

Reporting Suicide

A resource for the media

**Developed by the media Roundtable and
adopted by the Media Freedom
Committee and the Newspaper
Publishers' Association
December 2011**

SUICIDE AND THE MEDIA - Introduction

CONTEXT

This resource has been designed for the use of journalists, students of journalism and media studies and others who may report or comment publicly on suicide in New Zealand.

Reporting of a specific suicide event requires journalists to exercise fine editorial judgment within the framework of statutory constraints imposed by the Coroners Act 2006 and best practice relating to the reporting of traumatic events.

Suicide is an issue of legitimate concern to the public and the media can perform an important role in informing and educating the public about this complex issue. Stories that address likely causes; warning signs; trends in suicide rates; recent advances in treatment; and suicide prevention strategies provide a useful context in a story about suicide.

This resource outlines the issues relating to suicide reporting, gives some suggestions for best practice reporting and identifies sources of information that journalists might find useful. The resource can also act as a discussion document when journalists discuss with their editors or newsroom managers their medium's own codes of practice and policies on the reporting of suicide.

The resource has been developed for the Ministerial Committee on Suicide Prevention by a working group of media professionals, mental health professionals, agencies working in this area, and government agencies.

Terminology:

Suicide is the deliberate and conscious act by a person to end their life.

Suicidal behaviour includes the range of behaviours related to suicide and self-harm including acute self-harming behaviours not aimed at causing death and suicide attempts. Some commentators also include deliberate risk-taking behaviours as suicidal behaviours.

Suicidal contagion/clusters/copycat behaviour refers to groups of suicides and imitative deaths linked by social or geographical groupings or by some other feature; as a result of local knowledge or accounts or depictions of the original suicide in the media.

SUICIDE AND THE MEDIA– At a glance sheet

	DO 	THINK 	DON'T 
Suicide and self harm	<ul style="list-style-type: none"> Consider how a newsworthy suicide should be treated as a story Explore the risk factors associated with suicide. Report suicide in a straightforward manner by providing concise and factual information Provide information on support services Provide a balanced report and consult reputable sources Understand your legal obligations under the Coroners Act. 	<ul style="list-style-type: none"> About the language you choose – avoid language, images or presentation that glorify, trivialize or romanticise suicide or persons who commit suicide, particularly in media that target or are likely to be available to young people About your justification for the story. About the headline. Avoid sensationalism and graphic photographs and consider carefully the impact of eye-witness accounts. 	<ul style="list-style-type: none"> Simplify the cause of death. The causes of suicide are usually complex Specify in detail the method or location of suicide Just focus on the person's positive characteristics.
Approaching bereaved families and friends	<ul style="list-style-type: none"> Check the facts – this is especially important if the interviewee is not a close relative and may have taken it upon themselves to make comment. 	<ul style="list-style-type: none"> About keeping yourself and your colleagues safe – reporting on suicide can be traumatic About what pictures you use, how you use them and where you place them Carefully about interviewing children, young people or other people who might be especially vulnerable to copycat suicide behaviour. 	<ul style="list-style-type: none"> Encourage over simplification of the death by contributing it to a single cause Identify with the person you are interviewing and suggest that you know how they feel because you have experienced the death of a relative or friend.
Social networking	<ul style="list-style-type: none"> Promote online help and information services Encourage parents to talk to their children about the risks of social networking Promote the fact that social networking sites can be full of untruths and pretence Inform parents/caregivers that removing technology from young people can be counter productive. 	<ul style="list-style-type: none"> About the online communities that young people are part of, far beyond the immediate school and neighbourhood so information will be disseminated widely About reporting on memorial sites which can glorify the young person and give the impression of 'celebrity' to others. 	<ul style="list-style-type: none"> Blame suicide on texting or Facebook etc. It is too simplistic when the reasons for suicide are invariably much more complex.
Cultural and spiritual attitudes	<ul style="list-style-type: none"> Seek advice about the cultural/religious implications of the story. 	<ul style="list-style-type: none"> Cultural and religious attitudes to suicide may be contradictory; a strong belief in the sanctity of life against the feeling of bereavement 	<ul style="list-style-type: none"> Assume that you have knowledge of cultural and religious values and attitudes; these can change.

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SUICIDE AND THE MEDIA

CONTEXT – Suicide and Intentional self-harm

There are about 500 suicides each year in New Zealand, a quarter of which involve young people under the age of 25 years. More men than women choose to kill themselves.

In addition, each year about 2,500 people deliberately hurt themselves to the extent that they require hospital treatment for longer than two days.

In 2008, the 497 deaths by suicide equated to 11.2 deaths per 100,000 population. About 40% of people who killed themselves had been under the care of a specialist mental health service in the year prior to their death.

People take their own lives usually as a result of complex factors and there is rarely any one cause.

In some circumstances reports of an individual's suicide, particularly the suicide of someone newsworthy, might increase the risk of further suicides among some people.

People (families and friends) bereaved by suicide can also be at greater risk of suicide or self-harm. One suicide might lead to others in a community (clustering, copycat or contagion suicides).

BEST PRACTICE

DO

Consider how a newsworthy suicide should be treated as a story.

Explore the risk factors associated with suicide such as mental illness, alcohol and drug abuse and social deprivation.

Provide information on support services for distressed people.

Provide information on services to help people who have been bereaved by suicide.

Provide a balanced report and consult reputable sources.

Report suicide in a straightforward manner by providing concise and factual information that increases public awareness of risk factors, warning signs and possible actions to help a suicidal person.

Understand your legal obligations under the Coroners Act

THINK

About the language you choose – avoid language, images or presentation that glorify, trivialise or romanticise suicide or persons who commit suicide, particularly in media that target or are likely to be available to young people.

About your justification for the story. If there have been similar stories recently, be careful about making connections.

About the headline. Avoid sensationalism and graphic photographs and consider carefully the impact of eye-witness accounts

DON'T

Simplify the cause of death (eg, Mr X killed himself as a result of losing his job). The causes of suicide are usually complex

Specify in detail the method or location of suicide.

Just focus on the person's positive characteristics

SUICIDE AND THE MEDIA – Approaching bereaved families, friends and communities

CONTEXT

The family and friends of people who have killed themselves are often confused, distressed, feeling guilty and seeking answers to why people have acted as they have.

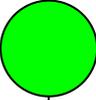
This means that when approached by the media, family and friends might use the interview to try to clarify what happened for them – this vulnerability can mean that they might say things that they later regret. People bereaved by suicide may also use an interview as an opportunity to lay blame on others at a time when they have not really had time to make sense of the tragedy.

Research shows that families and friends bereaved by suicide can be themselves at greater risk of suicide or self-harm.

Public agencies are available for advice. Mental health crisis teams, community mental health services and other support such as telephone help lines can be accessed for support, intervention and advice. The Ministry of Education through its Traumatic Incidents Service assists the wellbeing of school communities after a suicide – this includes students, teachers and parents affected by a suicide death.

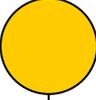
CASA's (Clinical Advisory Services Aotearoa) Community Postvention Response Service (CPRS) provides services to communities where there is a risk of suicide contagion after a death by suicide.

BEST PRACTICE



DO

Check the facts – this is especially important if the interviewee is not a close relative and may have taken it upon themselves to make comment.

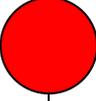


THINK

About keeping yourself and your colleagues safe – reporting on suicide can be a traumatic experience.

About what pictures you use and how you use them – in particular, having online pictures of the person who has died or of the bereaved can cause ongoing distress.

Carefully about interviewing children, young people or other people who might be especially vulnerable to copycat suicide behaviour.



DON'T

Over simplify the death by contributing it to a single cause.

Identify with the person you are interviewing and suggest that you know how they feel because you have experienced the death of a relative or friend.

SUICIDE AND THE MEDIA – Social Media

CONTEXT

Some media reports have linked social media to suicide and suicidal behaviour using headlines such as:

Texts blamed for Teen's Suicide
Mother of suicidal text bullying victim speaks out
1000 Facebook friends, but none of them helped her

Concerns have also been raised about websites, forums, blogs, and threads which give 'how to' advice and encourage self harm and suicide.

Texting and other online communications can be very intense, immediate, intimidating and isolating particularly for vulnerable young people. Young people may not share their concerns with adults, especially if they think they will lose their online access. Young children can be intimidated and frightened into negative actions by threatening contacts.

On the other hand research shows that websites and social networking sites can provide positive contacts and information which is anonymous and confidential. Forums and blogs often include comments that actively discourage suicidal behaviour and encourage people to seek help.

Young people in particular are technologically savvy and are often critically aware. The risk comes when vulnerable people feel that they have no options available or anyone to talk to.

GOOD PRACTICE



DO

Promote online help and information services.
Encourage parents to talk to their children about the risks of social networking.
Promote the fact that social networking sites can be full of untruths and pretence.
Inform parents/caregivers that removing technology from young people can be counter productive as it may discourage conversation about concerns and encourage 'secret' access.



THINK

About the online communities that young people are part of, these are often far beyond the immediate school community and neighbourhood so information may be being disseminated widely.
About reporting about memorial sites which can glorify the person who has died by suicide.



DON'T

Blame suicide on the Internet or social media as this is far too simplistic when the reasons for suicide are invariably much more complex.

SUICIDE AND THE MEDIA - Cultural and spiritual attitudes to suicide

CONTEXT

Suicide occurs within a specific cultural and religious context. Just as there is no universal response to death, there is no universal response to suicide.

Different cultures and religions/spiritual beliefs (even within the same cultural context) have different habits associated with death: different ways of caring for the dead body, different rituals around interment, and different periods and rituals of mourning. These differing attitudes might influence the way in which distress is manifested and also the way friends and family respond to this distress.

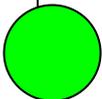
The bereaved family might have an ambivalent attitude to the suicide, loving the person who died by suicide but condemning the act because of religious or cultural/ethnic norms. Knowledge of the cultural and religious context can ensure that reports of a suicide are not offensive to the family, whānau or wider community/cultural grouping.

For Māori, whakamomori is the term often interpreted as suicide but it has a broader meaning which includes feelings, thoughts, emotions and actions that might escalate and result in an attempt at suicide.

In Pacific communities there might be shame and stigma attached to suicidal behaviour. This is a reflection not only of strongly held Christian beliefs but also traditional approaches to health and well-being based on the concept of balance among mental, physical, family and environmental elements.

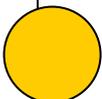
Hinduism and some types of Buddhism do not strongly condemn suicide. Conversely, it is prohibited in Islam and some denominations of Christianity.

GOOD PRACTICE



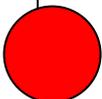
DO:

Seek advice about the cultural or religious implications of the story.



THINK

Attitudes to suicide may be contradictory; that is, a strong belief in the sanctity of life against the feeling of bereavement at losing a loved one.



DON'T

Assume that you have knowledge of cultural or spiritual values and attitudes; culture and values can change.

SUICIDE AND THE MEDIA – Debunking the myths

CONTEXT

The media have an important role to play in changing and challenging the myths and misunderstandings about suicide and suicide behaviour.

For example:

People are not allowed to talk about suicide.

There is no constraint on the media, or anyone else, talking about suicide. The legal limitations in the Coroners Act relate to publishing (including broadcasting) the details of an individual death. This does not prevent the media talking about issues or providing support information.

Talking about suicide encourages people to kill themselves.

If you are worried that someone might be thinking of harming themselves you should talk to them and encourage them to seek help. If people are aware of the signs that someone may be thinking about killing themselves they can help.

People who talk about killing themselves or who intentionally hurt themselves won't kill themselves.

Many people who kill themselves drop hints about how life is not worth living. Any talk that implies a person is thinking of killing themselves should be taken seriously.

People who are suicidal want to die.

Research shows that most people who make a serious attempt to kill themselves report that they didn't really want to die but to change the life they had.

SUICIDE AND THE MEDIA – the Coroner’s Act 2006

CONTEXT

The Coroners Act 2006 places restrictions on media reporting of *individual* suicides.

Sections 71, 73 and 74 of the Act impose restrictions on “making public” the details of self-inflicted deaths.

Section 75 allows for any person, including the media, who is dissatisfied with a Coroner’s ruling concerning reporting restrictions to seek a review through the High Court.

There is unresolved debate on the definition of the word “particulars” in section 71. Journalists should at all times consult their editors and/or legal advisers when considering such details.

The Chief Coroner has commented that he considers any “particular” relating to the manner of death includes the method, the cause of death and circumstances leading up to the death. “Particulars” would therefore include mental health history, other potential causal factors involved in the death and the circumstances leading up to the death.

The Chief Coroner considers that the media would breach the Act if the death is reported as an apparent, suspected or presumed suicide. Some journalists, media companies and their legal representatives disagree that the word “particulars” is capable of such broad meaning. They also refer to Section 14 of the Bill of Rights Act 1990 and the right to freedom of expression.

The restriction on publishing or broadcasting should not prevent agencies that provide trauma and post-event support from talking to people affected by suicide or from delivering timely and pragmatic communication. It is important to ensure support is available to communities in the immediate aftermath of a suspected suicide so that well-meaning but potentially unsafe practices are not undertaken by schools, communities and the media, and appropriate support and advice can be provided.

The debate is continuing. Further discussion will take place and this resource encourages journalists to establish close liaison with regional coroners to ensure that dialogue continues at all levels.

Section 71

Restrictions on making public of details of self-inflicted deaths

- (1) No person may, without a coroner’s authority, make public any particular relating to the manner in which a death occurred if—
 - (a) the death occurred in New Zealand after the commencement of this section; and
 - (b) there is reasonable cause to believe the death was self-inflicted; and
 - (c) no inquiry into the death has been completed.
- (2) If a coroner has found a death to be self-inflicted, no person may, without a coroner’s authority or permission under section 72, make public a particular of the death other than—
 - (a) the name, address, and occupation of the person concerned; and
 - (b) the fact that the coroner has found the death to be self-inflicted.
- (3) The only grounds on which a coroner may under this section authorise the making public of particulars of the death (other than those specified in subsection (2)(a) and (b)) are that the making public of particulars of that kind is unlikely to be detrimental to public safety.

- (4) In determining whether the grounds specified in subsection (3) are made out, a coroner must have regard to—
- (a) the characteristics of the person who is, or is suspected to be, the dead person concerned; and
 - (b) matters specified in any relevant practice notes issued under section 132 by the chief coroner; and
 - (c) any other matters the coroner considers relevant.

Section 73

Definitions for sections 71 and 74

- In sections 71 and 74,—
make public means publish by means of—
 - (a) broadcasting (within the meaning of the Broadcasting Act 1989); or
 - (b) a newspaper (within the meaning of the Defamation Act 1992); or
 - (c) a book, journal, magazine, newsletter, or other similar document; or
 - (d) a sound or visual recording; or
 - (e) an Internet site that is generally accessible to the public, or some other similar electronic means**particular**, in relation to a death, means a detail relating to the manner in which the death occurred, to the circumstances of the death, or to an inquiry into the death

Section 74

Coroner may prohibit making public of evidence given at any part of inquiry proceedings

- If satisfied that it is in the interests of justice, decency, public order, or personal privacy to do so, a coroner may prohibit the making public of—
 - (a) any evidence given or submissions made at or for the purposes of any part of the proceedings of an inquiry (for example, at an inquest); and
 - (b) the name, and any name or particulars likely to lead to the identification, of any witness or witnesses.

SUICIDE AND THE MEDIA - information and support sites

General Information Sources

Ministry of Health www.moh.govt.nz/suicideprevention - information about suicide and suicide prevention, facts, and Ministry publications

Suicide Prevention Information New Zealand www.spinz.org.nz - the national information service to provide high quality information to promote safe and effective suicide prevention activities.

Te Pou www.tepou.co.nz the New Zealand's National Centre of Mental Health Research, Information and Workforce Development.

The Mental Health Foundation www.mentalhealth.org.nz provides free information and training, and advocates for policies and services that support people with experience of mental illness, and also their families/whanau and friends.

Professional protocols and guidelines

The Fairfax Media Protocols

Broadcasting Standards Authority <http://www.bsa.govt.nz>

Talking to schools

Ministry of Education material -

<http://www.minedu.govt.nz/NZEducation/EducationPolicies/Schools/EmergenciesTraumaticIncidents.aspx>

Social networking

NetSafe - promotes cybersafety by educating and supporting individuals, organisations, and industry, on a range of cybersafety issues <http://www.netsafe.org.nz>

Internet NZ - internetnz.net.nz

Cultural and religious attitudes to suicide

Te Rau Matatini - <https://www.matatini.co.nz>

Kia Piki Co-ordinators - <http://www.primarymentalhealth.org.nz/page/20214>

Ministry of Maori Development Te Puni Kokiri - <http://www.tpk.govt.nz>

Ministry of Pacific Island Affairs - <http://www.minpac.govt.nz/>

Office of Ethnic Affairs - Provides a referral and information service for ethnic communities in New Zealand, and policy advice to government. www.ethnicaffairs.govt.nz

Coroners Act 2006

www.legislation.govt.nz/act/public/2006/0038/latest/DLM377057.html

Support and help for individuals

Helplines

Lifeline 0800 543 354

Youthline 0800 376 633

Kidslines 0800 543 754 (weekdays 4-6 pm)

What's Up 0800 942 8787 (noon to midnight 7 days, for young people aged 5 to 18)

Depression Helpline 0800 111 757

Samaritans 0800 826 666 (lower North Island and Upper South Island) provides confidential, non-judgemental emotional support through their telephone helpline 24 hours a day, 7 days a week, to people in distress and at risk of dying by suicide.

Healthline 0800 611 116

Websites

The Lowdown (for young people) www.thelowdown.org.nz or freetext 5626

The Depression website www.depression.org.nz which provides information about depression and an online depression self-management programme 'The Journal' presented by John Kirwan, which is backed up by online and phone base personalised support services.

Samaritans www.samaritans.org.nz

Services

- Primary care professional or general practitioner
- Community mental health service through the local district health boards (contact details in the white pages or at www.moh.govt.nz/districthealthboards)
- Counselling services

In an emergency

If someone is seriously concerned about a person's immediate safety, they should:

- Call 111 and ask for an ambulance or take the person to the Emergency Department at the nearest hospital
- Contact the nearest hospital or mental health emergency service/mental health crisis assessment team
- Remain with the person until appropriate support arrives
- Remove any obvious means of suicide (guns, medication, cars, knives, rope, etc).

Support for families and friends

Victim Support <http://www.victimsupport.org.nz> provides support for victims of trauma.

Skylight <http://www.skylight.org.nz/> provides services to support those facing loss, trauma and grief.

Support for communities at risk

Clinical Advisory Services Aotearoa (CASA) provides a Community Postvention Response Service to support communities where there is the risk of suicide contagion, usually after a death by suicide.

<http://www.casa.org.nz/current-programmes/community-postvention-response.aspx>

