

**The Role of the Media in Preventing Suicide****How the Media Can Help**

- **Report Responsibly**
- **Report Proactively on Suicide Prevention**
- **Keep Abreast of the Research**

**Recognizing and Responding to the Warning Signs****References****Resources**

- **Resources for the Media**
- **General Resources on Suicide and Suicide Prevention**

*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 80 percent. The total number of suicides in Vienna declined as well. (American Foundation for Suicide Prevention, American Association of Suicidology, & Annenberg Public Policy Center, 2001)*

**The Role of the Media in Preventing Suicide**

In a perfect world, the media's role of reporting the truth and its job of serving the public good would not conflict. In the real world, however, these two roles can clash—and one of the areas in which this clash occurs is the media's reporting on suicide. The suicide of an “ordinary” person can become news in his or her own community, and the suicide of a prominent person or celebrity can become national, and even international, news. For better or worse, violent deaths are always news—and the drama of death by a person's own hand adds to the public interest in such incidents.

Unfortunately, the very service of reporting a suicide can encourage some people to attempt suicide themselves. A task force commissioned to create recommendations for the media about reporting suicide concluded that the research on suicide has established that suicides can increase with media attention to suicide (American Foundation for Suicide Prevention, American Association of Suicidology, & Annenberg Public Policy Center, 2001). While these suicides are not caused by media attention itself, there is a danger that people who are depressed or who perceive their personal problems as insurmountable may find in these reports a model of resolving their problems. People who feel lonely or undervalued may crave the attention given to those who have killed themselves. This is especially true when the suicide victim featured in the media is like them, for example, in age, ethnic background, race, and gender. Adolescents and the

elderly seem particularly susceptible to this type of “suicide contagion” (Schmidtke & Shaller, 2000; Stack, 1991).

Fortunately, as shown in the Vienna example above,<sup>\*</sup> reporting on suicide can be accomplished in ways that serve both the truth and the public health. There are steps the media can take to minimize the possibility that its coverage of suicide will contribute to additional suicides. There are also steps the media can take to proactively contribute to preventing suicide.

## **How the Media Can Help**

There are several ways that the media can help prevent suicide.

### ***Report Responsibly***

Suicides and other forms of violent death are news. Your audience wants to know how and why such tragedies occur, and you have a responsibility to provide them with this information. Yet you also have a responsibility to minimize the effect that your report may have on other vulnerable individuals. And you have an ethical obligation to the friends and families of the deceased to minimize the emotional pain caused by media attention to the suicide.

Recommendations on reporting on suicide were developed by a consensus panel, including representatives from the American Foundation for Suicide Prevention, the Office of the Surgeon General, the Centers for Disease Control and Prevention, and the National Institute of Mental Health, among others (American Foundation for Suicide Prevention, American Association of Suicidology, & Annenberg Public Policy Center, 2001). This panel recommended that the media do the following:

- Avoid romanticizing suicide, which can have a profound effect on at-risk teens.
- Refrain from detailed descriptions of the method of death. While you may need to provide a description of the cause of death, you should not provide a “how to” guide for dying by suicide.
- Do not portray suicide as an inexplicable act. Suicide has causes, even if these causes are not immediately obvious.
- Do not rely on immediate accounts of a suicide from shocked and grieving friends and relatives (such as statements that there were no warnings before the act).
- Be aware of the implications of language about suicide. For example, avoid using the term “failed suicide attempt,” as it implies that a person who has survived such an attempt is a failure.
- Do not let the glamour of celebrity suicides obscure the reality of the act. A celebrity’s suicide should be reported as a tragedy, not as a model for others.

Information on how you can obtain these recommendations, supporting materials, and other recommendations for the media can be found under Resources, below.

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<sup>\*</sup> For more information on the experience in Vienna, see Etzersdorfer & Sonneck (1998) and Sonneck, Etzersdorfer, & Nagel-Kuess (1994).

### ***Report Proactively on Suicide Prevention***

Suicide, like cancer, HIV, and avian flu, is a public health problem. And, as with many public health problems, suicide is preventable. The media can play a valuable role in preventing suicide. The media can demystify suicide, assist people at risk in making informed decisions about how they can help themselves, and assist both laypeople and professionals in identifying and helping people who may be at risk of suicide. A high-profile suicide can provide an opportunity for public education on suicide prevention, just as a high-profile automobile collision can provide an opportunity to educate the public about the importance of safety belts.

But why wait? Every year, more than 30,000 Americans take their own lives. Almost a quarter-million Americans are treated at hospitals after suicide attempts. Responsible and informed media attention to suicide can contribute to reducing this toll, just as informed media attention is currently helping people prevent cancer by eating healthy foods, prevent heart disease by exercising and not smoking, and prevent motor vehicle-related injuries by using seat belts.

### ***Keep Abreast of the Research***

Inaccurate information abounds. For example, a study by the Annenberg Public Policy Center found that two-thirds of the end-of-the-year newspaper stories about suicide reported incorrectly that suicides increase during the holiday period (Romer, Jamieson, Holtschlag, Mebrathu, & Jamieson, 2003). Friends and family of people who have died by suicide, local law enforcement and medical personnel, and even therapists and psychologists may not be familiar with the research on suicide and suicide prevention—particularly how their words and views can affect those at risk.

Whether you are reporting on a suicide or proactively reporting on suicide prevention, accurate information is essential. There is a wealth of research on suicide and suicide prevention available—much of it current and available online. Informed suicide prevention practitioners are also available in many areas. These experts can always be useful and provide an important context to any coverage of suicide. A guide to sources of research on suicide is included under Resources, below.

### **Recognizing and Responding to the Warning Signs**

On November 15, 2004, Mohamed Alanssi, a Virginia resident who worked as an FBI informant, set himself on fire in front of the White House. In the weeks prior to his suicide attempt, Mr. Alanssi had given a series of interviews to a newspaper reporter in which he revealed he was despondent because he was not allowed to visit his family in Yemeni. The reporter said that he also had talked about suicide, but that she had not taken this threat seriously until he called her just prior to setting himself ablaze (Block, 2004).

Journalists may find themselves speaking with people at risk of suicide. The question of when a reporter should intervene is a difficult one, especially since it is difficult for even

trained clinicians to accurately assess an individual's risk of suicide. Still, most reporters would take action if they believed they could stop a murder. This same criteria should apply to situations in which reporters believe they could stop a suicide.

You should be especially alert for imminent warning signs that a person may be in danger of suicide, for example:

- Talking about suicide or death
- Giving direct verbal cues, such as “I wish I were dead” and “I’m going to end it all”
- Giving less direct verbal cues, such as “What’s the point of living?”, “Soon you won’t have to worry about me,” and “Who cares if I’m dead, anyway?”
- Expressing the belief that life is meaningless or hopeless

These signs are especially critical if the person has a history or current diagnosis of a psychiatric disorder or serious psychological problems, is abusing alcohol or other drugs, has attempted suicide in the past, or has had a suicide in his or her family. Young people who have experienced the suicide (or violent or sudden death) of a friend, peer, or celebrity role model should also be taken very seriously if they display warning signs of suicide.

In a sense, responding to these warning signs is easier for people with an active, ongoing, and concerned role in a person's life (like parents, friends, teachers, or physicians) than it is for reporters, who have been trained to stay objective. However, when reporters note warning signs that a person they have been interviewing may be suicidal, they may have to involve themselves until friends, family, or professionals can arrive.

If you have concerns that someone is in danger—in particular, imminent danger—you should seek immediate assistance. If no help is available on-site, call an emergency hotline (such as [800] 273-TALK or 911) to obtain assistance. You should also:

- Tell the person at risk why the call is important and have him or her talk with the crisis worker
- Stay with the person until assistance arrives

It may be useful to advocate with the media outlet that employs you for a policy on how to handle potential suicides.

## References

American Foundation for Suicide Prevention, American Association of Suicidology, & Annenberg Public Policy Center. (2001). *Reporting on suicide: Recommendations for the media*. Retrieved March 21, 2005, from <http://www.afsp.org/education/newrecommendations.htm>

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## Resources

### *Resources for the Media*

#### *Online Resources*

#### **Reporting on Suicide: Recommendations for the Media**

(<http://www.afsp.org/education/recommendations/>). This section of the American Foundation for Suicide Prevention’s website includes the recommendations themselves as well as supporting materials. Especially useful is a collection of recent news articles demonstrating both problematic and responsible coverage of suicide.

**Suicide and the Media** ([http://www.presswise.org.uk/display\\_page.php?id=166](http://www.presswise.org.uk/display_page.php?id=166)). A valuable collection of resources from the PressWide Trust, a nonprofit organization located in the United Kingdom concerned with journalism and ethics. The resources that can be found on this website include:

- a review of the research on the impact of the media and journalism on suicide
- guidelines for reporting on suicide
- a suicide reporting awareness training program for journalists

- several articles and case studies on the media’s coverage of suicide and its consequences

**Suicide Contagion and the Reporting of Suicide: Recommendations from a National Workshop** (<http://www.cdc.gov/mmwr/preview/mmwrhtml/00031539.htm>). Published in *Morbidity and Mortality Weekly Report* (April 22, 1994), 43(RR-6). These recommendations are from a workshop convened by the Centers for Disease Control and Prevention to address concerns about, and develop recommendations for, reducing the possibility of media-related suicide contagion.

#### *Journal Articles*

Gould, M., Jamieson, P., & Romer, D. (2003). Media contagion and suicide among the young. *American Behavioral Scientist*, 46(9), 1269–1284.

This article contains a literature review and recommendations for media reporting on suicide that can positively influence vulnerable youth.

#### ***General Resources on Suicide and Suicide Prevention***

**Suicide Prevention Resource Center** (<http://www.sprc.org/>). The Suicide Prevention Resource Center (SPRC) provides prevention support, training, and materials to strengthen suicide prevention efforts. Among the resources found on its website is the SPRC Library Catalog (<http://library.sprc.org/>), a searchable database containing a wealth of information on suicide and suicide prevention, including publications, peer-reviewed research studies, curricula, and web-based resources. Many of these items are available online.

**American Association of Suicidology** (<http://www.suicidology.org/>). The American Association of Suicidology (AAS) is a nonprofit organization dedicated to the understanding and prevention of suicide. It promotes research, public awareness programs, public education, and training for professionals and volunteers and serves as a national clearinghouse for information on suicide. AAS is also a good source of expert information and advice for reporters working on suicide-related stories. It can be reached by telephone at (202) 237-2280.

**American Foundation for Suicide Prevention** (<http://www.afsp.org>). The American Foundation for Suicide Prevention (AFSP) is dedicated to advancing our knowledge of suicide and our ability to prevent it. AFSP’s activities include supporting research projects; providing information and education about depression and suicide; promoting professional education for the recognition and treatment of depressed and suicidal individuals; publicizing the magnitude of the problems of depression and suicide and the need for research, prevention, and treatment; and supporting programs for suicide survivor treatment, research, and education. The AFSP website includes a feature called “Talk to the Experts” (<http://www.afsp.org/education/recommendations/6/index.html>), a listing of psychiatrists (by region) who have been certified as experts on suicide and who regularly help the media report on suicide and suicide prevention.

**National Center for Health Statistics** (<http://www.cdc.gov/nchs/fastats/suicide.htm>), at the Centers for Disease Control and Prevention (CDC) has published a web-based *Fast Stats Guide on Self-Inflicted Injury/Suicide*.

**National Center for Injury Prevention and Control** (<http://www.cdc.gov/ncipc/>). The National Center for Injury Prevention and Control (NCIPC), located at the CDC, is a valuable source of information and statistics about suicide, suicide risk, and suicide prevention. To locate information on suicide and suicide prevention, scroll down the left-hand navigation bar on the NCIPC website and click on “Suicide” under the “Violence” heading. In particular, the NCIPC Suicide Fact Sheet (<http://www.cdc.gov/ncipc/factsheets/suifacts.htm>) provides a useful summary of suicide data.

**National Institute for Mental Health Suicide Research Consortium** (<http://www.nimh.nih.gov/SuicideResearch/consortium.cfm>) is a valuable compilation of suicide and suicide prevention research, including fact sheets, statistics, information on survivors of suicide, and a graph of current suicide rates by age, gender, and race. It also provides easy access to important documents, including:

- *The Surgeon General’s Call for Action to Prevent Suicide*
- *The National Strategy for Suicide Prevention*
- *In Harm’s Way* (a brief overview of suicide in America)
- *Frequently Asked Questions About Suicide*

**National Suicide Prevention Lifeline** (<http://www.suicidepreventionlifeline.org/>). The National Suicide Prevention Lifeline provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest available suicide prevention and mental health service provider through a toll-free telephone number: (800) 273-TALK (8255). Technical assistance, training, and other resources are available to the crisis centers and mental health service providers that participate in the network of services linked to the National Suicide Prevention Lifeline.

**Suicide Prevention Action Network USA** (<http://www.spanusa.org>). Suicide Prevention Action Network USA (SPAN USA) is the nation’s only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors (those who have lost a loved one to suicide) and others to advance public policies that help prevent suicide.