GUIDELINES

Guidelines on reporting death by suicide in audiovisual media

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1. GENERAL CONSIDERATIONS

In accordance with the definitions provided by the World Health Organisation (WHO), **suicide** is the act of deliberately killing oneself.

A *suicide attempt* is non-fatal, self-directed, potentially injurious behaviour with an intent to die as a result of the behaviour.

According to WHO data, a death from suicide occurs every 40 seconds. Since 1996 the WHO and the United Nations (UN) have encouraged the development of prevention policies, realising that deaths by suicide worldwide exceed those caused by homicide or war as, by 2020, the number of suicide victims may reach one and a half million.

There were 526 suicide deaths in Catalonia in 2014[1], a rate of 7.1 per 100,000 inhabitants, a lower incidence than the rate for Spain as a whole and for western Europe. Nevertheless this is a preventable death and preventative actions are therefore being implemented. On the other hand, statistics don't include suicide attempts, so real data are not available. The studies carried out, both at a national and international level, estimate that, for every suicide death a further 20 people have attempted suicide. One of the targets in the 2016-2020 Catalonia Health Plan is a 10% reduction in suicide deaths by 2020.

Given their influence on public opinion, the **media** can be a very useful tool for **standardising how people talk about death by suicide** because, firstly, they can help to eliminate the taboo and stigma attached both for the person who has died and also their family and friends, as well as to combat stereotypes. **The media have the means to educate society regarding how the issue of suicide and also its tragic consequences are approached.**

1 *Anàlisi de la mortalitat a Catalunya 2014.* Available at: http://salutweb.gencat.cat/

Moreover, the media can also help to prevent suicide. Talking about suicide does not necessarily encourage such behaviour nor does it encourage emulation or the so-called *Werther effect*, although there may undoubtedly be a connection between the inappropriate news coverage of suicide and a possible increase in suicide among the population at risk. Institutions such as the WHO, specialists and researchers acknowledge that sensationalist news coverage of suicide can increase suicidal behaviour among vulnerable people.

Nevertheless, **responsible coverage of a news item** can have a preventative effect on suicidal conduct since exposure to information on the people affected and those who have coped with a crisis without suicidal behaviour is related to a decrease in suicide rates and, in such cases, has a protective effect. This is known as the ***Papageno effect***, in honour of the character of the same name from *The Magic Flute* by Mozart who was dissuaded from committing suicide after three boys drew his attention to the other alternatives offered by life.

The media are therefore a highly valuable tool in terms of providing information on some of the basic concepts regarding the risk of suicide and also on the institutions and organisations that can help anyone thinking of committing suicide. The media thereby help to increase the general public's knowledge of this issue and encourage critical analysis, as well as promoting an interest in and raising awareness of aspects that are relevant for their health.

2. MISCONCEPTIONS RELATED TO DEATH BY SUICIDE

The Catalan association for suicide survivors, Associació Després del Suïcidi - Associació de Supervivents or DSAS, has produced a document in Catalan containing typical misconceptions related to suicide, called *Mites i creences equivocades respecte a la mort i suïcidi*, which can be consulted here:
https://www.despresdelsuicidi.org/publicaciones

The main beliefs and misconceptions covered by this document are as follows:

1. It's not true that only people with mental disorders consider or commit suicide. Suffering from a mental disorder can be a risk factor in many cases but the only common factor in death by suicide is the existence of great emotional suffering, a state that is not exclusive to those with mental disorders.

2. It's not true that suicide cannot be prevented because it's an impulsive act. The best way to help people in this perilous situation is through prevention and by raising awareness of the resources available for those suffering from thoughts of suicide. Moreover, we must not underestimate any warning signs of potentially suicidal behaviour.

3. It's not accurate to say that someone with suicidal behaviour wants to die as these are short-lived mental states in which the person wants to put an end to their suffering and can't see any other way out. Such situations can be overcome by listening and offering emotional and professional support that helps people realise their situation can be reversed.

4. It's not true that suicide attempts are merely exaggerated ways of attracting attention. Such a disdainful view can contribute to underestimating the state of someone in this situation, with the result that social and healthcare efforts are not made to help them.

5. It's not true that people who talk about wanting to commit suicide never actually do it. Most of those who commit suicide have given some kind of warning before killing themselves**. It's therefore not accurate to say that if someone with suicidal urges is reprimanded they won't commit suicide**.

6. It's not acceptable to associate cowardliness or bravery with people who commit or attempt suicide. People who die from suicide suffer a great deal and it's because of this suffering that they see death as a solution to their situation.

7. It's not acceptable to suppose that suicide is more prevalent in a specific segment of the population. Suicidal behaviour is a complex problem with many different factors. It's never the result of a single factor or event but usually caused by a complex interaction of risk factors that can be genetic, socio-economic, related to mental or physical disorders and also individual and social protective factors (e.g. access to effective support).

3. GENERAL GUIDELINES FOR THE MEDIA REGARDING NEWS TREATMENT

These guidelines cover how death by suicide should be treated in media broadcasts, both in terms of daily news reports (TV news, radio news bulletins, etc.) and also in programmes that take a more in-depth approach to this area.

1. Suicide or attempted suicide should be reported with respect and caution. The term *suicide* should only be used when this is supported by accurate, reliable information and, in such a case, it's positive not to use euphemisms when reporting the cause of death. These situations are intimate and painful by nature and therefore require certain criteria to be applied related to the relevance of the news. A professional approach of journalism's service to society should be taken in order to clarify whether the event is "relevant" for the audience and should therefore be reported. The time devoted to the item should be carefully gauged, as well as its placement in relation to the rest of the news.

2. It's important to choose appropriate expressions to describe people with suicidal behaviour. Using inaccurate terms can reinforce stereotypes and increase stigmatisation. In this respect, expressions such as a person has "committed suicide" should be avoided, rather saying they have "died from suicide" given that news standardisation also requires death by suicide to be seen as merely another possible cause of death, on a level with an accident or illness.

3. Excessive details regarding the method used should be avoided: studies have shown that providing specific details, via emulation, can increase the number of suicides among the vulnerable population (the Werther effect). Extra care should be taken when reporting unusual or new methods and reports should also avoid stating that a suicide has been "quick", "easy" or "painless".

4. Socially positive values should not be associated with death by suicide, nor should it be related to ideas of heroism, romanticism or braveness. Suicidal behaviour must never be represented as a valid solution for dealing with personal problems. On the contrary, a news item covering the emotional hurt caused to family and friends can encourage someone with suicidal thoughts to seek professional help.

5. It's useful to present death by suicide as the **result of a complex interaction of many different factors** and not oversimplify it or, on the other hand, describe a suicide as "inexplicable". To avoid twofold stigmatisation, a "mental illness" should not be presented as the single direct cause of a person's suicidal behaviour.

6. Reports on suicides should take great care to ensure **respect for the privacy of relatives and other survivors** so as not to accentuate the stigma and psychological suffering. The victim's personal details or images should not be broadcast, nor those of people close to them, if such information may result in them being identified and explicit permission must be sought whenever such information is broadcast.

7. The news of a suicide or attempted suicide **should not be sensationalised** and great care must be taken when illustrating the report with images: close-ups and zooms of people in painful situations should be avoided; the scene of the suicide should not be shown, especially when such locations are seen as typical locations for suicide by society. Balanced, respectful language should also be used, without being melodramatic about such events. Precaution should be taken with news headlines to ensure they're not morbid or alarmist in an attempt to attract attention.

8. Particular care should be taken with reports on suicides or attempted suicides by **celebrities** given the possible copycat effect they may have. Excessive media attention should not be given and the celebrity's merit as an artist, sports person, etc. should be kept separate from the act of suicide, also omitting details of how this was carried out.

9. It's useful to diversify sources of information to ensure a wider and more reliable range of information. Advice from multidisciplinary teams (experts and associations of suicide survivors) helps to ensure good quality reporting. On the other hand, including people in reports (via interviews or inserts) who are connected with the circumstances but who can't provide any concrete or valuable information (for instance, statements from neighbours) can result in a sensationalist focus.

10. The media can contribute to the work of **preventing suicide** by raising awareness of the indicators of risk of suicidal behaviour and by providing information on resources for prevention (mental health services, telephone hotlines, etc.). Consequently, whenever possible, information on these resources should be superimposed when reporting on such cases.

11. Documentaries and special reports, which deal with information in more depth, are formats that can provide a wider analysis free from the time pressures inherent in a news bulletin or item on a specific event. Documentaries and special reports on suicide can therefore be a great help in its prevention (the Papageno effect), constructing a discourse based on advice given by specialist organisations and experts in this area regarding protective factors and providing examples of people who have coped with suicidal experiences (the capacity to tackle adversity and become stronger because of it).

12. Great care should be taken with information related to **websites or online blogs**, **not mentioning or identifying websites or networks that promote or contain a discourse that is favourable towards suicide** (pro-suicide forums, suicide pacts created via online chat rooms, etc.). On the other hand, **it is certainly useful to mention any preventative resources that can be found online**.

4. SPECIFIC GUIDELINES DEPENDING ON THE SCENARIO

This section establishes a number of recommendations for the language used in news programmes, taking into account the scenario or context for the suicide in question:

Scenario	Ideally we should talk about...
Suicide pact: two people agreeing to take their own lives.	Double suicide.
Homicide with suicide: in situations of violence within couples, where someone kills themselves after killing their partner without suffering from any mental disorder. There are different reasons and there may be an inference of revenge or wanting to avoid the consequences of the criminal act committed.	Homicide when the alleged murderer has taken their own life.
In cases of severe depression, normally psychotic, when someone has lost contact with reality, they may have confused ideas of ruin/nihilism which lead them to **kill one or more people, generally those close to them, before taking their own life**, to prevent them from suffering.	In this case the medical concept of *extended suicide* should ideally be used.
A person, such as the leader of a sect, **incites a group** of people to commit suicide and everyone takes their own life.	Collective suicide.
Death by suicide without any psychiatric disorder or emotional upheaval ("life crisis"); **premeditated** and carried out while thinking rationally. Although it's difficult to prove, this is very rare.	Rational suicide.
Assistance provided by a third party for someone who is terminally ill and cannot kill themselves, so that they can die when they choose.	Assisted suicide.

Scenario	Ideally we should talk about...
Someone who carries out a **terrorist attack and dies** as a consequence of the method used for the attack.	It's advisable to avoid using the term "suicide attack", provided the report format and discourse are appropriate and this creates no confusion, to avoid contextualising suicide as the act of a hero or martyr. The term "suicide attack" can be avoided by explaining the facts.

In any case, for any kind of scenario the recommendation is to wait for the psychological autopsy to be carried out (information obtained from interviews with relatives, acquaintances and medical professionals associated with the person who has died) rather than reaching any premature conclusions.

SOURCES OF INFORMATION

Below are some links that might be of interest regarding the reporting of suicide by the media:

- Mitos y creencias equivocadas respecto a la muerte por suicidio. DSAS (Després del Suïcidi - Associació de Supervivents).

- How Journalists can help to prevent copycat suïcides. European Alliance Against Depression.

- http://www.who.int/mental_health/media/en/426.pdf. World Health Organisation document on how the media should report on death by suicide.

- European Regions Enforcing Actions Against Suicide. EUREGENAS project whose overall objective is to contribute to the prevention of suicidality (suicidal ideation, suicide attempts and suicide) in Europe. This includes various documents, including some devoted to the media.

REPORTING ON INNAPROPIATE CONTENT

Anyone believing that certain content or the representation of death by suicide in the media is inappropriate or stigmatising, either in a programme or in advertising for any radio or television station, public or commercial, or in audiovisual content on the internet, can report this to:

- **Protection of the Audience by the Catalan Audiovisual Council**
  Users of audiovisual media can contact the Catalan Audiovisual Council to pass on any complaints, opinions, suggestions and queries regarding programmes and advertising for both public and commercial radio and television.

  Link: www.cac.cat, clicking on the section “Protection of the Audience”.

Organisations, associations and institucions

These guidelines have been drawn up by

Associació Després del Suïcidi - Associació de Supervivents
Catalan Audiovisual Council
Department of Health, Regional Government of Catalonia

Organisations consulted

Associació Catalana de Concessionaris Privats de TDT Local
Associació Catalana d'Infermeria en Salut Mental (ASCISAM)
Associació Catalana de Prevenció del Suïcidi
Associació Catalana de Professionals de la Salut Mental
Associació Catalana de Ràdio
Associació Empresarial de Publicitat
Asociación Española de Neuropsiquiatría
Associació de Mitjans de Proximitat
Associació d'Usuaris de la Comunicació (AUC)
CIBERSAM, Centre de Recerca Biomèdica en Xarxa. Salut Mental
Col·legi Oficial de Metges de Barcelona
Col·legi de Periodistes de Catalunya
Col·legi Oficial de Treball Social de Catalunya
Col·legi Oficial de Psicologia de Catalunya
Col·legi Professional de l'Audiovisual de Catalunya
Col·legi de Publicitaris i Relacions Públiques de Catalunya
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Federació de Mitjans de Comunicació Locals de Catalunya

Federació Salut Mental Catalunya
Fòrum Salut Mental
Fòrum d'Entitats de Persones Usuàries de l'Audiovisual
Fundació Cassià Just
Fundació Congrés Català de Salut Mental
Hospital Universitari Vall d'Hebron. ICS
Institut Clínic de Neurociències, Hospital Clínic de Barcelona
Parc Sanitari Sant Joan de Déu
Societat Catalana de Comunicació
Societat Catalana de Medicina Familiar i Comunitària (CAMFIC)
Societat Catalana de Psiquiatria i Salut Mental
Societat Catalana de Psiquiatria Infanti i Juvenil
Societat Catalana d'Especialistes en Psicologia Clínica (SCPEC)
Sindicat de Periodistes de Catalunya
Teleespectadors Associats de Catalunya (TAC)
Unió Catalana d'Hospitals (UCH)
Xarxa Audiovisual Local - La Xarxa

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