt suicide or more likely that they will seek help?"*

**SOURCE:** *Media Guidelines on Portrayals of Suicide*, The Samaritans, UK

2. Participants should consider basic human rights such as privacy and discuss when other rights like public interest or freedom of expression might over-ride these. Particularly in the context of legislation affecting human rights in the country hosting the seminar. They should also consider the UN Convention on Human Rights, the UN Children's Rights Convention and, if relevant, the European Convention on Human Rights.

Human-interest stories always provide a personal angle and add colour to a piece of serious journalism, but journalists must be aware of the ethical issues - including privacy, identity and confidentiality.

An additional hurdle is the enormous conflicting pressure that journalists endure. Legal, cultural, commercial and editorial constraints make it hard to balance a market-driven working environment and the demands of strict deadlines with the responsibility to minimise harm to vulnerable people. It's a daily newsroom dilemma for which there are no easy answers.

3. Participants should be asked how they feel about having to carry out the 'death knock' - media jargon for an assignment that involves phoning or visiting grieving relatives or friends without warning to ask for photographs, personal details and perhaps a formal interview. How would they feel if the media came knocking at THEIR door?

*"Impromptu comments should be handled carefully in spite of time pressures."*

**SOURCE:** *Preventing Suicide: A Resource for Media Professionals*, Suicide Prevention Project (SUPRE), World Health Organisation

4. Reporters, photographers and camera crews should follow any existing media codes of practice and guidelines regarding privacy, taste and decency when covering any kind of public trauma or personal tragedy.

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

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

**SOURCE: *Reporting on Suicide: Recommendations for the Media*, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.**

**5. Representation of suicide and mental illness, in particular how language and images are used, is also very important.**

*"[The study] found that some newspaper and broadcast news about mental illness is framed, and sometimes only made newsworthy, by its off-beat, curious or bizarre character. These stories have the potential to be particularly offensive to consumers and mental health professionals and carers, especially if they have a demeaning tone, if they trivialise issues, and if they marginalise individuals or groups."*

**SOURCE: *The Media Monitoring Project: A Baseline Description of How the Australian Media Report and Portray Suicide and Mental Health and Illness*, Commonwealth Department of Health and Aged Care, Canberra, Australia**

**6. Journalists should resist the temptation to typecast or stereotype people who have taken their own lives or who are at risk of suicide as for instance victims, helpless sufferers, no-hopers, mad, vengeful, brave, heroic or "someone who had everything to live for".**

**Use phrases like:**

- A suicide
- Die by suicide
- A suicide attempt
- A completed suicide
- Person at risk of suicide
- Help prevent suicide

**SOURCE: *Media Guidelines on Portrayals of Suicide*, The Samaritans, UK**

*"Don't use religious or cultural stereotypes."*

**SOURCE: *Preventing Suicide: A Resource for Media Professionals*, Suicide Prevention Project (SUPRE), World Health Organisation**

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

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

**Recommendations for language:**

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

- *Contrasting "suicide deaths" with "non-fatal attempts" is preferable to using terms such as "successful," "unsuccessful" or "failed."*

**SOURCE: *Reporting on Suicide: Recommendations for the Media***, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA

7. Problems can often arise (in print and on-line) publications because a (page-layout) sub-editor, whose job is to encourage readers to absorb information, does not take into account the likely impact upon relatives and friends of the bereaved. Trivialisation and sentimentality are as likely to be traumatic as sensationalism.

Highlighting quotes out of context, and the use of 'shock tactics' (in layout) can cause more than offence. Where possible, reporters who have met or interviewed the people involved should seek opportunities to discuss problematic issues with the sub-editor.

[Avoid:]

- *"Language or presentation which trivialises, romanticises, or glorifies suicide, particularly in papers which target a youth readership;*
- *Loose or slang use of terms to describe various forms of mental illness, and the risk of stigmatising vulnerable people that may accompany such labels."*

**SOURCE: *Reporting Guidelines - Reporting of Suicide***, Australian Press Council

8. The World Health Organisation makes some strong points about the treatment of images - especially headlines and pictures - when portraying suicide.

*"Sensational coverage of suicide should be assiduously avoided, especially when a celebrity is involved. The coverage should be minimised to the extent possible..."*

*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."*

**SOURCE: *Preventing Suicide: A Resource for Media Professionals***, Suicide Prevention Project (SUPRE), World Health Organisation

*"Photographs should not feature the suicide scene, precise location or the method. Photographs of the scene may lead to imitative actions by people who are vulnerable."*

**SOURCE: *Media Resource for the Reporting and Portrayal of Suicide***, Department of Health and Aged Care, Canberra, Australia

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

**SOURCE: *Reporting on Suicide: Recommendations for the Media***, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center. USA

9. How can journalists balance these strictures with media demand for imaginative and striking images? Prize-winning former UK newspaper editor Harold Evans suggests in his bible of photo-journalism that we pose four leading questions when trying to decide whether any photograph of violence is offensive:

*"Is the event it portrays of such social or historical significance that the shock is justified? Is the objectionable detail necessary for a proper understanding of the event? Does the subject freely consent? Is the photograph expressive of humanity?"*

*Not all these questions need to be answered in the affirmative, but at least one must to justify a shocking publication."*

**SOURCE:** from Introduction, *Pictures on a Page - Photo-journalism, Graphics and Picture Editing*, Harold Evans

**10. Participants should discuss alternative ways of taking and using effective images that get round the issues of privacy, confidentiality, permission and the "copycat effect". They should be encouraged to come up with some effective examples.**

They should debate the problems associated with using images out of context and the pitfalls of image manipulation. They should consider how stories and images are placed on the page or in programmes and schedules. They should be aware of how to avoid juxtaposing them insensitively with other stories, images, programmes or adverts.

Widespread and repeated coverage in different parts of the media means that sufferers often feel they are never able to escape their trauma. Anniversaries of tragic events can also trigger renewed stress.

*"We also issued photographs and video footage to be used at the time for specific reasons. On the downside we failed to appreciate that the media would feel that they could use this very personal material indiscriminately and without prior permission from us. This has upset us deeply. We constantly feel nervous about when, without warning, Sophie's face will appear on television."*

**Source:** The father of Sophie Hook describes his experience of coping with media interest when his daughter was abducted and murdered in 1995, from *Managing grief in the media spotlight* by Chris Hook, in Report & Recommendations of the Child Exploitation & the Media Forum, PressWise, UK

**11. There is very little training and support for media professionals covering traumatic events. Participants need to consider how they themselves respond to traumas in their personal and professional lives and how they handle the effects.**

*"Look after yourself. Reporting suicide can be very distressing in itself, even for the most hardened news reporter, especially if the subject touches something in your own experience. Talk it over with colleagues, friends, family or The Samaritans."*

**SOURCE:** *Media Guidelines on Portrayals of Suicide*, The Samaritans, UK

**SESSION TWO:        SENSITIVITY vs SENSATIONALISM**

The purpose of this session is to look at different ways of covering suicide. Although participants will be looking at various examples of so-called good and bad practice, the object of the exercise is to identify what constitutes *best practice*.

**NOTE FOR WORKSHOP LEADERS**

*It may be helpful to start this session with a brief personal 'off the record' commentary from a family member about how the media covered the suicide of a relative. Suitable speakers may be found by approaching suicide prevention or mental health user groups. The speaker should be made aware of who they will be addressing and why. Participants should be prepared to agree that the speaker will not be quoted without prior consent.*

**Exercise 3        Media portrayal of suicide - what is good or bad practice?****Either**

Participants to form into small working groups of 3-4 people. Each group to discuss various examples of suicide coverage brought along by participants from their own media outlets or other sources. One group member to feed back the group's findings to the main session.

**Or**

Participants view and discuss collectively a variety of examples selected by the trainer from print, broadcast and online media.

1. Best practice should balance the imperative to capture the audience's interest with the need to raise public awareness of the broader issue of suicidal behaviour.

Responsible reporting should incorporate:

- a strong but non-sensational angle
- sensitive and dignified treatment
- accuracy and avoidance of speculation
- clear understanding of the complexities and related mental health issues
- awareness of suicide prevention strategies
- mention of support groups and helplines
- concern for bereaving families and friends
- particular recognition of the rights of children and young people under 18
- careful and appropriate use of language and images
- avoidance of negative stereotypes
- proper regard for privacy and confidentiality
- discerning use of official and non-official sources of reliable information.

2. Participants should recognise the importance of researching suicide and suicidal behaviour using non-official or "alternative" sources as well as the obvious official contacts. For instance they should be approaching suicide organisations, mental health user groups, bereavement agencies, children's and young people's helplines, therapists or counsellors.

It's not enough to go for "A doctor says..." approach in order to knock off a quick quote or soundbite. Just what is the definition of an 'expert' in this context?

Journalists should be prepared to fight for the time to ask people who have experienced suicidal feelings, or those of others, for their views and reactions. They should publish or broadcast their first-hand accounts to give the wider audience a better understanding of how people in this position think and feel.

**This strategy also helps journalists become more aware of the potentially damaging effect of media coverage and encourages them to adopt a more sensitive approach to the broader issue of suicide behaviour.**

*"Those of us who have experienced mental ill health are all too familiar with people talking on our behalf about what is best for us. We have become a distant and excluded part of the picture. To remove the stigma and challenge the myths that surround mental illness, it is vital that our views on issues such as new legislation, discrimination and medication are at the core of news reporting."*

**SOURCE:** Lionel Joyce, Chairman, Turning Point, UK

**3. A press survey by the UK Media Bureau in 2001 revealed that most journalists believed the main barrier to contacting people with mental health problems was that they were not sure who to approach.**

**The biggest barriers to mental health user groups getting involved with local or national newspapers were not knowing who to contact and fear of negative coverage.**

*"This study has highlighted the near absence of the voice(s) of people who have experienced mental health problems in stories specifically about mental health. Both journalists and service users agree that coverage of mental health can be greatly improved. This is evident by the fact that only a quarter of press articles analysed contained positive messages, found more frequently in national press than regional..."*

*Many journalists would like to include the perspective of people who have had experience of mental ill health, but don't know who to contact. They are in fact, far more likely to talk to a psychiatrist than a service user. This was echoed by the fact that hardly any service user groups questioned had been contacted by a national journalist. Communication is slightly better between regional press and service users..."*

*It seems from this research that when journalists and mental health service user groups do speak to each other, the resulting reporting is often both accurate on issues relating to mental health and positive in its approach..."*

*Clearly one of the best ways of breaking down the damaging stereotypes about mental health is for the press to speak to those with direct experience of mental distress and vice versa. It's only by doing this can a more balanced approach to reporting on mental health be achieved."*

**SOURCE:** *Mental Health and the Press*, The Media Bureau, UK

**By the end of the discussion, participants should be building up to the conclusion that media professionals need some sort of consensus on how to report suicide. This should lead you naturally into the next exercise.**

**Exercise 4** Media portrayal of suicide - are there any rights and wrongs?

A collective exercise aimed at:

- sharing information and experience
- meeting gaps in participants' knowledge
- discussing the relative effectiveness of legal restrictions and voluntary reporting guidelines
- encouraging best practice.

Each participant to be handed a worksheet containing up to 10 questions about the law relating to suicide and about media industry-based standards regarding suicide coverage. The questionnaire should be completed collectively.

**WORKSHEET 2** Legal and Ethical Guidelines**1. What is the legal definition of suicide?**

Suicide is the killing of oneself.

Suicide is not a crime in the UK - it was decriminalised in 1961. (It took until 1993 in the Republic of Ireland.) But it is still a crime to help another person take their own life or to attempt it.

**NOTE** - The outdated term "to commit suicide" goes back to when it was still a criminal offence.

**2. How does the law restrict the reporting of suicide when it occurs?**

There are no specific reporting restrictions in the UK regarding suicide cases, provided no crime is suspected. However, police and coroner's officers (and procurator fiscals in Scotland) will normally delay naming the dead person until all next of kin have been informed, until formal identification has taken place or until after a post-mortem has been held.

Official confirmation of the cause of death will not take place until an inquest is held. However, if appropriate, police might confirm at this stage that there are "no suspicious circumstances". There are no legal restrictions on media speculation or information gained from non-official sources.

In England and Wales a coroner has to investigate all sudden, violent, unnatural or unexplained deaths. Only about 1 in 9 deaths referred to the coroner becomes the subject of an inquest.

An inquest must be held into all deaths which are violent or unnatural, which cannot be satisfactorily explained, or which take place in some sort of custody. It follows that all suspected suicide cases are the subject of an inquest.

In Scotland, all sudden, suspicious or unexplained deaths are the subject of inquiry by the procurator fiscal, who in certain circumstances may hold a fatal accident inquiry (FAI).

A mandatory FAI must be held into a work-related death or a death in legal custody. A discretionary inquiry may be held when it appears to be "in the public interest" - normally encompassing the broad issues of public safety and public concern. The wishes of the next of kin are considered to be important in deciding whether to hold an FAI. It follows that FAIs into suspected suicide cases only take place in specific circumstances.

3. How does the law restrict reporting at a formal hearing held to determine the cause of death (e.g. inquest or fatal accident inquiry)?

All inquests must be held in public except those, or parts of those, that are held in private in the interests of national security.

If a crime is suspected, an inquest will be opened and adjourned until after criminal proceedings are completed.

The purpose of the inquest is to confirm who the dead person was and when, where and how s/he met their death.

A verdict must not appear to determine criminal liability on the part of a named person or civil liability.

A verdict of suicide (or "killed him/herself") has to be proved "beyond reasonable doubt", which is the same standard used in criminal trials. The same goes for a verdict of unlawful killing, when the killer must not be named.

Other common verdicts (including natural causes, accident, misadventure and open verdict) need only be reached "on the balance of probabilities".

*"The open verdict is used where there is not sufficient evidence to justify any definite verdict. This most often happens in cases where people have brought about their own death but it is not clear whether they intended to do so."*

**SOURCE: A Short Guide to Inquests, INQUEST, UK**

Occasionally a suicide verdict that includes the words "contributed to by neglect" or "lack of care" might arise after a self-inflicted death in prison, police custody, hospital or a secure psychiatric unit. There are enormous legal complexities attached to such a finding.

*"The law on this particular verdict is rather obscure."*

**SOURCE: A Short Guide to Inquests, INQUEST, UK**

Fair, accurate and contemporaneous reports of inquests held in public are protected by absolute privilege.

Coroners are allowed to take written rather than oral evidence from a witness where the evidence is unlikely to be disputed. The coroner must announce publicly the name of the witness and read aloud their evidence unless he or she directs otherwise. This means coroners can lawfully withhold evidence, thus limiting the information made available to the media and public.

Under this rule it has become customary for coroners not to read out suicide notes or psychiatric reports.

Coroners must summon a jury where there is "reason to suspect" that the death occurred in prison, in an industrial accident, in police custody or as a result of injury inflicted by a police officer.

Coroners also have discretion to summon a jury in other cases. Coroners' juries have between seven and eleven members, summoned at random from the electoral roll, like other jurors.

Scottish fatal accident inquiries are held in the Sheriff Court before a Sheriff. Fair, accurate and contemporaneous reports of FAIs are protected by absolute privilege.

**4.a. What industry guidelines or codes of practice on suicide exist for print media?**

Find out what, if any, print guidelines exist in the country or region hosting your particular workshop. If guidelines or codes of practice make no specific mention of suicide, find out how regulations cover the issues of privacy, taste and decency.

Do any of these guidelines refer writers and editors to governmental agencies, national associations or voluntary organisations for advice?

See also: *Covering Suicide Worldwide: Media Responsibilities*, Bill Norris & Mike Jempson, The PressWise Trust, with Lesley Bygrave, Befrienders International

In the UK:

UK print industry regulators make no specific mention of suicide. Clause 5 of the newspaper industry's code of practice, policed by the Press Complaints Commission, mirrors the approach found in similar regulations covering privacy, taste and decency: *"In cases involving grief or shock, enquiries must be carried out and approaches made with sympathy and discretion. Publication must be handled sensitively at such times, but this should not be interpreted as restricting the right to report judicial proceedings."*

The UK Guild of Editors says the manner of suicide reporting should be at an editor's discretion and will depend on individual circumstances.

The National Union of Journalists (UK and Ireland) and the Institute of Journalists (UK) also make no specific mention of suicide in their codes of conduct.

**4.b. What industry guidelines or codes of practice on suicide exist for broadcast media?**

Find out what, if any, broadcast guidelines exist in the country or region hosting your particular workshop. If guidelines or codes of practice make no specific mention of suicide, find out how regulations cover the issues of privacy, taste and decency.

Do any of these guidelines refer producers and editors to governmental agencies, national associations or voluntary organisations for advice?

See also: *Covering Suicide Worldwide: Media Responsibilities*, Bill Norris & Mike Jempson, The PressWise Trust, with Lesley Bygrave, Befrienders International

In the UK:

The UK broadcasting media do make specific mention of suicide in programme codes and guidelines. Some refer programme producers to The Samaritans for guidance.

The Broadcasting Standards Commission's code of practice says:

*"There should normally be no detailed demonstration nor description of the means of suicide before the watershed. It is particularly important to avoid detailed portrayal of a suicide when there is some novel aspect that may be copied. Care also needs to be taken over the use of words to describe the event.*

*There is evidence that both imitative suicide attempts and the presence of curious spectators can be discouraged by leaving details as to method or locations imprecise. It should be borne in mind that late evening and early morning are periods when loneliness and isolation are at their most intense for vulnerable people.*

*Broadcasters are reminded that The Samaritans are available to offer help and advice in this area."*

**The British Broadcasting Corporation's producers' guidelines state:**

*"Reported suicides may encourage others. We should not try to add to this risk. They should be reported in moderate terms. Reports should usually avoid details of method: describe them in general terms unless there is a good reason to go into detail. When the method used is unusual, reports should continue to be circumspect."*

**The Independent Television Commission's programme code says:**

*"Common sense dictates that the subject of suicide be handled with care and discretion, particularly in popular drama serials. There should be no more detailed demonstration of the means or method of suicide than is justified by the context, scheduling and likely audience for the programme. Where appropriate, professional advice or guidance should be sought from voluntary organisation such as the Samaritans."*

**The Radio Authority programme code states:**

*"Methods of inflicting pain or injury, particularly if ingenious or unfamiliar or capable of easy imitation, must not be described or portrayed without the most careful consideration. There should be no more detailed description of the means or method of suicide than is justified by the context, scheduling and likely audience. Where appropriate, professional advice or guidance should be sought (e.g. the Samaritans)."*

**5. Are they statutory or self-regulatory?**

**Find out whether any existing guidelines in the country or region hosting your particular workshop are subject to statutory controls, or whether the media practises voluntary self-regulation.**

**In the UK:****Self-regulatory guidelines**

Newspapers in the UK are self-regulated and not subject to statutory controls. The Press Complaints Commission is entirely funded by the industry via the Press Standards Board of Finance (PressBof), to which five newspaper trade associations contribute more than £1 million a year. Its sole brief is to adjudicate on complaints about breaches of its voluntary code of practice, rather than to tackle broader issues involving standards.

The BBC is a corporation established under a Royal Charter, which sets out its public obligations. It is funded mostly from the television licence fee.

It is regulated by a separate agreement under the charter that recognises the BBC's editorial independence. It publishes its own producers' guidelines. Complaints about television and radio programmes and on-line content are dealt with internally and can lead to a broadcast or on-line correction, or an on-air apology.

**Statutory codes**

The Broadcasting Standards Commission is funded partly by the state and partly through a levy on the broadcasting industry. It has a statutory duty to determine standards of fairness and decency in broadcasting - both in the public and commercial sectors. It can consider complaints from the public under its code of practice, but cannot instigate them. If the complaint is upheld the broadcaster must publish the finding, which also appears in the BSC's regular report.

The Independent Television Commission licenses and regulates commercial television in the UK under the Broadcasting Acts of 1990 and 1996. It looks after viewers' interests by setting and maintaining standards. The ITC monitors programme content through its programme code, investigates complaints and regularly publishes its findings. It has the power to impose penalties. It can issue a formal warning, require on-screen corrections or apologies, disallow a repeat or impose a fine. In the most extreme cases it can shorten the term of a licence or even withdraw it altogether.

The Radio Authority is also a statutory body set up under the Broadcasting Acts of 1990 and 1996 to license and regulate independent radio in the UK. The Authority's news and current affairs code requires coverage to be accurate and impartial. Its programme code sets out the rules to be observed generally in programmes. It investigates complaints under the codes and can also impose penalties. It can issue an admonishment, demand an on-air apology, require a correction, impose a fine or even shorten or revoke a station's licence.

All of these bodies (apart from the PCC) are to be merged into a single regulatory body - OfCom - in 2003. OfCom will deal with accuracy and fairness but is expected to operate a much 'lighter touch' as part of a liberalisation of media regulation.

## 6. What guidance exists from non-media organisations?

Find out what, if any, guidelines from non-media organisations exist in the country or region hosting your particular workshop.

**In the UK:**

- *Media Guidelines on Portrayals of Suicide* The Samaritans, UK (2002)

**Leading international resources available in English include:**

- *Preventing Suicide: A Resource for Media Professionals*  
Suicide Prevention Project (SUPRE), World Health Organisation
- *Reporting on Suicide: Recommendations for the Media*  
American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA. (Developed in collaboration with the US Office of the Surgeon General, Centers for Disease Control and Prevention, National Institute of Mental Health, Substance Abuse and Mental Health Services Administration; World Health Organisation, National Swedish Centre for Suicide Research, New Zealand Youth Suicide Prevention Strategy)
- *Media Resource for the Reporting and Portrayal of Suicide*  
Department of Health and Aged Care, Canberra, Australia
- *Advice to the media on reporting suicide*  
US Centers for Disease Control and Prevention & the American Association of Suicidology
- *Suicide and the Media: the Reporting and Portrayal of Suicide in the Media, A Resource*, Youth Suicide Prevention Strategy, New Zealand

**Most organisations concerned with suicide and mental health issues do not have their own media guidelines but are very happy to give information, advice and guidance to media professionals if approached. Many publish excellent fact sheets about suicide issues, including statistics.**

See the Sources list in Appendix.

**Refer to specific organisations, including websites, that you have found useful.**

**Participants should consider the usefulness of guidelines drawn up by outside agencies.**

- **To what extent do these attempt to limit editorial independence or "press freedom"?**
- **Are they pejorative or merely persuasive?**
- **To what extent do they try to explain *why* sensitivity is important?**
- **Would they want to recommend them to a colleague?**

**7. What is your workplace policy on portrayal of suicide?**

Trainers should encourage participants to talk about the existence or non-existence of individual workplace policies on reporting suicide and other sudden deaths.

- Do we need them?
- Are they written policies, or simply "received wisdom"?
- To what extent do they balance public interest and private grief?
- How workable are they?
- Do they go far enough?
- How do they compare with existing industry guidelines and codes of practice?
- What would happen if a reporter felt uneasy on ethical grounds about covering a particularly sensitive assignment?
- Where could s/he get support?

**8. Have you ever received specific training on how to cover suicide?**

All professionally accredited journalism training courses cover suicide reporting from the legal perspective - particularly coverage of official hearings into the cause of sudden or unnatural death (e.g. inquests and fatal accident inquiries). A distinguished few consider the ethical implications of covering violent or sudden deaths, including suicide and suicidal behaviour.

Ask participants to share any personal experience of such awareness training.

See also: *Training... What training?* in *Covering Suicide Worldwide: Media Responsibilities* Bill Norris & Mike Jempson, The PressWise Trust, with Lesley Bygrave, Befrienders International

Traditionally, journalists resist being told how to do their job by outside agencies or even by other media professionals. So they need to be encouraged to develop their own strategies for an organised and responsible approach to suicide coverage.

These issues will be discussed and taken further during the concluding exercise "Where do we go from here?" in Session Four.

**SESSION THREE: RESPONSIBLE REPORTING****Exercise 5 Practical case studies**

This is a role-play exercise involving a selection of practical case studies reflecting real-life professional scenarios.

Participants should form small groups of 3-4 representing television, radio, print or online journalists. Each group could tackle a different story outline or tackle the same outline for comparative purposes.

Each group has 20 minutes to plan news or features coverage of the story in the outline, before reporting back to the main session.

**NOTE:** Participants are not being asked to produce a story - just plan it.

**WORKSHEET 3 Story Outlines**

When working on the case studies, each group should consider the following: -

- What key questions will you ask?
- What sources will you use?
- Who will you want to interview?
- What angles might you consider?
- What images would you choose?
- What ethical issues does this story raise?

1. **A pop idol with a history of self-harm dies from a cocktail of heroin and alcohol. It is unclear whether he intended to take his own life.**

Extra care is needed when reporting celebrity suicide. Young people in particular could be tempted to imitate the behaviour of public figures.

*"It is important that when a public figure suicides, care is taken to report all the facts such as use of drugs and prior mental health problems. Minimal coverage of the suicide method used is particularly advised."*

**SOURCE: Suicide and the Media: the Reporting and Portrayal of Suicide in the Media, A Resource,** Youth Suicide Prevention Strategy, New Zealand

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

**SOURCE: Reporting on Suicide: Recommendations for the Media,** American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.

2. **A young Asian woman dies weeks after taking a large quantity of Paracetamol. Friends say she was a brilliant and dedicated student who had been resisting an 'arranged marriage'.**

3. **A young man jumps to his death from a bridge that is a traditional meeting place for local lovers. Family and friends assert he "had everything to live for".**

4. **A teenage girl is found dead hanging from a tree at a beauty spot, just hours after quarrelling with her boyfriend at a celebration party. Her mother claims her daughter could not have managed to do it by herself.**

**Young people are particularly at risk from suicide and self-harm.**

*"Research suggests that inadvertently romanticising suicide or idealising those who take their own lives by portraying suicide as a heroic or romantic act may encourage others to identify with the victim..."*

*Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.*

*The cause of an individual suicide is invariably more complicated than a recent painful event such as the break-up of a relationship or the loss of a job. An individual suicide cannot be adequately explained as the understandable response to an individual's stressful occupation, or an individual's membership in a group encountering discrimination. Social conditions alone do not explain a suicide.*

*People who appear to become suicidal in response to such events, or in response to a physical illness, generally have significant underlying mental problems, though they may be well-hidden."*

**SOURCE: Reporting on Suicide: Recommendations for the Media**, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.

5. **Some 200 members of a religious cult, including 50 children, die in a deliberate fire at their remote mountain camp. Police are treating it as "mass suicide".**

6. **An elderly couple die in a suicide 'pact', apparently having consumed aspirin and pills for depression with large quantities of wine. They were found in bed holding hands, with their dead dog in a pool of blood at their feet. Neighbours say they "seemed a lovely couple".**

*"Suicide pacts are mutual arrangements between two people who kill themselves at the same time, and are rare. They are not simply the act of loving individuals who do not wish to be separated. Research shows that most pacts involve an individual who is coercive and another who is extremely dependent."*

**SOURCE: Reporting on Suicide: Recommendations for the Media**, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.

7. **A police officer bludgeons his wife and two children to death with a hammer before hanging himself from the banisters. Two other children witness the incident and run screaming to neighbours. His colleagues claim his wife was having an affair with a younger man.**

**Be aware of the rights of the surviving children - including privacy and confidentiality. Are there any legal codes or professional guidelines that relate specifically to media coverage of children in the region or country hosting the seminar?**

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

**SOURCE: Reporting on Suicide: Recommendations for the Media**, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA.

8. A controversy erupts over the fictional portrayal of a young woman's suicide attempt by drinking Paraquat - a weedkiller - in a TV soap drama. Casualty departments complain they have had to deal with a spate of 'copycat' incidents.

It is important that media organisations encourage people at suicide risk to seek help and that they provide details on where to get it.

In the UK, academic research revealed that the number of people attempting self-poisoning jumped 17% in the week after an episode of the BBC hospital drama *Casualty* featured a similar suicide bid. It portrayed a depressed Royal Air Force pilot who took an overdose of Paracetamol.

The 17% increase in overdoses in the first week after the programme was followed by a 9% increase in the second week. Levels were back to normal in the third week.

The study, by Professor Keith Hawton of Oxford University and published in the *British Medical Journal in April 1999* found that the increase was greatest among those aged 25 to 34 - the same age as the man depicted taking an overdose in *Casualty*.

It said: "There was no evidence of an impact on deaths from Paracetamol poisoning, but this is not surprising as mortality from Paracetamol poisoning is relatively low.

"Casualty viewers might be more aware of Paracetamol as a dangerous means of overdose because of their general interest in medical matters.

"However, after the broadcast the proportion of patients who were *Casualty* viewers and used Paracetamol for self-poisoning doubled.

"This is an important finding suggesting that viewing the episode had influenced the choice of substance."

Another UK study, published simultaneously in the *British Medical Journal*, found that the same episode of *Casualty* improved people's awareness of the dangers of Paracetamol.

A week after the episode was broadcast researchers sent questionnaires to members of the BBC Television Opinion Panel.

It questioned their knowledge about the effects of Paracetamol on the liver, and the questions were repeated after 32 weeks. They found that those who had watched the programme had a greater level of knowledge on the subject than those who had not, and that they retained that knowledge.

The study led by Dr Susan O'Connor of the United Bristol Healthcare Trust, said:

"Television is an important potential source of medical information. Medical messages broadcast within television programmes are likely to have an impact on the knowledge of the general public. Editors should be aware of this and ensure they are accurate and complete."

9. A farmer dies after drinking glyphosate – a weedkiller. His family is awarded substantial financial compensation. Neighbours say he had money problems and risked losing his farm. There are reports claiming 'copycat' incidents by other farmers who feel their families might "benefit".

10. A jumbo jet operated by Middle Eastern airline crashes into the sea. A leaked air traffic control tape seems to imply that the pilot crashed the plane deliberately, while uttering a prayer of forgiveness. Unconfirmed reports suggest he had financial problems.

When an EgyptAir flight plunged into the Atlantic in 1999, killing all 217 people on board, the US media speculated that the crash was caused by a crew member on a suicide mission.

Reports quoted one investigation official saying co-pilot Mr Batouti abruptly took over the controls after ordering another co-pilot out of his seat by "pulling rank" on him. Other reports focused on the fact Mr Batouti could be heard on the cockpit voice recorder repeating the words "I put my trust in God" in the final moments of the flight.

But Egypt's foreign minister Mr Amr Moussa told the BBC that media reports had failed to understand basic facts about the Muslim faith.

*"Many of us, when embarking on doing something say a few words invoking the help of God. But in a case of suicide you should ask for forgiveness and those were not the words uttered, which means there was nothing as intentional as suicide on the part of the co-pilot."*

The *New York Times* said investigators were suspicious about why Mr Batouti had suddenly taken over the controls when he was not scheduled to fly the plane until later in the trip. The newspaper, quoting three unnamed officials, said the investigators' interest in Mr Batouti was aroused both by his reference to God and by "the abrupt way he took the co-pilot's seat".

An international airline pilots' group also denounced the media frenzy about the suicide theory. Captain Ted Murphy, president of the International Federation of Airline Pilots' Associations, which represents 100,000 commercial pilots, was scathing over how quickly it had gained credibility.

*"It just appals me that we had all this personal information about the co-pilot," he added.*

Mr Murphy said this, combined with incorrect interpretations of the cockpit recorder, *"have been deeply hurtful to the families of the crew...to EgyptAir and to all professional flight crew."*

**11. Ten people die when a bus explodes in a city centre. Among the dead and injured are a party of schoolchildren. Eyewitnesses say that a man and a young woman boarded the bus a few seconds before the bomb went off.**

*Although the term "suicidal" is currently being used to describe the individuals responsible for the recent (9/11) tragedies in New York, Washington and Pennsylvania, it is important to remember that the vast majority of suicidal persons are no threat to others.*

*Terrorists who kill themselves in fulfilment of their mission are in a separate category. These individuals are not primarily suicidal, but may be willing to sacrifice their lives for a cause, to advance an ideology, or to martyr themselves in service to a charismatic leader against a perceived enemy. Clearly, the recent tragedies serve as horrific examples of this. In these cases, individuals who take their lives and the lives of others are not necessarily suffering from mental illness.*

**SOURCE: *Suicide and Terrorism*, American Association of Suicidology**

**Reuters reported from Washington on 13 April 2002:**

*President Bush's spokesman has added a new phrase to the White House Middle East lexicon: homicide bombers.*

*That's how spokesman Ari Fleischer described the latest attack on Friday in which a young Palestinian woman strapped explosives to her body and detonated near a crowded open-air market in Jerusalem killing six people and wounding another 90.*

*"The president condemns this morning's homicide bombing," Fleischer told reporters. He called on Palestinian leader Yasser Arafat to "speak out and denounce today's homicide attack." Asked why he had stopped referring to "suicide bombers," as he has in the past, Fleischer said the new term was more accurate.*

*"These are not suicide bombings. These are not people who just kill themselves. These are people who deliberately go to murder others, with no regard to the values of their own life," he said. "It's not suicide, it's murder."*

**12. Three psychiatric in-patients - a woman in her 20s and two boys in their late teens - plunge to their death on to rocks at a well-known beauty spot. Police had issued a 'missing persons' appeal after they failed to return to a residential mental health unit.**

**13. A convicted child murderer is discovered hanging in his prison cell. His family have accused the prison authorities of negligence and demanded a full inquiry. They claim staff ignored clear warning signs.**

**Participants should consider carefully how much emphasis they place on personal circumstances and how much they concentrate on institutional failings.**

*Many [deaths in custody] raise issues of negligence, violent and inhumane treatment within institutions and concerns about state and corporate accountability.*

**SOURCE:** INQUEST, UK

*For many families, a death in custody may seem like a second bereavement because they have already lost their family member to prison...*

*They need to work through a turmoil of emotions and may see the way prisons sometimes behave as yet another rejection.*

**SOURCE:** *Suicide is Everyone's Concern. A Thematic Review*, HM Chief Inspector of Prisons for England and Wales, May 1999

**In the UK, when a prisoner dies several investigations proceed in parallel - the Prison Service internal investigation, the coroner's inquest and possibly a police investigation. The coroner's inquest must be held in front of a jury.**

**CHECKLIST FOR TRAINERS*****In reviewing the story plans consider the following:***

- *Have they structured and treated the story in a compelling and topical way?*
- *Or have they tried so hard to be responsible that they've over-sanitised the issues?*
- *Have they avoided sensationalising the issue?*
- *Have they included explicit or technical details of mechanisms and procedures (e.g. name and number of tablets)? If so, why is this necessary?*
- *Have they inadvertently romanticised suicide by emphasising the "positive" results (e.g. "troubles" being over)?*
- *Have they avoided inadvertently glorifying people who end their lives as martyrs or objects of public adulation?*
- *Have they emphasised that suicide is a poor choice for resolving a crisis and suggested realistic ways of seeking help?*
- *Have they considered seeking expert advice on ways of depicting the story?*
- *Are they intending to use "official" as well as "unofficial" or alternative sources of reliable information?*
- *Have they provided details of further sources of information and advice (help-lines etc.)?*
- *Have they included information about the warning signs of suicidal behaviour?*
- *Have they emphasised that a variety of factors will have contributed to the suicide?*
- *Have they used appropriate language?*
- *Have they avoided cultural or gender stereotypes?*
- *Have they taken account of the impact their item will have on families and other survivors?*
- *What innovative methods have they used to get around issues of privacy and confidentiality?*
- *What alternative ways have they found to create striking images that also respect dignity and/or anonymity?*
- *What ideas have they for expanding on the issues raised in this story (e.g. background pieces, features and programmes)?*
- *Have they considered the effect on themselves?*

**SESSION FOUR: CONCLUSIONS AND RECOMMENDATIONS**

In this final session, participants should debate the value of drawing up their own specific guidelines on suicide coverage either within the workplace or specific industrial sectors, or through journalists' unions or professional associations. These could pave the way for regional and national versions based on best practice models from round the world

They could accompany general ethical codes and be used as weapons to take up suicide-related issues with editors, publishers and broadcasters.

**Exercise 6: Encouraging responsible reporting**

This is a collective exercise in which all participants should be encouraged to contribute ideas for a set of professional media guidelines on portrayal of suicide.

How do we maintain a responsible and sensitive approach to suicide coverage? How can we encourage a similar practice among colleagues?

These guidelines should not seek to impose standards or ready-made solutions. Instead they should inspire journalists to develop practical strategies and to set their own voluntary codes of conduct.

Above all they should be workable, so participants will be prepared to take them back for implementation in the workplace.

*"Such guidelines need to be short and simple. The longer and more complex they are, the more they are open to misinterpretation and the more prescriptive they can appear to be.*

*To be effective they have to be of assistance to journalists rather than a hindrance or a source of resentment. And they need to be based on reliable, factual information rather than surmise if they are not to be dismissed as a distraction by the more cynical."*

**SOURCE: *Covering Suicide Worldwide: Media Responsibilities*, Bill Norris & Mike Jempson, The PressWise Trust, with Lesley Bygrave, Befrienders International**

Participants could begin with a look at existing media codes and guidelines that cover the issues of taste and decency, privacy and intrusion, confidentiality, depiction of violence, children and young people. They could also refer to guidelines on media coverage of suicide and mental health issues issued by non-media sources.

At the end of the day, they should consider how effective these guidelines might be in saving the lives of vulnerable people. They should also think about how they might affect the lives of survivors and those who have been left behind.

**UK media guidelines and codes of practice:**

- Press Complaints Commission *Code of Practice*
- Independent Television Commission *Code of Practice*
- Broadcasting Standards Commission *Programming Code*
- Radio Authority *Code of Practice*
- BBC *Producers' Guidelines*
- National Union of Journalists *Code of Conduct*
- Institute of Journalists *Code of Conduct*

**Other UK guidelines**

- *Media Guidelines on Portrayals of Suicide*, The Samaritans, UK

**International resources available in English include:**

- *Covering Suicide Worldwide: Media Responsibilities*, The PressWise Trust, UK, with Befrienders International
- *Preventing Suicide: A Resource for Media Professionals*, Suicide Prevention Project (SUPRE), World Health Organisation
- *Reporting on Suicide: Recommendations for the Media*, American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center, USA. (Developed in collaboration with the US Office of the Surgeon General, Centers for Disease Control and Prevention, National Institute of Mental Health, Substance Abuse and Mental Health Services Administration; World Health Organisation, National Swedish Centre for Suicide Research, New Zealand Youth Suicide Prevention Strategy)
- *Media Resource for the Reporting and Portrayal of Suicide*, Department of Health and Aged Care, Canberra, Australia
- *Reporting Guidelines: Reporting of Suicide*, Australian Press Council
- *Suicide and the Media: the Reporting and Portrayal of Suicide in the Media, A Resource*, Youth Suicide Prevention Strategy, New Zealand
- *Suicide: Questions for the Newsroom*, drafted by Al Tompkins, broadcast-online group leader, Poynter Institute, Florida, USA

#### **Exercise 7      Evaluation      WORKSHEET 4**

**All participants should be asked to fill in evaluation sheets, anonymously.**

**The results should be examined carefully, and adjustments made especially where there is consensus about weaknesses in the training programme.**

#### **FEEDBACK**

- **Ask a couple of participants to sum up the messages that will take away from this workshop.**
- **To facilitate follow-up, make sure that all participants have supplied their name, position, address, phone/mobile number, fax, email.**

Arrangements should be made to contact participants 3-6 months after their participation in the workshop, to discover how useful they found it in retrospect, and the extent to which it has strengthened their ability to handle stories involving personal tragedy.

**ENDS**