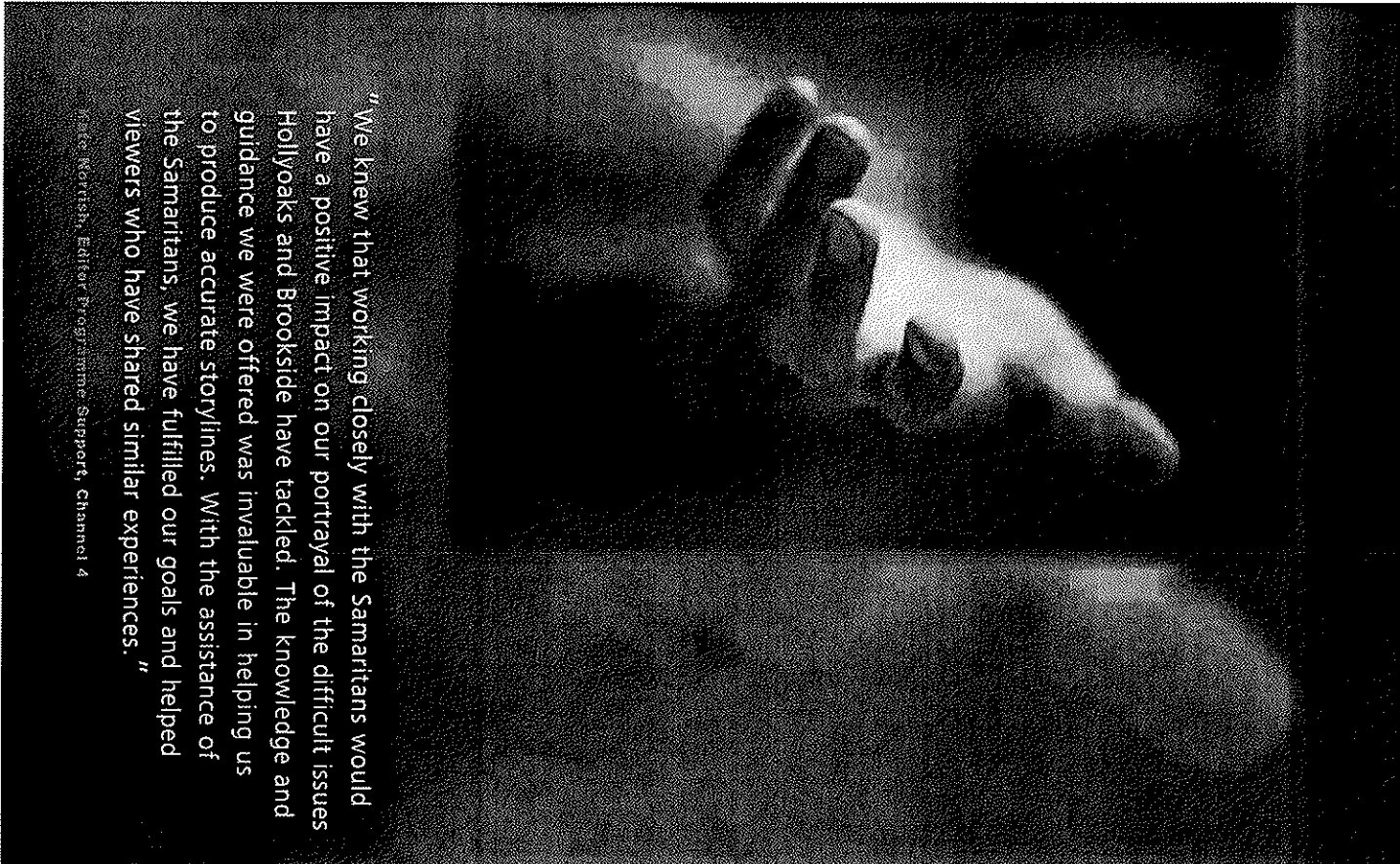


Media Guidelines

FOR THE VOLUNTEERS OF SAMARITANS





"We knew that working closely with the Samaritans would have a positive impact on our portrayal of the difficult issues Hollyoaks and Brookside have tackled. The knowledge and guidance we were offered was invaluable in helping us to produce accurate storylines. With the assistance of the Samaritans, we have fulfilled our goals and helped viewers who have shared similar experiences."

Tracey Korthish, Editor Programme Support, Channel 4

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Introduction

Any suicide is a newsworthy event. The fact that an individual has chosen to end their life, quite deliberately and prematurely, attracts the attention of the public.

The sad truth is that there are over 6,000 suicides every year in the UK. Many of these deaths go unreported, yet the effect of each individual suicide has a profound impact on the family, friends and colleagues, even if it doesn't reach a wider audience.

For the journalist, a suicide presents a difficult dilemma. As suicide is an issue of concern to the public, it is clearly the responsibility of the reporter to present the facts as they happen, without glamourising the story or imposing on the grief of those affected. Indeed there can be a positive aspect to reporting suicide, as debate may help to destigmatise the subject. However, some research shows that inappropriate reporting or depiction can lead to "copycat suicides".

In drama, a similar quandary appears. A suicide or attempted suicide of a character seeks to recreate real life: the drama brings it closer to people's understanding, and the awareness of the complex nature of suicide is raised. On the other hand, the demise of a popular character can have serious consequences, as can the usage of suicide as a convenient plot line to be rid of an awkward character (or awkward actor!).

The Samaritans often receive enquiries from journalists and broadcasters who are concerned about how to depict the issue of suicide in either a factual or dramatic context. Nearly 50 years experience of listening to people in crisis has given us an understanding of the issues involved, and by working in partnership with the media, we hope to develop and improve the public's understanding of this very difficult issue.

When these guidelines were launched in 1994, they were the first of their kind available in the UK. Now in their third edition, they have been successfully used by all kinds of media. Much of the information is based on academic research from the UK and overseas combined with the experiences of The Samaritans and of journalists touched by these issues.

These Guidelines are not exhaustive and they do not seek to dictate, because each situation is different. They simply aim to offer some help to the journalist in resolving their own professional, and sometimes personal, dilemma.



Simon Arnson, Chief Executive

Suicide: the facts

- 5,986 suicides in the UK in 2000.
- One suicide every 88 minutes.
- 698 suicides by young people – almost 2 every day.
- Suicide rates concerning young men have doubled since 1985.



Throughout this booklet, a reference to suicide includes references to "undetermined deaths". It is widely considered that a large proportion of deaths in this category are cases where individuals have deliberately taken their life but the coroner has been reluctant to cause additional grief to the family by recording a verdict of suicide.



Media myths: a quick guide

"Those who talk about suicide are the most likely to attempt it."

Those who talk about their suicidal feelings do attempt suicide. Our experience shows that many people who take their lives will have given warning of their intentions in the weeks prior to their death.

"If someone is going to kill themselves, there is nothing you can do about it."

If you can offer appropriate help and emotional support to people who are experiencing deep unhappiness and distress then you can reduce the risk of them dying by suicide.

"Suicidal people are fully intent on dying."

Many suicidal people are ambivalent about living or dying. Many callers to The Samaritans do not want to die but they talk of not wanting to go on living as things are.

"If someone has a history of making codes for help then they won't do it for real."

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 earlier.

"Talking about suicide encourages it."

On the contrary, giving someone the opportunity to explore their worst fears and feelings may provide them with a lifeline which makes all the difference between choosing life and choosing to die.

"Only genuinely intellectually depressed people make serious attempts at suicide."

Although the majority of suicides are judged to have had some sort of psychiatric illness, though possibly undiagnosed and well-hidden, feelings of desperation and hopelessness are more accurate predictors of suicide.

"A good punting out in the Casuarly Department will teach those who make silly gestures a lesson they won't forget"

Those at risk of suicide may choose a less painful and more certain method next time. The response of those close to a person who has attempted suicide can be important to their recovery. An attempted suicide should always be taken seriously.

"Once a person is suicidal, they are suicidal forever"

Individuals who wish to kill themselves may be suicidal for only a limited period of time. In our experience, emotional support can help people come through a suicidal crisis. Talking and listening can make the difference between choosing to live and deciding to die.

"Suicide can be a blessed relief not just for the individual but for those that surround them or their"

The effects of suicide should not be trivialised in this way. The loss of a loved one is the start of a nightmare, not the end. It leaves profound feelings of loss, grief and guilt in its wake.

Copycat suicides and media reporting

The dilemma

It is accepted that suicide is a valid subject for both reporting and dramatic representation, and that the media has an important role to play in educating the public about suicide. However, certain types of media coverage are potentially harmful, and can act as a catalyst to influence the behaviour of those people who are already vulnerable.

Some areas of concern

Recent research, both in the UK, USA and other countries, strongly indicates that media representation can and does lead to copycat behaviour. Those most affected appear to be young people and the risk seems to be greater when there is a feeling of identification, such as in the case of a celebrity death by suicide, or the death by suicide of an attractive fictional character. It is also very dangerous to provide specific details of a suicide method as this can provide a vulnerable person with the knowledge they need to complete a suicide.



Examples

A German television series, *Death of a Student*, depicted the railway suicide of a young man at the start of each episode. During the series, railway suicides by teenage males increased by 175%. Suicide by other fatal methods did not decrease so it seems that the series created a real increase in suicide, rather than simply influencing the choice of method.

In the UK, a newspaper report of suicide by the unusual method of antifreeze poisoning detailed how the antifreeze had been mixed with lemonade and drunk in a field. In the month following the coverage there were 9 cases of intentional antifreeze poisoning compared with an average of 2 per month previously. In one case the exact method was replicated.⁵

An episode of *Casualty* contained a story line about a paracetamol overdose. Research showed that self-poisoning increased by 17% in the week following the broadcast and by 9% in the second week. 20% of patients who had seen the programme said that it had influenced their decision to attempt suicide.⁶



Positive examples

One study into suicide on the Vietnamese underground system associated dramatic reporting of such suicides with a rise in the subsequent number of suicides taking place on the underground. 13 suicides occurred on the system in 1986 and 9 in the first nine months of 1987, compared to only 9 suicides between 1983 - 1984. The local media agreed voluntary reporting guidelines limiting dramatic or sensational coverage given to suicides. The subsequent number of suicides on the underground fell (4 in 1989 and 3 in 1990) as did the number of attempted suicides on the system.⁷

A study following the death by suicide of the singer Kurt Cobain found that there was no overall increase in suicide rates in his home town of Seattle. This was believed to be because the reporting differentiated strongly between the brilliance of his achievements and the wastefulness of his death. It was also helpful that the media coverage discussed suicide risk factors and identified sources of help for those people experiencing suicidal feelings.⁸



Conclusion

The weight of evidence indicates a clear connection between certain types of media representation and imitative behaviour. Equally, it is clear that positive explanation of the issue in a sensitive way can help to educate the public and destigmatise the issue of suicide.

Suicide is a legitimate topic for serious discussion in the media, like other mental health issues. However, the presentation of it should only be done with great care.

How the media can help



A fine line remains between sensitive, intelligent reporting by the media and sensationalising the issue. The focus should be on educating and informing the public.

Perhaps the most important guiding principle is to consider the reader, listener or viewer who might be in crisis when they read, hear or see the piece. Will this piece make it more likely that they will attempt suicide or more likely that they will seek help?



Recommendations on phraseology

Use phrases like:

- A suicide
- Die by suicide
- A suicide attempt
- A completed suicide
- Person at risk of suicide
- Help prevent suicide

Encourage public understanding of the complexity of suicide. People do not decide to take their own life in response to a single event, however painful that event may be. Nor can social conditions alone explain suicide. The causes of an individual suicide are manifold, and suicide should not be portrayed as the inevitable outcome of serious personal problems.

Seek expert advice. The Samaritans' Press Office can help put you in contact with acknowledged experts on suicide and offer advice about depiction based on an overview of previous cases.

Debunk the common myths about suicide. There is an opportunity to educate the public by challenging these.

Encourage explanation of the risk factors of suicide.

Encourage discussion by health experts on the possible contributory causes of suicide.

Consider the timing. The coincidental deaths by suicide of two or more people makes 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. There are 17 suicides every day, most of which go unreported.

Include details of further sources of information and advice. Listing appropriate sources of 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.

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 The Samaritans, or for those who are bereaved by suicide, information about The Compassionate Friends or Cruse.

Look after yourself. Reporting suicide can be very distressing in itself, even for the most hardened news reporter, especially if the subject launches something in your own experience. Talk it over with colleagues, friends, family or The Samaritans.

Recommendations on phraseology

Avoid phrases like:

- A successful suicide attempt
- An unsuccessful suicide attempt
- Committ suicide (since suicide was decriminalised in 1961, we prefer 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

Avoid simplistic explanations for suicide.

Suicide is never the result of a single factor or event, although a catalyst may seem obvious. Accounts which try to explain a suicide on the basis of dashed romantic feelings or a single dramatic incident should be challenged. 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 may be damaging if it shows a character who has attempted suicide immediately recovered or if it glosses over the grim reality of slow liver failure following a paracetamol overdose.



Avoid explicit or technical details of suicide in reports.

Reporting that a person died from carbon monoxide poisoning is not in itself harmful, however providing details of the mechanism and procedure used to carry out the suicide may lead to the imitation of suicidal behaviour by other people at risk. Particular care should be taken in specifying the type and number of tablets used in an overdose.

Don't romanticise or glorify suicide.

Reporting which 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.

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 story line 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.

Guidelines on factual reporting

In addition to the general guidelines listed above, there are some special considerations for journalists who factually report suicide.

NEWS COVERAGE

Press coverage or broadcast footage of a suicide should be discreet and sensitive. Reports should avoid explicit details of method (e.g. the number of tablets taken) and if possible, avoid the use of dramatic photographs or images related to the suicide. In retrospective reporting or reconstructions, actual depiction of means should be avoided; use of a long shot or a cutaway would be better.



Helpline support

It is often the case that a particular programme or article can have a profound effect on the viewer, listener or reader. In this case, the provision of a helpline or other form of support is recommended and encouraged (for example, The Samaritans on 08457 90 90 90).

Benefits

It is important to note that several programmes and articles have had a beneficial effect in highlighting suicide and the issues surrounding it.



Dramatic portrayal of suicide

The character

One of the key factors in influencing suicidal behaviour appears to be the choice of character. If the viewer or listener feels they can identify with the 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 great risk of suicide and research shows that they are the most likely group to be influenced by media representation.

Means of death

An easily 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, for example, putting a hose onto an exhaust pipe. Any detailed description of suicide method is potentially harmful.

Follow-up

How does the character and those around them change after the suicide or suicide attempt? It seems to be more dangerous if the character is eulogised and if the situation they were finding difficult has been positively affected: "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 should also be taken into account. Christmas and St Valentine's Day, for example, may be particularly poignant times. Also consider whether there is help at hand easily available. For the vulnerable, public holidays, weekends and late at night can be lonely times.

Helpline support

Please consider a back announcement promoting an available helpline. The Samaritans is available 24 hours on 08457 90 90 90.



What to do – and support available

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 and these are outlined on the previous page. 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 The 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, help them find the support they need. There is help available.

The Samaritans

The 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. In 2000, The Samaritans received 4.8 million contacts, one every 7 seconds.

Wherever you are in the UK you can contact:

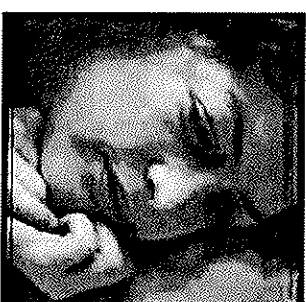
The Samaritans on 08457 90 90 90 for the cost of a local call. In the Republic of Ireland the number is 1850 60 90 90. You can also drop into your local Branch (address and telephone number in your local phone book), e-mail ic@samaritans.org or write to The Samaritans, PO Box 90 90, Suffolk, FK8 2SA.

Other sources of support

The Samaritans General Office on 020 8394 8300 can also provide details on other possible sources of support.

Taking care of yourself

If you're helping someone who feels suicidal, please take care of yourself as well.



What you tell us

"In drama, unnecessary concentration on suicide methods should be avoided. Particular care should be taken in making editorial judgements about any drama that seems to exploit or glorify suicidal behaviour and actions or to overemphasise the "positive" results of a person's suicide. Suicide is a legitimate subject for news reporting but the factual reporting of suicides may encourage others. Reports should avoid glamourising the story, providing simplistic explanations, or imposing on the grief of those affected. They should also usually avoid graphic or technical details of a suicide method particularly when the method is unusual."

BBC Producer's guidelines



"Programme Support at Channel 4 have always valued the co-operative relationship we enjoy with The Samaritans. Being able to call on their expertise to support programmes as diverse as Brookside and Dispatches has enabled Channel 4 to fulfil our remit to provide the best possible support for viewers in crisis."

Kate Norris, Editor Programme Support, Channel 4

"We found the guidelines extremely helpful. While acting as a useful check, in terms of responsibility, they do not compromise creativity nor underestimate an audience's ability to think for themselves."

John Yorke, Executive Producer, EastEnders



If you have any queries about the portrayal of suicide, please talk to The Samaritans' Press Office who will be happy to talk through any questions or concerns.

Contact details

Sarah Nelson

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Kingston Road
Ewell, Surrey
KT17 2AF

Tel: 020 8394 8300
Fax: 020 8394 8301

Helpline

08457 90 90 90 (UK)
1850 60 90 90 (ROI)

www.samaritans.org

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