media guidelines

for reporting suicide and self-harm

SAMARITANS

Contents

"These guidelines provide a valuable resource for those in the media who have any involvement with the reporting or portrayal of suicide and represent an important source of information to help ensure that the quality of reporting and portrayal on this important and sensitive topic is of a high standard."

Professor Keith Hawton, Director, Centre for Suicide Research, University of Oxford.

Introduction: Jeremy Paxman

Reporting of suicide and self-harm is clearly a difficult area. Journalists are under pressure to file reports which are of the moment and in the public interest but there remains the responsibility not to glamorise the story or intrude on the grief and shock of those affected.

Media strongly influences attitudes, beliefs and behaviour and plays an important role in politics, economics and social practice so it can also play a vital role in preventing suicide.

With nearly 6,000 suicides every year in the UK and Ireland, suicide is a subject that will continue to attract extensive media attention by nature of the fact that an individual has deliberately chosen to end their own life.

Positive outcomes of suicide reporting include bringing a subject that remains somewhat taboo into the public arena, helping to de-mystify it and challenging the stigma that still surrounds people willingly taking their own lives. However, inappropriate reporting or depiction can lead to 'copycat suicides', particularly amongst younger more vulnerable audiences. Reporting details that can seem inconsequential and merely factual to some audiences can have a profoundly negative effect on others who might be more emotionally vulnerable.

Samaritans has over 50 years of experience of listening to people in crisis and working in partnership with the media to promote positive reporting about mental health and suicide. The charity receives daily enquiries from journalists concerned about how to depict suicide, what images are appropriate for use and how they should interview individuals who are either bereaved or at risk of suicide.

Samaritans' guidelines aim to provide journalists in all areas of media with the information they need to cover a suicide or self-harm incident; including which terminology to use, how to dispel myths about suicide and how to sensitively talk to bereaved families and friends, with an up-to-date section that focuses on new media.

They are not exhaustive and don't seek to impose on the freedom of the media, but they do aim to help journalists resolve personal and professional reporting dilemmas and de-stigmatise suicide and self-harm to improve better public understanding of the complexity of the issues involved. I hope you find them useful.

Jeremy Paxman

Suicide: the facts[1]

- On average, there is one death from suicide every 90 minutes across the UK and Ireland.
- In 2006 there were just under 6,000 deaths by suicide across the UK and Republic of Ireland. Samaritans' website has suicide figures which are updated annually.
- Every year there are about 24,000 cases of attempted suicide by young people aged 10-19 years in England and Wales alone. This is one attempt every 20 minutes.
- In the UK, for people aged 15-24, suicide is the second biggest cause of death after road accidents.
- Northern Ireland has the highest suicide rate (21 per 100,000 population over 14 years of age).
- The trend in suicide rates is downward in all countries except Wales and Northern Ireland where suicide rates are on the increase.
- Suicide is three times more common amongst men (17 per 100,000 population over 14 years of age) than women (5 per 100,000 population over 14 years of age.

Number of deaths by suicide in 2006:

Country	Number of deaths	Rate per 100,000 over 14 years of age
England	4191	10
Wales	300	12
Scotland	765	18
Northern Ireland	291	21
Republic of Ireland	409	12
UK total	5576	11
UK and ROI total	5985	9

Suicide trends over 10 years (1997-2006):

- 7% decrease in the UK
- 10% decrease in England
- 1% increase in Wales
- 7.5% decrease in the UK and Republic of Ireland
- 14.5% decrease in the Republic of Ireland
- 111% increase in Northern Ireland
- 12.5% decrease in Scotland

Media myths

MYTH: You have to be mentally ill to think about suicide.

FACT: Most people have thought of suicide from time to time and not all people who die by suicide have mental health problems at the time of death. The majority of people who kill themselves do have such problems, typically to a serious degree and often undiagnosed, but feelings of desperation and hopelessness are more accurate predictors of suicide.

MYTH: People who talk about suicide aren't really serious and are not likely to actually kill themselves.

FACT: People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. People may talk about suicide as a way of getting the attention they need, but it is very important that everyone who says they feel suicidal is treated seriously.

MYTH: Once a person has made a serious suicide attempt, that person is unlikely to make another.

FACT: 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 previously[2].

MYTH: If a person is serious about killing themselves then there is nothing you can do.

FACT: Feeling suicidal is often a temporary state of mind. Whilst someone may feel low or distressed for a sustained period the actual suicidal crisis can be relatively short term. Offering appropriate and timely help and emotional support to people who are experiencing deep unhappiness and distress can reduce the risk of them dying by suicide.

MYTH: Talking about suicide is a bad idea as it may give someone the idea to try it.

FACT: When someone feels suicidal they often do not want to worry or frighten others and so do not talk about the way they feel. By asking directly about suicide you give them permission to tell you how they feel. People who have been through such a crisis will often say that it was a huge relief to be able to talk about their suicidal thoughts. Once someone starts talking and exploring their feelings and worst fears they have a greater chance of discovering options other than suicide.

MYTH: Most suicides happen in the winter months.

FACT: Suicide is more common in the spring and summer months.

MYTH: People who threaten suicide are just seeking attention and shouldn't be taken seriously.

FACT: People may well talk about their feelings because they want support in dealing with them. The response of those close to a person who has attempted suicide can be important to their recovery and giving them the attention they need may save their life. An attempted suicide should always be taken seriously.

MYTH: People who are suicidal want to die.

FACT: The majority of people who feel suicidal do not actually want to die but they do not want to live the life they have. Offering emotional support and talking through other options can help people come through a suicidal crisis and make the difference between them choosing to live and deciding to die.

MYTH: Women are more likely to kill themselves.

FACT: More women say they have considered suicide but far more men than women die by suicide every year.

Copycat suicides and media reporting

Suicide is a valid subject for discussion but certain types of suicide reporting are particularly harmful and can act as a catalyst to influence the behaviour of people who are already vulnerable.

Over 60 research articles have looked at the issue of media reporting of suicide and found that it can lead to imitative behaviours[3].

- An episode of a popular TV drama contained a storyline about a deliberate self-poisoning with paracetamol. Researchers interviewed patients who attended accident and emergency departments and psychiatric services and found that 20% said the programme had influenced their decision to take an overdose. Self-poisoning increased by 17% in the week following the broadcast and by 9% in the second week[4].
- A newspaper report in Hong Kong included a detailed description of a person who died by suicide involving the method of burning charcoal in a confined space. Within three years there was a dramatic increase in suicides using this method, with the number of deaths rising from 0% to 10%[5].
- There has been an increase in the number of intentional antifreeze poisonings reported to the British National Poisons Information Service on two separate occasions, both of which followed reports on this method in the national media. The expected rate of self-poisoning by this method is between one and three per month. After the report of an inquest into a suicide using this method appeared in the national media, this rose to six cases in one month and on a separate occasion when the method was portrayed in a popular hospital drama, the rate for that month leapt to nine[6].
- A German television series, 'Death of a student', depicted the railway suicide of a young man at the start of each episode. A 175% rise in railway suicides occurred in young people aged 15-19 years old both during and after the series[7]. This effect was repeated when the series was shown again some years later.

Positive examples

- Studies in Vienna and Toronto found that voluntary restrictions on newspaper reporting of subway suicides resulted in a 75% decrease in suicides by this method.
- A study following the death of singer Kurt Cobain by suicide found that there was not an overall increase in suicides rates in his home town of Seattle, believed to be because reporting differentiated strongly between the brilliance of his life achievements and the wastefulness of his death. It may have also helped that media coverage discussed risk factors and identified sources of help for people experiencing suicidal feelings.

Summary

Research suggests that media portrayal can influence suicidal behaviour and this may result in an overall increase in suicide and/or an increase in uses of particular methods.

"Perhaps the most important guiding principle for all journalists reporting suicide is to consider the vulnerable reader who might be in crisis when they see the story. We need to ask ourselves whether our coverage will make it more likely that they will attempt to take their lives or more likely that they will seek help. These excellent guidelines can help us make the right decisions."

Stephen Pritchard, Readers' Editor, The Observer, President of the Organisation of News Ombudsmen

Social contagion

People bereaved by suicide are themselves at increased risk of suicide or self-harm[10,11,12]. This may be because of the inherent distress associated with bereavement. It is also generally recognised that one suicide may lead to several others in a limited time span and geographic area[13,14].

The effect, known as 'clustering' of suicides, refers to a number of completed or attempted suicides which occur closer together chronologically and geographically than would be expected statistically for the community in question. This appears to particularly affect young and vulnerable people[15,16].

One factor which may lead to suicide 'clustering' is a phenomenon known as 'social contagion'. This is the concept that a combination of grief, over-identification and fixation on suicide leads to an increase in suicidal behaviour amongst a group of people who have been exposed to a suicide.

The media plays an important part in social contagion as it is a means of transmitting or moderating the information which may lead to contagion.

How the media can help

A fine line remains between sensitive, intelligent reporting and sensationalising the issue. Positive effects of reporting suicide and self-harm incidents in a sensitive way include:

- Raising awareness of the complexity of the issues surrounding suicide, factors that contribute to the problem and challenging the stigma associated with emotional and mental health issues.
- Bringing discussion of suicide into the public arena to challenge the idea of it as a taboo subject.
- Calling for better resources to tackle mental health problems.
- Disseminating support services contact information to encourage people at risk to seek help at an earlier stage.
- Offering advice for both people at risk and also worried families and friends.
- Promoting the message that suicide is a preventable phenomenon given the right support.

Recommendations on phraseology

Use phrases like

- A suicide.
- Die by suicide.
- Take one's own life.
- A suicide attempt.
- A completed suicide.
- Person at risk of suicide.
- Help prevent suicide.

Avoid phrases like

- A successful suicide attempt.
- An unsuccessful suicide attempt.
- Commit suicide (Suicide is now decriminalised so it is better 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.
- Suicide 'tourist'.

Reporting tips

Avoid explicit or technical details of suicide in reports.

Providing details of the mechanism and procedure used to carry out a suicide may lead to the imitation of suicidal behaviour by other people at risk. For example, reference can be given to an overdose but not reference to the specific type and number of tablets used. Similarly, saying someone hanged themselves is better than saying they hanged themselves using their own school shirt from their bedroom door. Particular care should be taken in specifying the type and number of tablets used in an overdose and material/or method used in hanging and ligatures.

In retrospective reporting or reconstructions, actual depiction of means should be avoided, for example showing the drawing of blood in self-harm. Use of a long shot or a cutaway is better.

Avoid simplistic explanations for suicide.

Although a catalyst may appear to be obvious, suicide is never the result of a single factor or event and is likely to have several inter-related causes. Accounts which try to explain a suicide on the basis of a single incident, for example unrequited romantic feelings, should be challenged. Where relevant, 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 of suicide in a TV programme may be damaging if it shows a character who has attempted suicide as immediately recovered or if it glosses over the grim reality of suicide. For example, failing to show slow liver failure following a paracetamol overdose.

Avoid disclosing the contents of any suicide note.

This information may sensationalise or romanticise the suicide. It may also provide information which encourages other people to identify with the deceased.

Discourage the use of permanent memorials.

An outpouring of grief and expressions of regret may send unhelpful messages to other distressed and potentially suicidal people.

Avoid labelling places as suicide 'hotspots'.

Advertising such locations provides detail about methods of suicide and may play a part in drawing more people to that location.

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 storyline 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.

Encourage public understanding of the complexity of suicide.

People don't decide to take their own life in response to a single event, however painful that event may be, and social conditions alone cannot explain suicide either. The reasons an individual takes their own life are manifold, and suicide should not be portrayed as the inevitable outcome of serious personal problems. Discussing the risk factors encourages a better understanding of suicide as part of a much wider issue and challenge for society.

Expose the common myths about suicide.

There is an opportunity to educate the public by challenging these (see page 5).

Consider the timing.

The coincidental deaths by suicide of two or more people make 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.

Don't romanticise suicide or make events surrounding it sound melodramatic.

Wanting your readers and audience to identify with the person that has died or the event is natural but reporting which overly highlights community expressions of grief may suggest the local community is honouring the suicidal behaviour of the deceased person, rather than mourning their death. Reporting suicide as a tragic waste and an avoidable loss is more beneficial in preventing further deaths.

Include details of further sources of information and advice.

Listing appropriate sources of local and national 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.

Samaritans is available for anyone in any type of distress on **08457 90 90 90** in the UK or **1850 60 90 90** in the Republic of Ireland or by email at **jo@samaritans.org**. The charity receives calls about loneliness and isolation, relationship and family problems, bereavement, financial worries, job related stress, redundancy, bullying and exam stress as well as calls from people feeling suicidal.

Samaritans' Press Office can offer advice about depiction and can help put you in contact with acknowledged experts on suicide: **+44 (0)20 8394 8300** during work hours or **+44 (0)7943 809 162** out of work hours.

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

Look after yourself.

Reporting suicide can be very distressing in itself, especially if the subject touches something in your own experience. Talk it over with colleagues, friends, family or Samaritans.

Photo selection and placement

Photographs and footage of the scene, location and method of suicide can lead to imitative action by people who are vulnerable.

- Avoid the use of dramatic photographs or images related to the suicide. For example photographs of people standing on ledges about to jump or people falling to their deaths.
- Exercise caution in reporting suicide locations. Giving details of locations used for suicide may result in these places becoming 'popular' for suicide attempts.
- Consider placement of photos, front page should be avoided where possible to guard against over dramatising.
- Avoid reprinting photographs of the deceased on anniversaries or at the time of others' deaths, where possible, as this can have a detrimental effect on the grief of family and friends.

"Samaritans' media guidelines have always proved an important reference tool when we've needed help on certain storylines. We feel their assistance has always enhanced what we portray on screen in a realistic and sensitive manner."

Bryan Kirkwood, Hollyoaks Producer

Dramatic portrayal of suicide

The character

The choice of character is a key factor in influencing suicidal behaviour. If the viewer or listener feels they can identify with a suicidal 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 greater 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 method. For example, showing how a hose pipe is attached to an exhaust and sealed up windows. Any detailed description of suicide method is potentially harmful.

Follow-up

How do the character and those around them change after the suicide or suicide attempt? It is dangerous if the character is eulogised and if the situation they were finding difficult has been positively affected, such as a family being re-united or a bullying campaign finally brought to a close with the message that, '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 can have a profound effect and should be taken into account where possible. Christmas and Valentine's Day, for example, may be particularly poignant times. Also consider whether there is help at hand. For the vulnerable, public holidays, weekends and late at night can be particularly lonely times. Samaritans' phone lines are busiest between 9pm and 4am.

Helpline support

Please consider a back announcement promoting an available helpline. Samaritans is available 24 hours a day on **08457 90 90 90** in the UK or **1850 60 90 90** in the Republic of Ireland.

Samaritans' work with the Press Complaints Commission

Samaritans made a submission to the PCC in January 2006 to ask for a new sub-clause to be introduced into the Editor's Code that would specifically address factual reporting and representation of suicide, following distressing media coverage which Samaritans felt could encourage copycat suicides.

The PCC added a new sub-clause to its Clause 5: Intrusion into Grief and Shock provisions, which now reads:

5i: In cases involving grief or shock, enquiries must be carried out and approaches made with sympathy and discretion. Publication must be handled sensitively at such times, but this should not be interpreted as restricting the right to reporting judicial proceedings.

5ii: When reporting suicide, care should be taken to avoid excessive detail about the method used[18].

The PCC upheld a complaint against a regional evening newspaper in October 2007 after it published an article describing in detail the method a depressed teacher used to electrocute himself.

For more information about the Press Complaints Commission's code of practice log on to **www.pcc.org.uk**.

New media and suicide

The internet has brought additional opportunities and challenges for journalists due to the speed and ease of accessing and publishing information. Points of view can now be presented more quickly and easily but sometimes without review or factual basis. It can be difficult for some readers to understand the distinction between what is fact and what is opinion.

If you are posting your story onto a news website or blog please consider the following points:

General tips

- Avoid linking to, or mentioning, the names of websites that encourage or glamorise suicide, except those that promote positive alternatives and support services. Helpful websites offering support are listed at **www.samaritans.org/links**.
- Try to exercise care and judgement in the creation of news stories that will appear online, as they can often be surrounded by adverts and commentary that are outside the control of the author. Additional features on the page can create a negative context, allowing, for example, adverts promoting depression aids to appear alongside articles on mental health.
- Add hyperlinks to sources of support to ensure that people in distress can access useful resources quickly. Consider promoting **www.samaritans.org** within the UK and Ireland or our worldwide equivalent, **www.befrienders.org** beyond these regions.

Reader feedback

- The ability to comment on articles or blog posts gives readers the opportunity to glamorise suicide or present controversial opinions about suicidal tendencies and mental health. The relative anonymity of these comments can encourage debates that are inappropriate for a news website, and potentially damaging to other readers.
- Responsible websites ensure that the terms and conditions each commentator agrees to when contributing online are explicit in what constitutes inappropriate material, and how it will be dealt with. In addition, site owners and moderators should understand the implications of allowing these comments to be published on their website.
- Wherever possible, attempt to educate your audience to understand how to use the feedback section with full consideration of everyone's health, safety and wellbeing, and the right of the publisher to remove inappropriate content.
- Consider making it clear to users that feedback services are moderated, whether manually or electronically.

"The PCC's rules on the reporting of suicide have been tightened in recent years – largely thanks to representation from Samaritans. The Commission welcomes these guidelines, which will help journalists with the difficult task of getting the balance right when reporting suicide."

William Gore, Assistant Director,
Press Complaints Commission

Search engines

Samaritans works closely with the Internet Service Providers Association (ISPA), Internet Services Providers Association of Ireland (ISPAI) and the search engine industry to implement 'safe-search' protocols to effectively promote our support services above potentially harmful sites. This is based on the dissemination by Samaritans of a list of search keywords and phrases used by individuals exploring suicide. Whenever an individual types in any of these words the search engine provider has agreed to prioritise Samaritans' website as the first result on the page (and if possible on following pages).

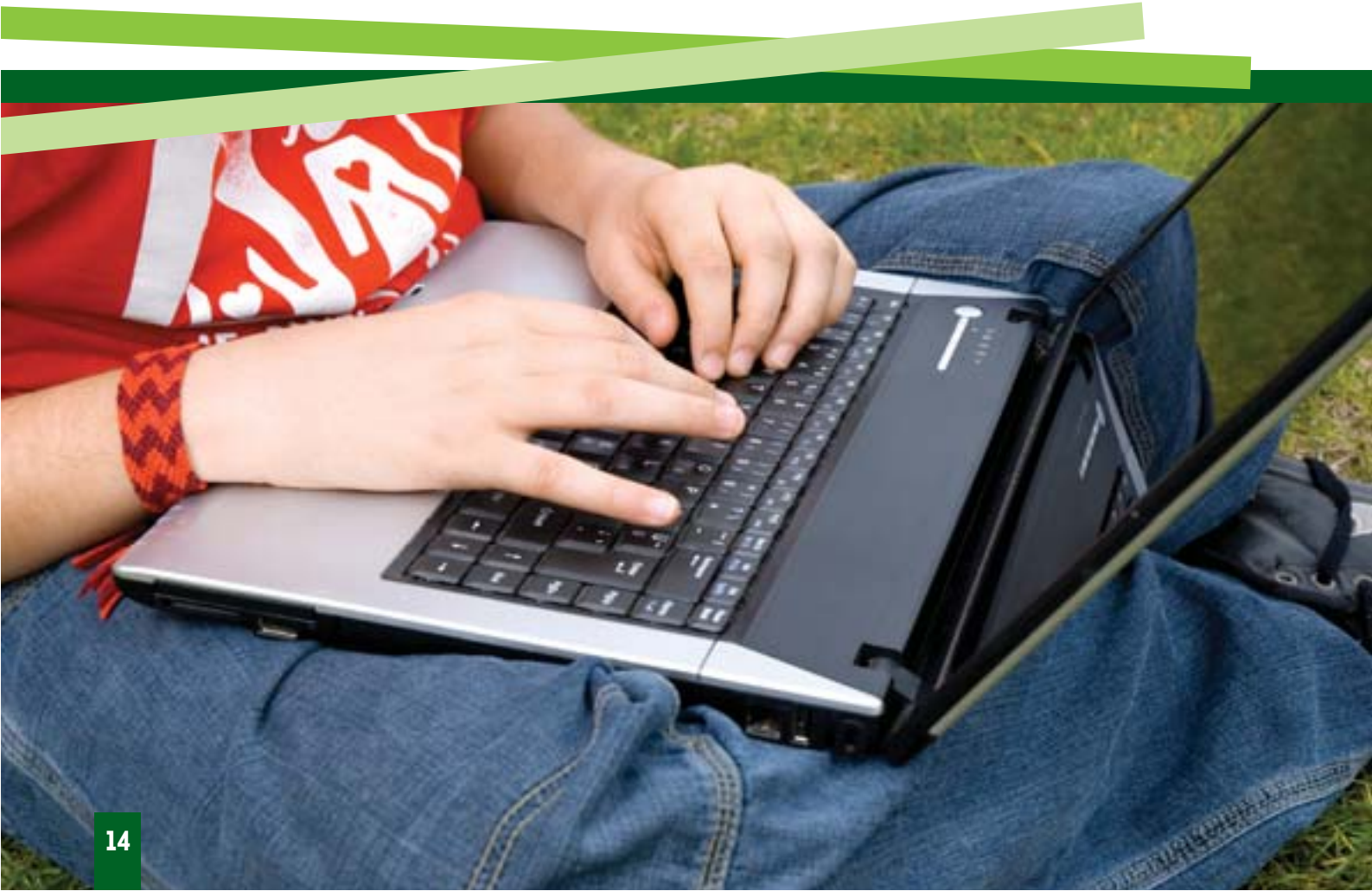
If you are a search engine provider or contribute to a website using embedded search engine results please ensure it is running a system which similarly promotes positive sites above potentially harmful ones.

Useful resources

Please consider placing a link to Samaritans' website: **www.samaritans.org** and our support email address: **jo@samaritans.org** on your pages in addition to our helpline numbers: **08457 90 90 90** (UK) or **1850 60 90 90** (Republic of Ireland).

Samaritans' logos can be found at **www.samaritans.org**. For other online promotional materials please email: **webmaster@samaritans.org**.

For guidance on monitoring websites / user-group discussions for potentially harmful content please email: **webmaster@samaritans.org**.



Working with bereaved individuals, families and communities

General tips

- Try to make it clear when you are interviewing someone and how you intend to use their material.
- Bear in mind that people who have lost someone to suicide will often have trouble understanding what has happened. This in itself can be very upsetting to the person.
- Consider that causes of suicide are almost always multiple and complex. Do not seek to over simplify.
- Depictions of grieving friends and relatives or funerals and memorials can be unhelpful as they may contribute to the danger of 'copy cat' suicides.
- Interviewing someone who has recently attempted suicide can be unhelpful as it may encourage other people to seek attention in this way.
- Bereaved families have told us that having their loved one's pictures, online profiles or other materials used against their wishes can be very distressing. Such use is not illegal but can add to distress.

During the interview

- Try not to suggest that you understand the person's situation because you have experienced the death of a relative or friend. Avoid using phrases such as:
  - 'I know how you feel' (unless you have actually been bereaved by suicide)
  - 'Time is a great healer'
  - 'S/he is in a better place'.
- Try not to assume that you know how someone is going to be feeling because of the length of time since the bereavement. Despite the fact that there are well established 'models of grief' the reality is that every case is different and expecting a 'certain stage' may actually prevent you from really accepting where the person is at the time.
- Aim to avoid making any suggestions that the behaviour of relatives or friends in some way contributed to the suicide. People bereaved in this way are often left with feelings of profound guilt and regret.
- It can be helpful to talk about grief but try not to rush the person. Changing subjects too quickly or not giving them a chance to say their piece can leave people feeling 'used'.
- Be aware that a sudden bereavement can lead to short-term memory issues. It may take the person a little while to recall events and, on occasion, it might even be helpful to let the person listen back to or read what they have said there and then. Issues of accuracy are often what people are most upset about after an interview has taken place.
- Be prepared for the person to be visibly upset. Offer to stop the interview but accept that they may wish to continue despite their distress.

After the interview

- Consider whether it would be appropriate to check the material you use with the person. Give them the opportunity to give feedback on how you intend to use their input.
- If you are concerned about the welfare of someone you should enquire about what support they are receiving and, if necessary, make them aware of what is available. Samaritans publishes material on identifying and supporting people in distress and you may wish to refer to this.
- **If you are worried about someone please remember that you can make a referral to Samaritans. Call 08457 90 90 90 in the UK or 1850 60 90 90 in the Republic of Ireland and explain the situation to a volunteer who will be able to initiate this.**

How Samaritans can help

Samaritans' Press Office is available 24 hours a day for consultation on any media enquiry or sources of support: During working hours: **+44 (0)20 8394 8300**. Out of hours contact: **+44 (0)7943 809162**.

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.

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 as outlined in these guidelines.

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 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, try to find them the support they need.

Wherever you are you can contact Samaritans on **08457 90 90 90** in the UK or **1850 60 90 90** in the Republic of Ireland for the cost of a local call. You can also drop into your local branch (address and telephone number in your local phone book), e-mail **jo@samaritans.org** or write to **Samaritans, PO Box 90 90, Stirling, FK8 2SA.**

"I contacted the press team at Samaritans late on a Friday evening and despite the time of the call I was very well briefed and was given guidance as to how to handle the story in a responsible manner. I was also provided with a comment which enhanced my reporting and gave sound advice to people potentially affected by the issue."

Jennifer Sugden, Scottish Daily Mail Reporter

Useful resources

Understanding suicide

Why do people take their own lives?

There is no one reason why people take their own lives. It is often a result of problems building up to the point where the person can see no other way to cope with what they're experiencing. The kinds of problems that might increase the risk of suicide include:

- Recent loss or break up of a close relationship.
- An actual and/or expected unhappy change in circumstances.
- Painful and/or disabling physical illness.
- Heavy use of, or dependency on, alcohol or other drugs.
- History of earlier suicide attempts or self-harming.
- History of suicide in the family.
- Depression.

When someone is feeling low or distressed it may be that a seemingly minor event is the trigger for them attempting to kill themselves.

How can you tell if someone is at risk of suicide?

The manifestation of suicidal behaviour differs from person to person. However, unusual or atypical behaviour such as being very withdrawn, or excessively animated, can be a sign that there is something wrong.

Some people show very positive behaviour such as happiness or relief once they have decided to take their own life and end the pain. Alternatively, if someone is going through emotional distress, they can feel isolated and will sometimes show anger or impatience towards the people close to them. Low self-esteem, being close to tears and not being able to cope with small everyday events are also signs that someone is struggling to cope with overwhelming feelings.

Physical symptoms of depression and distress also include sleeplessness, loss of appetite or irregular eating, stomach aches, panic attacks, low energy and loss of concentration. Signs that someone is suicidal can include talking of tidying up their affairs or expressing feelings of despair and failure.

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 think about whether they have experienced any of the problems listed in the previous question.

Are there differences between men and women?

More women than men say they have considered suicide (women 21%, men 13%), though more men actually take their own lives.

Women talk about how they are feeling far more often than men. Women are also more likely than men to have stronger social networks, and to seek psychiatric and other medical support.

Suicidal young men are 10 times more likely to use a drug to relieve stress and are also more likely to feel pressurised into taking drugs. Suicidal young men are also significantly more likely to have a father who is absent.

How do we reduce suicide?

Getting support to those who need it

Samaritans believes that providing someone with the opportunity to frankly and honestly explore difficult feelings, without fear of judgement, can provide relief from distress. By helping people understand their feelings and explore their options we enable them to find their own way forward without taking control away from them.

We often work with people who feel they cannot talk to anyone else – either because they don't have someone they trust or because they do not want to worry those around them.

Our phone, email, SMS, letter writing and face to face support services are available 24/7. This is important as it is often when most services are closed that people struggle to get support.

Improving understanding and reducing stigma

One thing that can stop someone coming forward and seeking help is the fear that they will be perceived as 'weak' or that people will think there is something 'wrong' with them. This is a case where stigma can literally kill.

Samaritans works with other agencies to try and improve people's understanding of emotional health – the part of our health that is about the way we think and feel. We do this through our work in schools, workplaces, prisons and the media.

"Samaritans' media guidelines are sensible, fair and helpful just like Samaritans themselves. In the two months I spent reporting on the youth suicides in Bridgend, I referred to the guidelines a number of times and found them a valuable resource."

Ed Caesar, Reporter, The Sunday Times

References

These guidelines were the first of their kind available in the UK and Ireland, originally launched in 1994, and the information they include is based on academic research, from both the UK and overseas, as well as the experiences of Samaritans and journalists affected by the issues of suicide and self-harm.

[1] *Source for national suicide statistics: England and Wales, Office for National Statistics; Scotland, General Register Office for Scotland, Northern Ireland, NI Statistics Agency; Ireland, Central Statistics Office.* Data includes deaths by injury undetermined whether accidental or purposeful for England, Wales, Northern Ireland and Scotland, excluding ICD category E988.8 for England and Wales. Data for Republic of Ireland refer to recorded suicides only (ICD E950-9).

[2] Hawton, K, *'Suicide and attempted suicide' in Handbook of Affective Disorders*, ed. Paykel, ES, Churchill Livingstone, Edinburgh 1992.

[3] Blood, R.W., Pirkis, J. & Holland, K. Media *Reporting of Suicide Methods.* Crisis 2007; Vol. 28(Suppl. 1):64–69.

[4] Hawton, K., S. Simkin, Deeks J.J., et al. 1999. *Effects of a drug overdose in a television drama on presentations to hospital for self poisoning: time series and questionnaire study*. Br. Med. J. 318: 972–977.

[5] Lee, D., Chan, K., Lee, S., & Yip PSF. (2002). *Burning charcoal: A novel and contagious method of suicide in Asia.* Archives of General Psychiatry, 59, 293–294.

[6] Veysey MJ, Kamanyire R, Volans GN. *Effects of drug overdose in television drama on presentation for self-poisoning. Antifreeze poisonings give more insight into copycat behaviour [letter].* British Medical Journal 1999; 319(7217):1131.

[7] Schmidtke, A., & Häfner, H. (1988). *The Werther effect after television films: New evidence for an old hypothesis.* Psychological Medicine, 18, 665–676.

[8] Etzersdorfer, E., & Sonneck, G. (1998). *Preventing suicide by influencing mass-media reporting. The Viennese experience 1980–1996.* Archives of Suicide Research, 4, 67–74.

[9] Williams, K, and hawton, K, *'Suicidal behaviour and the mass media: Summary of the findings from a systematic review of the research Literature'.*

[10] Brent DA, Bridge J, Johnson BA, et al. (1996). *Suicidal behaviour runs in families. A controlled family study of adolescent suicide victims.* Arch Gen Psychiatry 53(12):1145-52.

[11] Roy A, Rylander G, Sarchiapone M. (1997). *Genetics of suicides. Family studies and molecular genetics.* Ann N Y Acad Sc. 836: 135-57.

[12] Brent DA, Mann JJ. (2005). *Family genetic studies, suicide, and suicidal behaviour.* Am J Med Genet C Semin Med Genet 133(1): 3-24.

[13] Brent DA, Kerr MM, Goldstein C, Bozigar J, Wartella ME, Allan MJ (1989), *An outbreak of suicide and suicidal behavior in high school.* J Am Acad Child Adolesc Psychiatry 28:918–924.

[14] Gould MS, Wallenstein S, Kleinman M (1990a), *Time-space clustering of teenage suicide.* Am J Epidemiol 131:71–78.

[15] Gould MS, Wallenstein S, Kleinman M, O'Carroll P, Mercy J (1990b), *Suicide clusters: an examination of age-specific effects.* Am J Public Health 80:211–212.

[16] Gould MS, Petrie K, Kleinman M, Wallenstein S (1994), *Clustering of attempted suicide: New Zealand national data.* Int J Epidemiol 23:1185–1189.

[17] O'Carroll, P.W. & Mercy, J., A. (1990). *Responding to community-identified suicide clusters: statistical verification of the cluster is not the primary issue.* American Journal of Epidemiology, 132 (supp .1).

[18] *The Press Complaints Commission Code of Practice,* Clause Five.

"I found it extremely useful to have such a knowledgeable and professional organisation to approach for advice when I was covering the sensitive issue of suicide and young people. The story I was covering about two young men taking their own lives happened shortly after the Bridgend suicides and I was anxious not to include anything that could trigger further incidents."

Jennifer Sugden, Reporter, Scottish Daily Mail

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media guidelines

for reporting suicide and self-harm

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