Media reporting of suicide in New Zealand: “more matter with less art” (Hamlet, Shakespeare)

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There has been a longstanding interest in the extent to which depictions of suicidal behaviour in various media including newspapers, books, television, cinema and other sources may increase the risks of suicidal behaviours.

As early as 1841, doctor and statistician William Farr asserted that “no fact is better established in science than that suicide is often committed from imitation . . . Do the advantages of publicity counterbalance the evils attendant on one such death? Why should cases of suicide be recorded at length in the papers any more than cases of fever?”¹

Media influences on suicide behaviour have now been examined in more than 80 scientific studies worldwide. These studies yield remarkably consistent findings across different types of media, different research methodologies, and different cultures and countries, for outcomes of both suicide attempts and suicide completions.

All lines of evidence tend to support the generalisation that media depictions, reporting and stories of suicide, whether fictional or non-fictional, may precipitate suicidal behaviour in vulnerable individuals, with these individuals particularly susceptible to stories involving celebrity suicide and those which provide details of methods of suicide.²⁻⁵

For example the joint World Health Organization (WHO) and International Association for Suicide Prevention (IASP) guidelines on suicide and media reporting conclude: “Overall, there is enough evidence to suggest that some forms of non-fictional newspaper and television coverage of suicide are associated with a statistically significant excess of suicide; the impact appears to be strongest among young people.”⁶

The research evidence indicates that the risk of imitative suicidal behaviour following media coverage is exacerbated by:

- Prominent coverage (front pages; lead items; headlines) and repetitive reporting about suicide, or of the same suicide, or of a suicide cluster.⁷⁻¹⁰
- Celebrity status of the decedent.¹¹⁻¹⁵
- Description of a suicide method, especially if the method is unusual.¹¹,¹⁶⁻¹⁸
- Perception of similarities, and identification, with the person who died.¹⁴

Opportunities for identifying with a media model increase with provision of more detail (personal features, circumstances, method, photos, impact of the attempt/death on family/friends), and with repetitive coverage.

The strongest impact on imitative suicidal behavior tends to occur 3 days after media coverage, with this impact typically dissipating over the following 2 weeks.¹⁹,²⁰
The population groups most vulnerable to imitative suicidal behaviour include young people, and people with depression.\textsuperscript{11,20,21}

The research evidence indicates that the following practices may all increase suicide risk:

- Reporting suicide myths in order to debunk them
- Reporting expert opinion about suicide
- Presentation of suicide facts and figures\textsuperscript{22}

While it is sometimes argued that media publicity is beneficial in that it brings an important social and health issue to public attention, there is, in fact, no evidence that this form of education or dissemination does good.

A possible exception to this is media stories that provide accounts of people who thought about suicide because of severe personal crises but who did not proceed to any suicidal behavior because they found a way to address their problems.

In the same way that accounts of suicidal behavior may model, and elevate risk of suicidal behavior, ‘mastery of crisis’ stories appear to model the ability to recapture control over one’s life by describing ways in which individuals have overcome suicidal thoughts and avoided suicide.\textsuperscript{22,23}

Given the volume and weight of evidence about the links between media reporting and subsequent suicide, media reporting guidelines have become one of the most widely recognised public health approaches to suicide prevention.

Every national suicide prevention strategy includes media reporting guidelines which highlight the risks of injudicious media reporting and urge a cautious approach to the reporting of suicide. Similar cautions and recommendations are promoted by all national and international suicide prevention organisations, including, for example, the World Health Organization in conjunction with the International Association for Suicide Prevention, The American Association for Suicidology, the American Foundation for Suicide Prevention, Samaritans, and Befrienders.

Countries with media reporting guidelines for suicide include Australia, Austria, Belgium, Canada, England, Germany, Hong Kong, Ireland, Japan, Northern Ireland, Norway, Scotland, the United Kingdom and the USA. All of these guidelines may be found at http://www.iasp.info/media_guidelines.php

In 2010 New Zealand’s Associate Minister of Health (Hon Peter Dunne) convened a round table comprising the media and research representatives to consider revisions of New Zealand’s 1999 Suicide and the Media guidelines.\textsuperscript{24} This process culminated in a decision by the press to release their own guidelines rather than the Ministry maintaining them. These are found at http://www.health.govt.nz/publication/reporting-suicide-resource-media

This change of ownership led to the evidence and cautions expressed in the 1999 guidelines\textsuperscript{24} being subjected to substantial change and re-interpretation. In the view of suicide researchers, the new resource offers a weak, diluted interpretation of the evidence on the adverse effects of media reporting, failing to provide references to the extensive literature on the issue, and summarising it with a 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”.

This rendition of the extensive literature on this topic presents an inadequate and biased review of the risks of media reporting. Coupled with the phrasing used in the single sentence serving to summarise the evidence, the risks of media reporting are minimized through the use of qualifiers such as “in some circumstances”, “might increase” and “among some people”.

Given this carefully hedged statement, 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:

- Encouraging copycat suicides
- Fostering the development of suicide clusters
- Normalising suicide as an acceptable response to adverse circumstances.

The limitations of the description of the evidence on media and suicide are compounded by incorrect claims made in the new resource about the beneficial consequences of media reporting. 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 to support the claim that specific media challenges to unspecified myths and misunderstandings has any benefit. In fact, this statement contradicts recent research which suggests that such reporting may be harmful.

In particular, a 2010 study examined both the positive and negative effects of media reporting using Austrian data. 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.

Given this evidence, 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.

This advice is consistent both with the precautionary principle—the precept that an action should not be taken if the consequences are uncertain and potentially dangerous, and with the physicians’ creed “primum non nocere”.

In contrast with this defensive approach New Zealand’s 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 evidence that this may be harmful.

The discrepancy between New Zealand’s media guidelines and international media guidelines has been compounded by events that rapidly unfolded after the December 2011 release of the New Zealand resource.

Specifically, New Zealand’s Chief Coroner has made multiple calls for more open reporting of suicide, with his advocacy echoed by various media interests and
community members. Newspapers and radio have been quick to endorse his stance, in some cases mounting daily coverage of suicide, sustained for weeks.

Coroners, including the Chief Coroner, have released findings to the media about controversial suicide deaths that had already received extensive media coverage, needlessly resurrecting risks of imitative suicide in recent or ongoing suicide clusters.

Coroners’ findings, widely reported by media, have ignored or denied evidence of imitative suicide and of suicide clusters, even when these deaths were well-recognised by suicide researchers and postvention practitioners as clear-cut clusters.

All these actions are contrary to international best practice in suicide prevention: the Chief Coroner and the media have set New Zealand firmly on a path which deviates from international best practice recommendations.

These circumstances highlight growing concerns within the scientific community about the responsible use of scientific evidence by the Government and its advisors.

While New Zealand has had a limited health research budget, it has, nevertheless, made a very substantial contribution to the world literature on suicide through projects such as the Canterbury Suicide Project, The Christchurch Health and Development Study and the Dunedin Multidisciplinary Health and Development Study. None of this expertise was represented in the development of the new media resource.

It is clear from the above that the revision of the 1999 guidelines has created a New Zealand suicide and media resource that is poorly aligned with both the research evidence and international practice. These guidelines contain a series of claims suggesting that what are widely considered to be “risky” practices (e.g. debunking myths) are acceptable and beneficial.

The risky practice proposed in the new resource has been reinforced by the claims made by the Chief Coroner and his colleagues that greater media publicity about suicide will have beneficial effects. In turn, their advocacy has led to an increase in prominent stories about suicide. If previous research is anything to go by these practices cannot help but increase risks of suicide faced by the New Zealand population.

Under these circumstances, it is critical that the Government put in place a well-designed evaluation aimed at assessing the extent to which recent changes to the media guidelines have had beneficial or detrimental effects on rates of suicide and suicidal behaviours in New Zealand.

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