Reporting on Suicide:

Recommendations for the Media

Centers for Disease Control and Prevention

National Institute of Mental Health

Office of the Surgeon General

Substance Abuse and Mental Health Services Administration

American Foundation for Suicide Prevention

American Association of Suicidology

Annenberg Public Policy Center

Developed in collaboration with

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Suicide Contagion is Real

.....between 1984 and 1987, journalists in Vienna covered the deaths of individuals who jumped in front of trains in the subway system. The coverage was extensive and dramatic. In 1987, a campaign alerted reporters to the possible negative effects of such reporting, and suggested alternate strategies for coverage. In the first six months after the campaign began, subway suicides and non-fatal attempts dropped by more than eighty percent. The total number of suicides in Vienna declined as well.[1-2]

Research finds an increase in suicide by readers or viewers when:

- The number of stories about individual suicides increases[3,4]
- A particular death is reported at length or in many stories[3,5]
- The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast[3,4]
- The headlines about specific suicide deaths are dramatic[3] (A recent example: "Boy, 10, Kills Himself Over Poor Grades")

RECOMMENDATIONS

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. 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.[1,2]

- Certain ways of describing suicide in the news contribute to what behavioral scientists call "suicide contagion" or "copycat" suicides.[7,9]
- Research suggests that inadvertently romanticizing suicide or idealizing those who take their own lives by portraying suicide as a heroic or romantic act may encourage others to identify with the victim.[6]
- Exposure to suicide method through media reports can encourage vulnerable individuals to imitate it.[10] 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.[1]
- Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.[6]

SUICIDE AND MENTAL ILLNESS

Did you know?

- Over 90 percent 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.[11-15]
- When both mood disorders and substance abuse are present, the risk for suicide is much greater, particularly for adolescents and young adults.[14,15]
- Research has shown that when open aggression, anxiety or agitation is present in individuals who are depressed, the risk for suicide increases significantly.[16-18]

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.[19-20] 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.[12]

Questions to ask:

- Had the victim ever received treatment for depression or any other mental disorder?
- Did the victim have a problem with substance abuse?

Angles to pursue:

- Conveying that effective treatments for most of these conditions are available (but underutilized) may encourage those with such problems to seek help.
- Acknowledging the deceased person's problems and struggles as well as the positive aspects of his/her life or character contributes to a more balanced picture.

INTERVIEWING SURVIVING RELATIVES AND FRIENDS

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 minimized, and motives may be complicated.[21]

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.[22,23] Accounts based on these initial reactions are often unreliable.

Angles to Pursue:

- Thorough investigation generally reveals underlying problems unrecognized even by close friends and family members. Most victims do however give warning signs of their risk for suicide (see Resources).
- Some informants are inclined to suggest that a particular individual, for instance a family member, a school, or a health service provider, in some way played a role in the victim's death by suicide. Thorough investigation almost always finds multiple causes for suicide and fails to corroborate a simple attribution of responsibility.

Concerns:

- Dramatizing 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.

LANGUAGE

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.[3]

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

SPECIAL SITUATIONS

Celebrity Deaths

Celebrity deaths by suicide are more likely than non-celebrity deaths to produce imitation.[24] 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.

Homicide-Suicides

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.[25,26]

Suicide Pacts

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.[27]

STORIES TO CONSIDER COVERING

- Trends in suicide rates
- Recent treatment advances
- Individual stories of how treatment was life-saving
- Stories of people who overcame despair without attempting suicide
- Myths about suicide
- Warning signs of suicide
- Actions that individuals can take to prevent suicide by others

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Resources

United States

- Centers for Disease Control and Prevention
  Phone: 1-800-311-3435
  http://www.cdc.gov/
- National Institute of Mental Health
  Phone: 1-301-443-4513
  http://www.nimh.nih.gov/
- Substance Abuse and Mental Health - Services Administration
  Phone: 1-800-487-4890
  http://www.samhsa.gov/
- Office of the Surgeon General
  National Strategy for Suicide Prevention
  http://www.mentalhealth.org/suicideprevention
- American Association of Suicidology
  Phone: 1-202-237-2280
  http://www.suicidology.org/

International

- Canterbury Suicide Project (New Zealand)
  Phone: +64 3 364 0530
  www.chmeds.ac.nz/research/suicide/index.htm
- National Swedish Centre for Suicide Research
  Phone: +46 08 524 870 26
  www.ki.se/suicide
- National Youth Suicide Prevention Project (Australia)
  Phone: +61 3 9214 7888
  www.aifs.org.au/
- Centre for Suicide Prevention
  Phone: 403 245-3900
  http://www.suicideinfo.ca/
- World Health Organization
  Phone: +41 22 791 21 11
  http://www.who.int/

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