

Submission on “Reporting Suicide: A Resource for the Media”

This submission has been prepared by a group of academics, clinicians and psychiatric researchers who are concerned about the proposal to replace the 1999 New Zealand *Suicide and the media* guidelines [1] by a new resource (*Reporting Suicide: A Resource for the Media* [2]). The draft new Resource provides background and advice to the media on issues related to the reporting of suicide and suicide attempts in New Zealand. While we agree with the need to update the guidelines to incorporate new evidence, we have serious concerns about key aspects of the draft. We also have concerns about the level of familiarity with the evidence of those involved in the development of the guideline.

When compared to its predecessor, this document is deficient in a number of ways. These deficits include:

1) *Failure to Summarise the Adverse Effects of Media Publicity*: More than 50 studies have now reported on the adverse effects of media reporting of suicide (for example, see [3-9]). In the 1999 guidelines, nine pages were devoted to summarising this evidence and discussing ways of minimising the risks associated with media reporting. The new Resource lacks any review of the evidence on the adverse effects of media reporting and addresses this issue with the single statement:

“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” (p. 5).

This rendition of the evidence is inadequate and misleading for two reasons. First, the resource fails to provide an adequate review of the risk of media reporting and fails to provide references to the extensive literature on this topic. This is unacceptable in a document which purports to be a resource for journalists. Any journalist who wishes to check the claims in the resource will need to search the literature to find out what is known about the media and suicide.

Secondly, the phrasing used in the single sentence serving to summarise the evidence minimises the risks of media reporting through the use of qualifiers such as “*in some circumstances*”, “*might increase*” and “*among some people*”. Many journalists reading the resource will gain the impression that the risks of media publicity are negligible. This is far from the case. There is substantial evidence to support the conclusions that injudicious media reporting can increase risks of suicide by:

- a) Encouraging copycat suicide [9-12];
- b) Fostering the development of suicide clusters [13-14].

Finally, there is evidence suggesting that the repetitive reporting of suicide may normalise suicide as an acceptable response to adverse circumstances [15].

While the resource attempts to mitigate these risks by a number of “Do”, “Think” and “Don’t” suggestions, these suggestions are far too non-specific and de-contextualised to be of use in a specific situation. Furthermore many of the “Do” suggestions are likely to encourage repetitive reporting of suicidal behaviours which has been found to increase rates of suicidal behaviour (see below).

The signatories to this submission are united in their view that the rendition of the evidence on suicide and the media provided by the new Resource is inadequate and must be replaced by a more comprehensive, thoughtful and rigorous treatment of the evidence on the adverse effects of media reporting of suicide. We are all very concerned about a process in which ‘updating’ a Ministry of Health resource has resulted in the marginalisation of the evidence quoted in the 1999 resource, as well as ignoring all the new evidence of the last 12 years, which, in fact, has served to strengthen the case for harmful media effects.

2) *Misrepresentation of the Positive Benefits of Media Reporting:* The limitations of the description of the evidence on media and suicide are compounded by incorrect claims made in the report about the beneficial consequences of media reporting. On page 9 it is argued that:

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

We know of no evidence that supports the claim that specific media challenges to unspecified myths and misunderstandings have any benefit. In fact, this statement contradicts recent research which suggests that such reporting may be harmful. In particular, a 2010 study by Niederkrotenthaler et al examined both the positive and negative effects of media reporting using Austrian data [16]. This study found that the *repetitive* reporting of completed suicide or suicide attempts, including efforts to debunk myths, had harmful effects and led to increases in suicidal behaviour. The only form of media reporting found to have beneficial effects was that of stories involving accounts of the ways people had been able to

overcome suicidal thoughts and avoid the progression to making a suicide attempt. Furthermore, there is some evidence to suggest that the risks of repetitive media reporting cannot be mitigated by the publication of information about signs of depression or sources of help for mental health problems.

While these findings have not yet been replicated in further studies, they do post a clear warning that *any* repetitive reporting of suicide, suicide attempts or suicide myths runs the risk of increasing suicidal behaviour.

Under these conditions, the appropriate advice to the media is that any reporting of suicidal behaviours, aside from suicidal thoughts and successful strategies to combat them, needs to be presented in a muted and cautious way to avoid risks of further media induced suicidal behaviours.

3) *Inconsistency with Other Guidelines:* A review of international guidelines for media reporting of suicide shows that the proposed resource is highly inconsistent with other guidelines [17-21]. Invariably, these guidelines highlight the risks of injudicious media reporting and urge a cautious view to the reporting of suicide. New Zealand's proposed new Resource does almost the opposite: it dismisses the evidence on media and suicide in a single sentence and incorrectly claims that the media can have an "*important role*" in challenging myths and misunderstandings, despite recent evidence that this may be harmful. The disparity between the proposed new Resource and all other international media guidelines is of great concern. If the new Resource is put in place, New Zealand's media guidelines will be highly discrepant with all other media guidelines that emphasize the risks of media reports of suicide.

4) *Expertise:* New Zealand is fortunate to have world class and senior researchers and clinicians with expertise in the area of suicide prevention and media and suicide in particular, some with considerable experience working with journalists who report on suicide. It is regrettable that none of these people were able to participate in the development of these guidelines.

Summary:

It is the unanimous view of the signatories to this submission that the proposed new Resource is flawed, potentially dangerous and should not be promulgated.

The summary of the evidence on the adverse effects of media reporting is inadequate and biased towards minimising the large body of scientific evidence that exists in this area. As a result it fails to inform the media about the risks associated with the reporting of suicide. The claims that media reporting can have positive effects in debunking myths and misunderstandings are inconsistent with emerging evidence. Finally, the approach used in this document is completely inconsistent with the harm minimisation approach taken in other international guidelines. We believe that these problems place New Zealand significantly at risk in a number of ways:

First the “watering down” of the evidence and issues discussed in the 1999 guidelines will mean that the current guidelines are likely to increase rates of “risky reporting”, with a consequent increase in the risk of copycat suicide and suicide clusters.

Second, the lack of scholarship that permeates the resource will mean that New Zealand media will be misinformed about the risks of media reporting.

Third, the incorrect claims that media reporting may have positive effects are likely to stimulate and reinforce the risky reporting of suicidal behaviours.

Finally, the clear discrepancies between the proposed resource and other international guidelines may diminish New Zealand’s reputation as a well-informed and progressive society.

Recommendations

For all of these reasons, as the Resource stands it fails to provide an adequate and safe statement of the risks posed by injudicious reporting of suicide and suicide attempts, and requires a number of major revisions before it is promulgated. Specific revisions required to provide New Zealand journalists with a current best-practice resource include:

- 1) A comprehensive but reader-friendly summary of the evidence on media effects on risks of suicidal behaviour. This review should update the review provided in the 1999 guidelines and highlight the risks of repetitive or injudicious media reporting in: a) encouraging copycat suicide; b) sustaining suicide clusters; c) normalising suicidal behaviours. The review should also make it clear that the body of research evidence is now so large that the risks of media-induced suicidal behaviours cannot be ignored. This could be at the end of the document so busy journalists and editors can get quickly to the guidance itself.

- 2) There is a need to highlight recent findings which suggest that the media can play a positive role by presenting stories of instances where people have overcome suicidal thoughts and avoided making a suicide attempt. It should also be made clear that other forms of reporting, including debunking myths, may be potentially harmful if media publicity is extensive or repetitive.
- 3) Consideration should be given to removing the Table on “Do; Think; Don’t” and replacing this with a narrative account of good practice in media reporting, or providing both.
- 4) Given the lack of familiarity with the current evidence that pervades the present resource, consideration should be given to extending the Round Table membership to include wider research representation by for example including the New Zealand researchers and clinicians who helped develop the international resource *Preventing Suicide: A Resource for Media Professionals* 2008
- 5) Given the extent of the problems with the current Resource, a further round of consultation and external review will be required to provide the necessary reassurance that the revised Resource is accurate and scientifically robust, but more importantly, safe.

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About the signatories:

The signatories to this document include New Zealand's leading researchers and clinicians in the area of Suicidology and Psychiatric Epidemiology. This group is supported by the Executive of the New Zealand College of Clinical Psychologists

The submission is also supported by three international signatories: Dr. Dan Reidenberg, Prof. Jane Pirkis of the University of Melbourne and Dr. Thomas Niederkrotenthaler of the University of Vienna. Dr. Reidenberg is the Chair and Co-ordinator of the new US media guidelines, Executive Director of SAVE (Suicide Awareness Voices of Education) and Managing Director of the National Council for Suicide Prevention, USA. Prof. Pirkis and Dr. Niederkrotenthaler are co-chairs of the International Association of Suicide Prevention (IASP), Suicide and the Media Task Force. Both have published widely on the adverse effects of media on risks of suicidal behaviours.

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