

Media guidance for reporting suicide

Reporting suicide

Media professionals have a responsibility to ensure suicide is reported accurately and sensitively. Irresponsible coverage can be damaging to both the survivors of suicide and the efforts to help prevent future attempts.

The World Health Organisation states that 'reporting of suicide in an appropriate, accurate and potentially helpful manner by enlightened media can prevent tragic loss of lives by suicide.'

At South West London and St George's Mental Health NHS Trust we are keen to ensure that all reports contain the most accurate and relevant information possible.

To support this we always endeavour to provide an expert to support any media enquiries. For more information please contact the Communications Team on 01903 843027 or email communications@swlstg-tr.nhs.uk.

Tips for responsible reporting

1. Avoid explicit details of suicide, particularly descriptions of method

This can be traumatic for relatives and friends of the deceased and may also encourage imitation.

2. Always provide details of how to receive further information or support

Every article should promote the benefits of seeking help. There are many local and national suicide prevention agencies and organisations that offer support for the survivors of suicide. They can help people who might be feeling suicidal, those who have previously attempted suicide or who have been bereaved.

3. Avoid attributing suicide to one single factor

Suicide is a complex subject and should never be reported as the result of one issue or event. As well as being inaccurate, this can also show suicide as offering a solution.

4. Avoid including information which may encourage people to identify with the deceased

This includes publishing details of suicide notes or in-depth accounts of a particular situation the person may have been in.

5. Always be realistic

Sensationalist reporting or romanticising suicide can be distressing for relatives and friends of the deceased. Accurate reporting of the consequences of suicide can encourage better understanding of the issues involved and discourage imitation.

6. Avoid romanticising the consequences of suicide

Emphasis should be on mourning a tragic loss, rather than on any public adulation which could appeal to others at risk

7. Always moderate online comment and feedback sections

While these sections are valuable in encouraging debate and interactivity, they can also be used inappropriately. The risk that these sections could be used to glamorise suicide or publish inaccurate information must be taken seriously.

8. Consider use of terminology

Describing a suicide as 'successful' implies it is a solution to a problem. Similarly, a person does not 'commit' suicide, as it is now decriminalised. The following advice is available on the Samaritans website, along with further guidance:

http://www.samaritans.org/media_centre/media_guidelines/guide_to_reporting_suicide.aspx

Use phrases like:

- A suicide
- Death 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 victim
- Just a cry for help
- Suicide-prone person
- Stop the spread/epidemic of suicide
- Suicide tourist

*Source – www.samaritans.org

Good and Bad Reporting – A Summary

A good report will...

A bad report will...

Always consider the implications for the survivors of suicide

Publish detailed descriptions of the methods used

Always consider the implications for those at risk

Attribute suicide to one single factor, presenting it as a solution to a problem

Always publish details of where to find help and support

Romanticise the consequences of suicide

Use accurate and sensitive terminology

Use unconfirmed statistics and information from unreliable sources

Understand the complexities of the subject

Sensationalise the subject

Exposing Myths – the following myths and facts are adapted from information available from Rethink and the Samaritans

Myth: People who threaten suicide are just seeking attention

Fact: It is very important that people who threaten suicide are taken seriously. It is likely that the person is seeking attention that may well save their life.

Myth: Talking about suicide will encourage suicide attempts

Fact: Communication is an important part of recovery. It is essential that these discussions are managed responsibly and attention paid to warning signs. More information on warning signs can be found on the NHS Choices, Mind or Samaritans websites.

Myth: Suicide is painless

Fact: Many methods are extremely painful, yet often this is not portrayed in the media. Realistic reporting can help discourage imitation. However, consideration must always be given to the bereaved.

Myth: Women are more likely to die by suicide

Fact: Although more women say they have experienced suicidal feelings, statistically more men take their own life.

Myth: Suicide is the result of genetic make-up

Fact: Suicide can be over-represented in families but it is not believed to be genetically inherited. Shared experiences and environments, or the loss of another family member through suicide could raise the awareness of suicide as an option for other family members.