



media guidelines

for reporting suicide and self-harm



SAMARITANS



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“These guidelines provide a valuable resource for those in the media who have any involvement with the reporting or portrayal of suicide and represent an important source of information to help ensure that the quality of reporting and portrayal on this important and sensitive topic is of a high standard.”

Professor Keith Hawton, Director, Centre for Suicide Research, University of Oxford



Introduction: Professor Tom Mitchell

I greatly welcome the publication of *media guidelines for reporting suicide and self-harm*. I want to commend the Irish Association of Suicidology (IAS) and Samaritans for undertaking this important initiative and for the invaluable and broad support that they have given for more than half a century to people who suffer emotional difficulties.

Suicide is a very significant problem in our society, and recession now has in no way lessened its prevalence. It claims the lives of more than 600 people annually in Ireland. It afflicts all manner of people, and sadly is often most common among adolescents and young adults.

Yet for so long it has been a neglected and indeed largely hidden phenomenon. Both Church and State have failed in many ways to respond adequately to it. It has been so stigmatised and surrounded by taboos that people have been reluctant to acknowledge or discuss it, all of which has added to the grief and guilt of those who have lost a family member or friend through suicide.

All of this is now changing fast, thanks to the work of organisations such as Samaritans and the Irish Association of Suicidology. Suicide must be brought into the open, the myths must be exploded, it must be treated like any of the many other serious forms of emotional distress or desperation that can so easily affect the human psyche. It is only through greater awareness and knowledge of the problem that the measures needed to prevent suicide or help those at risk are likely to be taken.

The media obviously can play a very important positive role in the efforts

needed to provide accurate information and greater understanding of suicide. But the reporting of incidents of suicide and self-harm raises some difficult issues. Suicide is generally newsworthy, and it is right that it should be reported. The public has a right to be informed of tragic events in their midst. But the ethical and professional standards that should govern the reporting of human tragedy have never been easy to determine. The rights of the media to inform and of the public to know should not extend to a level of detail or intrusiveness into the lives of the bereaved which only caters to morbid curiosity and aggravates the burdens of a grieving family. The Code of Practice of the Press Council of Ireland requires that sympathy and discretion must be shown in seeking information in situations of grief and shock, and that in publishing such information, account should be taken of the feelings of grieving families. In the case of suicide there is an added reason for discretion and restraint in that research shows that explicit descriptions or pictures can provoke imitative behaviour and lead to so-called copycat suicides.

The media therefore has a heavy responsibility in the manner in which it reports incidents of suicide and self-harm. I know that they are anxious to meet that responsibility. The guidelines which have been assembled by the IAS and Samaritans will be of great help in this regard. They are informative, comprehensive and based on solid data and research. I congratulate all who have contributed to the work. They deserve our thanks.

Professor Tom Mitchell

Chairman, The Press Council of Ireland

Suicide rates in the Republic of Ireland

The Central Statistics Office (CSO) has responsibility for classifying the causes of death in Ireland. For a detailed account of the procedure for classifying cause of death in Ireland see *Inquested deaths in Ireland: A study of routine data and recording procedures* (www.nsrif.ie).

The CSO routinely makes two mortality data sets available:

- by 'year of occurrence' and
- by 'year of registration' (or provisional data).

Data by 'year of occurrence' is the official data, and refers to deaths that occurred in that calendar year. Data by 'year of registration' refers to deaths which were registered with the CSO in a particular year. Deaths which occur from an external cause are often not registered in the year in which they occur, as registration happens after an inquest closes. As inquests may not take place until the following calendar year, there is an inevitable delay in registering these deaths.



All persons suicide rate per 100,000 population 2002-2007

Year	Number of deaths	Rate per 100,000 population
2002	478	12.2
2003	497	12.5
2004	493	12.2
2005	481	11.6
2006	460	10.8

Provisional suicide data by year of registration

Year	Number of deaths	Rate per 100,000 population
2007	460	10.6

- The 2006 suicide rate of 10.8 per 100,000 is the lowest reported since 1993.
- Figures for 2007 are provisional and are subject to change.

Male suicide rate per 100,000 population 2002-2007

Year	Number of deaths	Rate per 100,000 population
2002	387	19.9
2003	386	19.5
2004	406	20.2
2005	382	18.5
2006	379	17.9

Provisional suicide data by year of registration

Year	Number of deaths	Rate per 100,000 population
2007	378	17.4

- The male suicide rate reported for 2006 - 18.5 per 100,000 - is the lowest reported since 1994.
- Suicide accounts for 2.6% of all male deaths in Ireland each year, or, put differently, one in 38 male deaths each year is by suicide.

Female suicide rate per 100,000 population 2002-2007

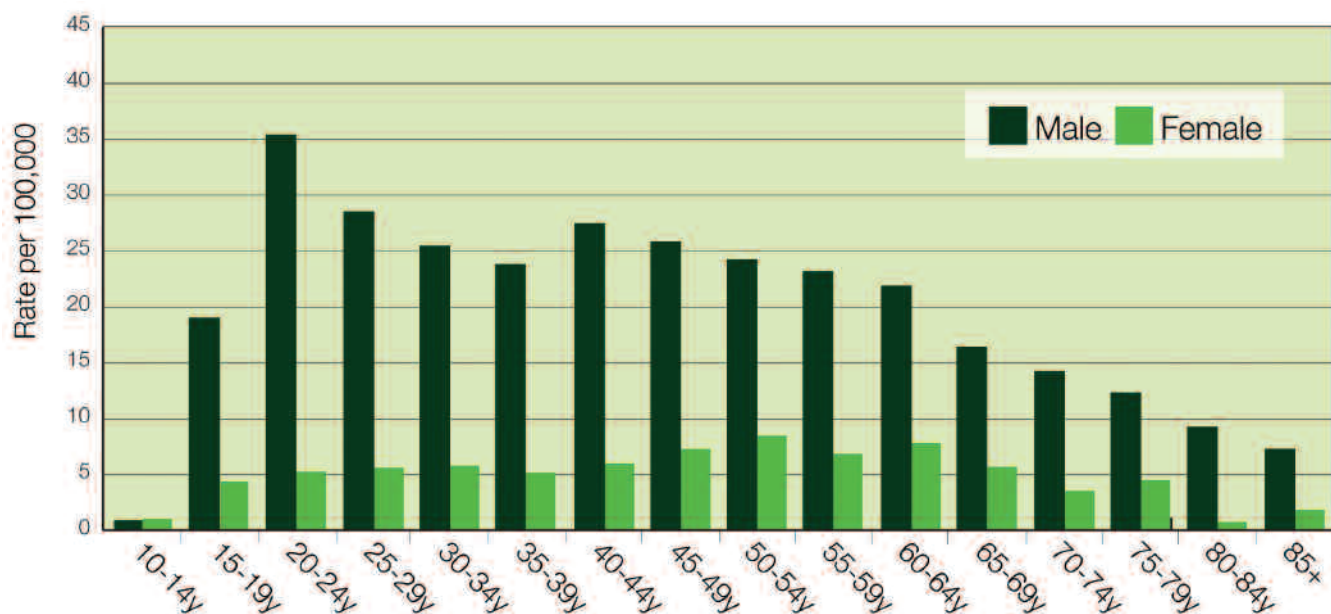
Year	Number of deaths	Rate per 100,000 population
2002	91	4.6
2003	111	5.5
2004	87	4.3
2005	99	4.8
2006	81	3.8

Provisional suicide data by year of registration

Year	Number of deaths	Rate per 100,000 population
2007	82	3.8

- The female suicide rate has remained fairly stable in recent years, accounting for an average of less than 1% of all female deaths (0.7%).
- The female suicide rate is around one quarter of the male rate giving an Irish suicide gender ratio of four male suicides to every one female suicide.

Average suicide rate by age and gender, 2002-2005 in the Republic of Ireland



- The frequency of suicide increases significantly from the middle teenage years.
 - The highest rates overall are reported for those aged between 20 and 24 years.
 - For males, the highest rates are, likewise, among those aged between 20 and 24 years.
 - Females in their early 50s account for the highest female suicide rates.
- For further up-to-date information on Republic of Ireland suicide statistics visit:
www.nosp.ie www.cso.ie

Suicide rates in Northern Ireland

All persons suicide rate per 100,000 population 2001-2007

Year	Number of registered deaths	Rate per 100,000 population
2001	158	9.4
2002	183	10.8
2003	144	8.5
2004	146	8.5
2005	213	12.4
2006	291	16.7
2007	242	13.8

- In the United Kingdom, deaths classified as 'events of undetermined intent' along with 'intentional self-harm' are classified as suicide.
- All suicides are referred to the coroner. These deaths can take time to be fully investigated and there is often a period of time between when the suicide occurs and when it is registered. For example, a significant number of suicides registered in 2007 occurred in earlier years. Of the 242 such deaths registered in 2007, 80 actually occurred in 2007, 102 occurred in 2006, 35 occurred in 2005, with the remaining 25 occurring in 2004 or earlier.
- Prior to 2004, there were seven coroner's districts in Northern Ireland. Following a review of the coroner's service, the separate districts were amalgamated into one centralised coroner's service. This change may have affected the timing of the registration of deaths, with statistics from 2004 onwards being more timely and consistent.
- The 2003 and 2004 suicide rate of 8.5 per 100,000 is the lowest reported in recent years.

NI male suicide rate per 100,000 population 2001-2007

Year	Number of registered deaths	Rate per 100,000 population
2001	132	16.0
2002	142	17.1
2003	112	13.4
2004	105	12.6
2005	167	19.8
2006	227	26.6
2007	175	20.3

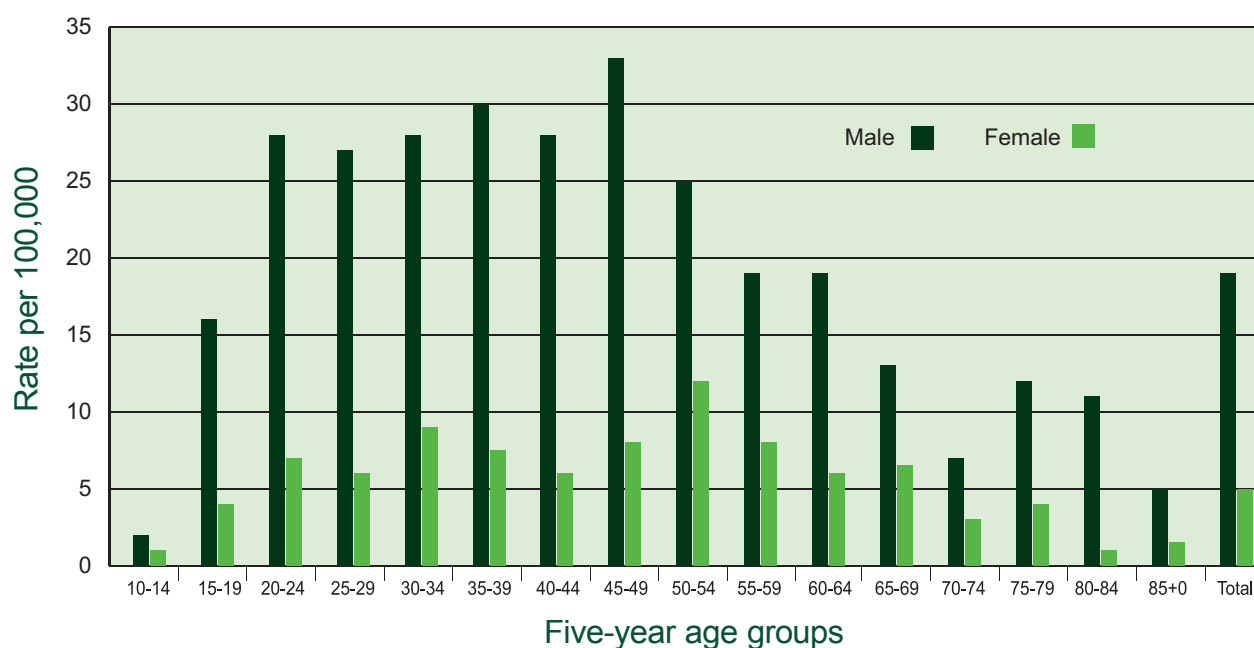
- The male suicide rate reported for 2004 – 12.6 per 100,000 – is the lowest reported in recent years.
- Suicide accounts for an average of 2.2% of all male deaths between 2001 and 2007, or, put differently, one in 45 male deaths each year is by suicide.

NI female suicide rate per 100,000 population 2001-2007

Year	Number of registered deaths	Rate per 100,000 population
2001	26	3.0
2002	41	4.7
2003	32	3.7
2004	41	4.7
2005	46	5.2
2006	64	7.2
2007	67	7.5

- The female suicide rate has been increasing in recent years, and accounts for an average of less than 1% of all female deaths (0.6%).
- The female suicide rate is around one quarter of the male rate, giving a Northern Irish suicide gender ratio of four male suicides to every one female suicide. (Rate is around a quarter, but the ratio of actual numbers over the period 2001-2007 is one female suicide for every three male suicides).

Average suicide rate by age and gender 2003-2007 in Northern Ireland



- The frequency of suicide increases significantly from the middle teenage years.
- The highest rates overall are reported for those aged between 45 and 49 years.
- For males, the highest rates are, likewise, among those aged between 45 and 49 years.
- Females in their early 50s account for the highest female suicide rates.

For further information on suicide statistics visit:
www.nisra.gov.uk

“Reporting on suicide is one of the most delicate tasks facing today’s journalists in Northern Ireland and one which carries a large degree of responsibility. A balance has to be struck between on the one hand representing the facts in the public interest, but on the other respecting the rights of the bereaved family and avoiding any references that could negatively impact upon other vulnerable people.

To this end, the IAS/Samaritans’ media guidelines are an invaluable tool, presenting the facts, offering helpful practical advice on appropriate language and debunking some of the potentially dangerous misconceptions surrounding suicide. I would urge every journalist to make themselves aware of the issues raised...”

Darwin Templeton

Editor, Belfast News Letter

Media myths

MYTH: You have to be mentally ill to think about suicide.

FACT: Most people have thought of suicide from time to time, and not all people who die by suicide have mental health problems at the time of death. The majority of people who kill themselves do have such problems, typically to a serious degree and often undiagnosed, but feelings of desperation and hopelessness are more accurate predictors of suicide.

MYTH: People who talk about suicide aren't really serious and are not likely to actually kill themselves.

FACT: People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. People may talk about suicide as a way of getting the attention they need, it is very important that everyone who says they feel suicidal is treated seriously.

MYTH: Once a person has made a serious suicide attempt, that person is unlikely to make another.

FACT: 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 previously¹.

MYTH: If a person is serious about killing themselves then there is nothing you can do.

FACT: Feeling suicidal is often a temporary state of mind. While someone may feel low or distressed for a sustained period, the actual suicidal crisis can be relatively short term. Offering appropriate and timely help and emotional support to people who are experiencing deep unhappiness and distress can reduce the risk of them dying by suicide.

MYTH: Talking about suicide is a bad idea as it may give someone the idea to try it.

FACT: When someone feels suicidal they often do not want to worry or frighten others and so do not talk about the way they feel. By asking directly about suicide you give them permission to tell you how they feel. People who have been through such a crisis will often say that it was a huge relief to be able to talk about their suicidal thoughts. Once someone starts talking and exploring their feelings and worst fears, they have a greater chance of discovering options other than suicide.

MYTH: Most suicides happen in the winter months.

FACT: Suicide is more common in the spring and summer months.

MYTH: People who threaten suicide are just seeking attention and shouldn't be taken seriously.

FACT: People may well talk about their feelings because they want support in dealing with them. The response of those close to a person who has attempted suicide can be important to their recovery, and giving them the attention they need may save their life. An attempted suicide should always be taken seriously.

MYTH: People who are suicidal want to die.

FACT: The majority of people who feel suicidal do not actually want to die but they do not want to live the life they have. Offering emotional support and talking through other options can help people come through a suicidal crisis and make the difference between them choosing to live and deciding to die.

MYTH: Women are more likely to kill themselves.

FACT: More women say they have considered suicide, but far more men than women die by suicide every year.



Copycat suicide and social contagion

Copycat suicide, suicide cluster and suicide contagion are terms that are loosely used and concepts that overlap. There are different types of suicide clusters: point clusters and mass clusters.² Point clusters are local and occur in confined geographical areas or closed institutions such as hospitals, schools and the military (armed services). These clusters may well be a result of social or behavioural contagion. Mass clusters are more widespread and the result of media reporting or portrayal of suicide. Social contagion occurs when members of a group adapt their behaviour, attitudes or beliefs to those of other members of the group.³ Social contagion or behavioural contagion can be seen in criminal and anti-social behaviour, substance abuse and suicide clusters.

Contagion is a social process that is strongest among teenagers.^{4,5,6}

Contagion may be transmitted by personal communication, the media and the influence of the internet. Certain ways of describing suicide in the news contribute to 'suicide contagion' or 'copycat' suicides.⁷ Up to approximately 13% of teenage suicides occur in clusters.⁸ The first suicide in a cluster appears to have a triggering effect on individuals who have pre-existing vulnerabilities such as a history of suicidal behaviour, depression, and those who have similarities to the person who died.

Persons bereaved by suicide are at greater risk of completed suicide than the general population. This may be a result of complicated grief and mourning, and depression which may lead to contagion.

Copycat suicide and media reporting

Suicide is a valid subject for discussion but certain types of suicide reporting are particularly harmful and can act as a catalyst to influence the behaviour of people who are already vulnerable.

Over 60 research articles have looked at the issue of media reporting of suicide and found that it can lead to imitative behaviours.⁹

Negative examples

- An episode of a popular TV drama contained a storyline about a deliberate self-poisoning with paracetamol. Researchers interviewed patients who attended accident and emergency departments and psychiatric services and found that 20% said the programme had influenced their decision to take an overdose. Self-poisoning increased by 17% in the week following the broadcast and by 9% in the second week.¹⁰
- A newspaper report in Hong Kong included a detailed description of a person who died by suicide involving the method of burning charcoal in a confined space. Within three years there was a dramatic increase in suicides using this method, with the number of deaths rising from 0% to 10%.¹¹
- There has been an increase in the number of intentional antifreeze poisonings reported to the British National Poisons Information Service on two separate occasions, both of which followed reports on this method in the national media. The expected rate of self-poisoning by this method is between one and three per month. After the report of an inquest into a suicide using this method appeared in the national media, this rose to six cases in

one month and on a separate occasion when the method was portrayed in a popular hospital drama, the rate for that month leapt to nine.¹²

- A German television series, 'Death of a student', depicted the railway suicide of a young man at the start of each episode. A 175% rise in railway suicides occurred in young people aged 15-19 years both during and after the series.¹³ This effect was repeated when the series was shown again some years later.

Positive examples

- Studies in Vienna and Toronto found that voluntary restrictions on newspaper reporting of subway suicides resulted in a 75% decrease in suicides by this method.¹⁴
- A study following the death of singer Kurt Cobain by suicide found that there was no overall increase in suicides rates in his home town of Seattle, and this was believed to be because reporting differentiated strongly between the brilliance of his life achievements and the wastefulness of his death. It may have also helped that media coverage discussed risk factors and identified sources of help for people experiencing suicidal feelings.¹⁵

Summary

Research suggests that media portrayal can influence suicidal behaviour and this may result in an overall increase in suicide and/or an increase in the uses of particular methods.

"Reporting on suicide is one of the most difficult issues facing journalists. These guidelines are here to help, by providing reporters with the information they need to cover cases of suicide or self-harm responsibly. They don't aim to censor the media or limit its freedoms. Instead, they seek to help journalists deal with the many dilemmas on reporting suicide and assist the public in understanding the complexity of the problem."

Carl O'Brien, Social Affairs Correspondent, *The Irish Times*

Murder-suicide

Murder-suicide has far-reaching effects on family and community, and the problems created by some forms of media coverage may increase the anguish of the survivors. Given their newsworthiness, it is inevitable that such events will be reported, and indeed reporting of them is probably in the public interest as long as it is done in a proper manner in line with the agreed international and national guidelines.

The generally accepted definition of murder-suicide is murder followed by the suicide of the perpetrator within one week. Some researchers have used other definitions, making it difficult to compare research from different countries.

The various types of murder-suicide are as follows:

- Murder of a spouse or lover followed by suicide
- Neonaticide is murder of a new-born infant less than 24 hours after birth
- Infanticide is murder of an infant aged between one day and one year
- Pediticide is murder of a child aged between one year and 16 years
- Filicide-suicide is the murder of a child by a parent followed by the suicide of that parent
- Familicide is where one or more members of a family kill the other members and then end their own lives by suicide.

Among the reasons for murder-suicide are morbid jealousy, family, financial and social stressors, retaliation or revenge, mercy killing because of declining health, salvation fantasies, rescue and escape from problems. Mental illness, alcohol and drug

abuse, with their attendant problems, are a major factor in many of these tragedies. Family break up and disputes over custody of the children are the driving force in many murder-suicides.

Extra-familial murder-suicide is well documented, Columbine being one such event that will be remembered by most people. These events occur where the victim and the perpetrator are unrelated and in many cases unknown to each other. Mental illness, particularly paranoia and grudges against employers, are often associated factors. Innocent bystanders are often among the victims as a result of being in the wrong place at the wrong time.

In the USA, filicide-suicide accounts for about 6% of all murder-suicides, whereas in other countries filicide accounts for a much higher percentage of murder-suicide. This may be accounted for by the overall high homicide rate in the USA and the American firearms culture.

Just as suicide clusters can occur following the reporting of a suicide, so too there is evidence that reporting of murder-suicide can lead to copycat murder-suicide.

Although the relationship between murder-suicide and media reporting is not as well documented as that for suicide, reporting should strictly follow the general guidelines for the portrayal of suicide in the media. Great care must be taken to have a balanced approach to reporting these very tragic events. They have a deep effect on the community. For elements of the media they seem to provide a licence to indulge in idle speculation, misinformation and wild fantasy. Lurid headlines that bear little relation to the unfolding tragedy add



immensely to the distress of the surviving family members and the wider community.

Of major concern is the manner in which the survivors and extended families who are still still in shock, vulnerable and have yet to come to terms with the enormity of what has happened, can be exploited by the media to make “good” television and news stories. This adds to the problems that families and communities have in coming to terms with, and resolving, their grief and mourning.

Thankfully, murder-suicide is a relatively rare event and the subgroup of filicide-suicides is even rarer. Hopefully, with better services and better risk assessment techniques, the rates of these tragedies can be reduced. Our first duty and the duty of the media is surely not to make matters worse and, as far as is in our powers, avoid further deaths and suffering.

'The guidelines are an essential and comprehensive resource for the media and for the broader community. Sensible and sensitive in equal measure, they are not about managing the truth but rather respecting it. As a society, we must engage with the heart-breaking reality of suicide and self-harm, but we must only engage with it in a manner that is responsible, respectful and above, all, imbued with a genuine humanity and a sympathetic understanding of the fragility of ourselves and those around us'

Alan Gilsenan, Filmmaker and Director, *I See a Darkness*



How the media can help

A fine line remains between sensitive, intelligent reporting and sensationalising the issue. Positive effects of reporting suicide and self-harm incidents in a sensitive way include:

- Raising awareness of the complexity of the issues surrounding suicide and the factors that contribute to the problem, and challenging the stigma associated with emotional and mental health issues.
- Bringing discussion of suicide into the public arena to challenge the idea of it as a taboo subject.
- Calling for better resources to tackle mental health problems.
- Disseminating support services' contact information to encourage people at risk to seek help at an earlier stage.
- Offering advice for both people at risk and worried families and friends.
- Promoting the message that suicide is a preventable phenomenon if given the right support.

Recommendations on phraseology

Use phrases like

- A suicide
- Die by suicide
- Take one's own life
- A suicide attempt
- A completed suicide
- Person at risk of suicide
- Help prevent suicide

Avoid phrases like

- A successful suicide attempt
- An unsuccessful suicide attempt
- Commit suicide. (Suicide is now decriminalised so it is better not to talk about 'committing suicide' but use 'take one's life', or 'die by suicide' instead.)
- Suicide victim
- Just a cry for help
- Suicide-prone person
- Stop the spread/epidemic of suicide
- Suicide 'tourist'

Reporting tips

Avoid explicit or technical details of suicide in reports

Providing details of the mechanism and procedure used to carry out a suicide may lead to the imitation of suicidal behaviour by other people at risk. For example, reference can be given to an overdose but not reference to the specific type and number of tablets used. Similarly, saying someone hanged themselves is better than saying they hanged themselves from their bedroom door using their school shirt. Particular care should be taken in specifying the type and number of tablets used in an overdose and the material/or method used in hanging and ligatures.

In retrospective reporting or reconstructions, actual depiction of means should be avoided, for example showing the drawing of blood in self-harm. Use of a long shot or a cutaway is better.

Avoid simplistic explanations for suicide

Although a catalyst may appear to be obvious, suicide is never the result of a single factor or event, and is likely to have several inter-related causes. Accounts which try to explain a suicide on the basis of a single incident, for example unrequited romantic feelings, should be challenged. Where relevant, news features could be used to provide more detailed analysis of the reasons behind the rise in suicides.

Avoid brushing over the realities of a suicide

Depiction of suicide in a TV programme may be damaging if it shows a character who has attempted suicide as immediately recovered, or if it glosses over the grim reality of suicide, for example, failing to show slow liver failure following a paracetamol overdose.

Avoid disclosing the contents of any suicide note

This information may sensationalise or romanticise the suicide. It may also provide information which encourages other people to identify with the deceased or risk causing further upset to the bereaved.

Discourage the use of permanent memorials

An outpouring of grief and expressions of regret may send unhelpful messages to other distressed and potentially suicidal people.

Avoid labelling places as suicide 'hotspots'

Advertising such locations provides detail about methods of suicide and may play a part in drawing more people to that location.

Don't overemphasise the 'positive' results of a person's suicide

A dangerous message from the media is that suicide achieves results; it makes people sorry or it makes people eulogise you. For instance, a soap opera storyline or newspaper coverage where a child's suicide or suicide attempt seems to result in separated parents reconciling, or school bullies being publicly shamed, may offer an appealing option to a despairing child in similar circumstances.

Encourage public understanding of the complexity of suicide

People don't decide to take their own life in response to a single event, however painful that event may be, and social conditions alone cannot explain suicide either. The reasons an individual takes their own life are manifold, and suicide should not be portrayed as the inevitable outcome of serious personal problems. Discussing the risk factors encourages a better understanding of suicide as part of a much wider issue and challenge for society.

Expose the common myths about suicide

There is an opportunity to educate the public by challenging these myths (see page 11).

Consider the timing

The coincidental deaths by suicide of two or more people make the story more topical and newsworthy, but additional care is required in the reporting of 'another suicide, just days after...', which might imply a connection.

Don't romanticise suicide or make events surrounding it sound melodramatic.

Wanting your readers and audience to identify with the person who has died or the event is natural, but reporting which overly highlights community expressions of grief may suggest that the local community is honouring the suicidal behaviour of the deceased person, rather than mourning their death. Reporting suicide as a tragic waste and an avoidable loss is more beneficial in preventing further deaths.

Include details of further sources of information and advice

Listing appropriate sources of local and national help or support at the end of an article or a programme shows the person who might be feeling suicidal that they are not alone and that they have the opportunity to make positive choices.

Samaritans is available for anyone in any type of distress on 1850 60 90 90 in the Republic of Ireland or 08457 90 90 90 in Northern Ireland or by email at jo@samaritans.org. The charity receives calls about loneliness and isolation, relationship and family problems, bereavement, financial worries, job-related stress, redundancy, bullying and exam stress as well as calls from people who are feeling suicidal.

Samaritans' Press Office can offer advice about depiction and can help put you in contact with acknowledged experts on suicide: **+353 1 671 0071** during work hours or **+44 7943 809 162** outside work hours.

Remember the effect on survivors of suicide – either those who have attempted it or who have been bereaved

It might be helpful to be able to offer interviewees some form of support such as information about Samaritans, or for those who are bereaved by suicide, information about Console (ROI) or CRUSE (NI).

Look after yourself

Reporting suicide can be very distressing in itself, especially if the subject touches something in your own experience. Talk it over with colleagues, friends, family or Samaritans.

Photo selection and placement

Photographs and footage of the scene, location and method of suicide can lead to imitative action by people who are vulnerable.

- Avoid the use of dramatic photographs or images related to the suicide, for example, photographs of people standing on ledges about to jump or people falling to their deaths.
- Exercise caution in reporting suicide locations. Giving details of locations used for suicide may result in these places becoming 'popular' for suicide attempts.
- Consider the placement of photos. Front page should be avoided where possible so as to guard against over-dramatising the event.
- Avoid reprinting photographs of the deceased on anniversaries or at the time of others' deaths, where possible, as this can have a detrimental effect on the grief of family and friends.

"At IFCO, we are particularly sensitive to how suicide and attempted suicide may be depicted on the screen. The welcome and sensible IAS/Samaritans' guidelines help to inform us in making age-related classification decisions and in providing relevant consumer advice on our website."

John Kelleher,
Director of Film Classification, IFCO

Dramatised portrayal of suicide

The character

The choice of character in a dramatised portrayal of suicide is a key factor in influencing suicidal behaviour. If the viewer or listener feels they can identify with a suicidal character, then the likelihood of imitative behaviour is increased. This is particularly the case if the character concerned is young and sympathetic. Young people are at greater risk of suicide, and research shows that they are the most likely group to be influenced by media representation.

Means of death

A commonly obtainable means of death is easy to imitate, for example, taking pills or jumping from a high place. Means of death where there is no easy form of intervention should also be avoided, as should the precise depiction of method used (for example, showing how a hose pipe is attached to an exhaust, and sealed-up windows). Any detailed description of suicide method is potentially harmful.

Follow-up

How do the character and those around them change after the suicide or suicide attempt? It is dangerous if the character is eulogised and if the situation they were finding difficult has been positively affected, such as a family being re-united or a bullying campaign finally brought to a close with the message that, 'Everyone's sorry now.' Are feelings talked through and are other characters listened to?

Time of transmission

The time of day or time of year of transmission can have a profound effect and should be taken into account where possible. Christmas and Valentine's Day, for example, may be particularly poignant times. Also consider whether there is help at hand. For the vulnerable, public holidays, weekends and late at night can be particularly lonely times. Samaritans' phone lines are busiest between 9pm and 4am.

Helpline support

Please consider including a back announcement promoting an available helpline. Samaritans is available 24 hours a day on **1850 60 90 90** (ROI) and **08457 90 90 90** (NI).





“Journalists can help create an awareness of the complexities which surround death by suicide. It is important that suicide is not swept under the carpet but it is equally important that journalists treat the subject with sensitivity and have regard to the possible implications of every word and picture published.

The Code of Practice of the Press Council of Ireland and the NUJ Code provide an ethical framework for all journalists. These guidelines will also help to inform journalists and will be a useful reference point.”

Séamus Dooley, Irish Secretary NUJ

New media and suicide

The internet has created additional opportunities and challenges for journalists due to the speed and ease of accessing and publishing information. Points of view can now be presented more quickly and easily but sometimes without review or factual basis. It can be difficult for some readers to understand the distinction between what is fact and what is opinion.

If you are posting your story on a news website or blog please consider the following points:

General tips

- Avoid linking to or mentioning the names of websites that encourage or glamorise suicide. Helpful websites offering support are listed at **www.ias.ie** and **www.samaritans.org/ireland/links**.
- Try to exercise care and judgement in the creation of news stories that will appear online, as they can often be surrounded by adverts and commentary which are outside the control of the author. Additional features on the page can create a negative context, allowing, for example, adverts promoting depression aids to appear alongside articles on mental health.
- Add hyperlinks to sources of support to ensure that people in distress can access useful resources quickly. Consider promoting **www.samaritans.org** within the UK and Ireland, or our worldwide equivalent, **www.befrienders.org**, beyond these regions.

Reader feedback

- The ability to comment on articles or blog posts gives readers the opportunity to glamorise suicide or present controversial opinions about suicidal tendencies and mental health. The relative anonymity of these comments can encourage debates that are inappropriate for a news website, and potentially damaging to other readers.
- Responsible websites ensure that the terms and conditions each commentator agrees to when contributing online are explicit in what constitutes inappropriate material, and how it will be dealt with. In addition, site owners and moderators should understand the implications of allowing these comments to be published on their website.
- Wherever possible, attempt to educate your audience to understand how to use the feedback section with full consideration for everyone's health, safety and wellbeing, and the right of the publisher to remove inappropriate content.
- Consider making it clear to users that feedback services are moderated, whether manually or electronically.

Search engines

Samaritans works closely with the Internet Service Providers Association (ISPA), Internet Services Providers Association of Ireland (ISPAI) and the search engine industry to implement 'safe-search' protocols to effectively promote our support services above potentially harmful sites. This is based on the dissemination by Samaritans of a list of search keywords and phrases used by individuals exploring suicide. Whenever an individual types in any of these words the search engine provider has agreed to prioritise Samaritans' website as the first result on the page (and if possible on following pages).

If you are a search engine provider, or if you contribute to a website using embedded search engine results, please ensure that it is running a system which similarly promotes positive sites above potentially harmful ones.

Useful resources

Please consider placing a link to useful websites: **www.ias.ie** or **www.samaritans.org/ireland** and Samaritans support email address **jo@samaritans.org** on your pages in addition to our 24-hour helpline numbers:

1850 60 90 90 (ROI)

08457 90 90 90 (NI)

Samaritans' logo can be found at **www.samaritans.org**. For other online promotional materials please email: **webmaster@samaritans.org**.

For guidance on monitoring websites/ user-group discussions for potentially harmful content please email: **webmaster@samaritans.org**.



Working with bereaved individuals, families and communities

General tips

- Try to make it clear when you are interviewing someone how you intend to use their material.
- Bear in mind that the person who has lost someone to suicide will often have trouble understanding what has happened. This in itself can be very upsetting for them.
- Consider that causes of suicide are almost always multiple and complex. Do not seek to oversimplify.
- Depictions of grieving friends and relatives or funerals and memorials can be unhelpful as they may contribute to the danger of copycat suicides.
- Interviewing someone who has recently attempted suicide can be unhelpful as it may encourage other people to seek attention in this way.
- Bereaved families have told us that having their loved one's pictures, online profiles or other materials used against their wishes can be very distressing. Such use is not illegal but can add to distress.

During the interview

- Try not to suggest that you understand the person's situation because you have experienced the death of a relative or friend. Avoid using phrases such as:
 - 'I know how you feel' (unless you have actually been bereaved by suicide)
 - 'Time is a great healer'
 - 'He/she is in a better place'.
- Try not to assume that you know how someone is going to be feeling because of the length of time since the bereavement. Despite the fact that there are well-established 'models of grief', the reality is that every case is different and expecting a 'certain stage' may actually prevent you from really accepting where the person is at the time.
- Aim to avoid making any suggestions

that the behaviour of relatives or friends in some way contributed to the suicide. People bereaved in this way are often left with feelings of profound guilt and regret.

- It can be helpful to talk about grief but try not to rush the person. Changing subjects too quickly or not giving them a chance to say their piece can leave people feeling 'used'.
- Be aware that a sudden bereavement can lead to short-term memory issues. It may take the person a little while to recall events and, on occasion, it might even be helpful to let them listen back to or read what they have said there and then. Issues of accuracy are often what people are most upset about after an interview has taken place.
- Be prepared for the person to be visibly upset. Offer to stop the interview but accept that they may wish to continue despite their distress.

After the interview

- Consider whether it would be appropriate to check the material you are proposing to use with the person. Allow them the opportunity to give feedback on how you intend to use their input.
- If you are concerned about someone's welfare you should enquire about what support they are receiving and, if necessary, make them aware of what is available. Samaritans publishes material on identifying and supporting people in distress and you may wish to refer to this.
- **If you are worried about someone please remember that you can make a referral to Samaritans. Call 1850 60 90 90 in the Republic of Ireland and 08457 90 90 90 in Northern Ireland and explain the situation to a volunteer who will be able to initiate this.**



How we can help

SAMARITANS

Samaritans Press Office is available 24 hours a day for consultation on any media enquiry or sources of support.

During working hours: **+353 1 671 0071 (ROI)**
+44 208 394 8300 (NI)

Out of hours contact: **+44 7943 809 162.**

Samaritans provides confidential emotional support to anyone in crisis, 24 hours a day, 365 days a year. Trained volunteers listen without judgement and without giving advice. It is very difficult to tell if someone is suicidal or depressed, as people in crisis have unique feelings and react in different ways. But there are some factors which can indicate suicide risk, as outlined in these guidelines.

If you are concerned about an individual, encourage them to seek help and talk to someone they trust and feel will listen – a friend, neighbour, family member, teacher, GP, a doctor or Samaritans.

If you're worried about someone you've been interviewing, trust your instinct – if you're concerned, you're probably right. Ask how the person is feeling and listen to the answer. Let them talk. However, if you feel out of your depth, you have deadlines to meet and time doesn't allow you to stay with them, or you think that they may need professional help, try to find them the support they need.

Visit **www.samaritans.org/ireland** for details of how to access support.

IRISH ASSOCIATION OF SUICIDOLOGY

The Irish Association of Suicidology website (www.ias.ie) contains a great deal of information on all aspects of suicide and suicidal behaviour, which is regularly updated. In addition, it posts a number of web addresses of other helping organisations and sources of information on suicide and mental health issues.

Staff members are available during office hours to assist and advise on all matters relating to suicide, suicide prevention and the portrayal of suicide in the media. In addition, we can put journalists and personnel from other aspects of the media seeking advice and information in touch with relevant experts in the field who are willing to advise and, if need be, comment on the difficult issues in reporting and portraying suicide. Journalists are often involved in the reporting of traumatic and distressing incidents and events. Be sure to look after your own mental health. Support each other, be aware of what you and your colleagues may be going through and do not be afraid to seek help.

T: + 353 94 925 0858

A: IAS, PO Box 11634, Ballsbridge, Dublin 4.

Web: www.ias.ie

Understanding suicide

Understanding suicide

Why do people take their own lives?

There is no one reason why people take their own lives. It is often a result of problems building up to the point where the person can see no other way to cope with what they're experiencing. The kinds of problems that might increase the risk of suicide include:

- Recent loss or break up of a close relationship
- An actual and/or expected unhappy change in circumstances
- Painful and/or disabling physical illness
- Heavy use of, or dependency on, alcohol or other drugs
- History of earlier suicide attempts or self-harming
- History of suicide in the family
- Depression

When someone is feeling low or distressed it may be that a seemingly minor event is the trigger for them attempting to kill themselves.

How can you tell if someone is at risk of suicide?

The manifestation of suicidal behaviour differs from person to person. However, unusual or atypical behaviour such as being very withdrawn, or excessively animated, can be a sign that there is something wrong.

Some people show very positive behaviour such as happiness or relief once they have decided to take their own life and end the pain. Alternatively, if someone is going through emotional distress, they can feel isolated and will

sometimes show anger or impatience towards the people close to them.

Low self-esteem, being close to tears and not being able to cope with small everyday events are also signs that someone is struggling to cope with overwhelming feelings.

Physical symptoms of depression and distress also include sleeplessness, loss of appetite or irregular eating, stomach aches, panic attacks, low energy and loss of concentration. Signs that someone is suicidal can include talking of tidying up their affairs or expressing feelings of despair and failure.

It is very difficult to tell if someone is suicidal or depressed, as people in crisis have unique feelings and react in different ways – but think about whether they have experienced any of the problems listed under the previous question.

Are there differences between men and women?

More women than men say they have considered suicide (women 21%, men 13%), although more men actually take their own lives.

Women talk about how they are feeling far more often than men. Women are also more likely than men to have stronger social networks, and to seek psychiatric and other medical support.

Suicidal young men are ten times more likely to use a drug to relieve stress and are also more likely to feel pressurised into taking drugs. Suicidal young men are also significantly more likely to have a father who is absent.

How do we reduce suicide?

Getting support to those who need it

Samaritans believes that providing someone with the opportunity to frankly and honestly explore difficult feelings, without fear of judgement, can provide relief from distress. By helping people understand their feelings and explore their options we enable them to find their own way forward without taking control away from them.

We often work with people who feel they cannot talk to anyone else – either because they don't have someone they trust or because they do not want to worry those around them.

Our phone, email, SMS, letter writing and face-to-face support services are available 24/7. This is important as it is often when most services are closed that people struggle to get support.

Improving understanding and reducing stigma

One thing that can stop someone coming forward and seeking help is the fear that they will be perceived as 'weak' or that people will think there is something 'wrong' with them. This is a case where stigma can literally kill.

Samaritans works with other agencies to try and improve people's understanding of emotional health – the part of our health that is about the way we think and feel. We do this through our work in schools, workplaces, prisons and the media.

“Samaritans’ media guidelines are sensible, fair and helpful just like Samaritans themselves. In the two months I spent reporting on the youth suicides in Bridgend, I referred to the guidelines a number of times and found them a valuable resource.”

Ed Caesar, reporter, *The Sunday Times*



Useful resources – ROI

NOSP

National Office for Suicide Prevention

NOSP oversees the implementation of “Reach Out”, the National Strategy for Action on Suicide Prevention. It co-ordinates suicide prevention efforts around the country, speaks regularly with agencies and individuals interested and active in suicide prevention.

The NOSP works closely with the HSE Resource Officers for Suicide Prevention.

Population Health Directorate
HSE

Dr Steeven’s Hospital, Dublin 8

T: 01 635 2139

Email: info@nosp.ie

Web: www.nosp.ie

NSRF

National Suicide Research Foundation Ireland

The foundation has been recognised by the Department of Health and Children as an official research unit which contributes to the prevention of suicidal behaviour in Ireland.

Perrott Avenue, College Road, Co Cork

T: 021 427 7499

Email: nsrf@iol.ie

Web: www.nsrf.ie

Headline

Headline is Ireland's national media monitoring programme, working to promote responsible and accurate coverage of mental health and suicide-related issues within the Irish media.

36 Blessington Street, Dublin 7

T: 01 827 9022

Email: info@headline.ie

Web: www.headline.ie

IAS

Irish Association of Suicidology

The IAS facilitates communication between clinicians, volunteers, survivors and researchers in all matters relating to suicide and suicidal behaviour. It ensures that the public are better informed about suicide prevention and encourages and supports the formation of groups to help those bereaved by suicide.

PO Box 11634, Ballsbridge, Dublin 4

T: 094 925 0858

Email: info@ias.ie

Web: www.ias.ie

Samaritans Ireland

Samaritans provides 24-hour completely confidential emotional support by phone, email, text, letter and face-to-face. There are 20 branches of Samaritans in Ireland and over 2,000 active volunteers. Samaritans also works in prisons, schools and the workplace.

24-hour helplines: 1850 60 90 90 (ROI)
08457 90 90 90 (NI)

Email: jo@samaritans.org

4-5 Usher’s Court, Usher’s Quay, Dublin 8

T: 01 671 0071

Email: g.phillips@samaritans.org

Web: www.samaritans.org/ireland

Aware

Aware is a voluntary organisation formed in 1985 by a group of interested patients, relatives and mental health professionals to provide support group meetings for sufferers of depression and manic depression, and for their families.

72 Lower Leeson Street, Dublin 2

T: 01 661 7211

Helpline: 1890 303 302

Email: info@aware.ie

Web: www.aware.ie

Console

Console is a registered charity supporting and helping people who have been bereaved through suicide. Console promotes positive mental health within the community in an effort to reduce the high number of attempted suicides and deaths through suicide.

Console House, 68 Ardpark Road,
Off Navan Road, Dublin 7

T: 01 868 5232

Helpline: 1800 201 890

Email: info@console.ie

Web: www.console.ie

GROW

GROW is a mental health organisation which helps people who have suffered, or are suffering, from mental health problems. Members are helped to recover from all forms of mental breakdown, or indeed to prevent such happening. GROW, founded in Australia in 1957 by former sufferers of mental illness, has a national network of over 130 groups in Ireland.

National Office, Ormonde House, Barrack
Street, Kilkenny

T: 1890 474 474

Email: info@grow.ie

Web: www.grow.ie

Living Links

Living Links provides support and outreach to those bereaved by suicide, and works to increase awareness and understanding of suicide and its effects on individuals, families and communities. The Living Links listening/support service is free of charge and available to any person in the community who has been in any way affected by suicide.

5 Lower Sarsfield Street, Nenagh, Co Tipperary

T: 067 43999 Mobile: 087 412 2052

Email: info@livinglinks.ie

Web: www.livinglinks.ie

Mental Health Ireland

Mental Health Ireland is a national voluntary organisation with over 99 local associations and branches throughout the country. Its aim is twofold: to help those who are mentally ill and to promote positive mental health.

6 Adelaide Street, Dun Laoghaire, Co Dublin

T: 01 284 1166

Email: info@mentalhealthireland.ie

Web: www.mentalhealthireland.ie

Useful resources – NI

Action Mental Health

AMH Action Mental Health was established in 1963 and has since developed to become one of Northern Ireland's largest mental health charities. AMH provides accredited vocational training and employment preparation, life skills training and other support services for around 1,700 clients annually. Clients progress from training into other opportunities including work, further education, or to a more independent lifestyle in the community.

Mourne House, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8BH

T: 028 9040 3726

Web: www.amh.org.uk

Aware Defeat Depression

Aware Defeat Depression is a registered charity working exclusively with and for people with depression, providing a range of services including an information and support helpline, support groups, workshops, public talks and youth awareness programmes.

123-137 York Street, Belfast BT15 1AB

T: 028 9032 1734

Helpline: 08451 20 29 61
(10am-4pm Monday to Friday)

Email: info@aware-ni.org

Web: www.aware-ni.org

C.A.U.S.E

Carers And Users Support Enterprise provides practical and emotional support to relatives and carers of people with serious mental illness.

Glendinning House, 6 Murray Street, Belfast BT1 6DN

T: 028 9023 8284

Email: info@cause.org.uk

Web: www.cause.org.uk

CRUSE Bereavement Care

Promotes the wellbeing of bereaved people and provides counselling and support. It also offers information, advice, education and training services.

Piney Ridge, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8BH

T: 028 9079 2419

Web: www.crusebereavementcare.org.uk

Lifeline

Lifeline is a Northern Ireland-based crisis helpline operated by trained counsellors experienced in dealing with suicide, self-harm, abuse, trauma, depression, anxiety and many other issues. Lines are open 24 hours a day, seven days a week and calls are free from all landlines and mobiles.

-First Floor Lanyon Building, North Derby Street, Belfast BT 15 3HL

T: 0808 808 8000.

Textphone: 18001 0808 808 8000

PRAXIS Care Group

Praxis is a major provider of services for adults and children with a learning disability, mental ill health or acquired brain injury, and also offers care services for older people.

T: 028 9023 4555

Web: www.praxiscaregroup.org.uk

MindWise

Offers support for sufferers of severe mental illness and their carers and families.

Wyndhurst, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8BH

T: 028 9040 2323

Web: www.mindwisenv.org

References

These guidelines, the first of their kind available in the UK and Ireland, were originally launched in 1994, and the information they include is based on academic research from both the UK and overseas, as well as the experiences of IAS, Samaritans and journalists affected by the issues of suicide and self-harm.

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“Whether we want to admit it or not, as journalists, we are in the business of sensationalism.”

Joe Dejka



media guidelines

for reporting suicide and self-harm

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Usher's Quay, Dublin 8.
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Tel: + 353 94 925 0858 www.ias.ie

