

Guidelines about reporting suicide and mental illness are available to media via the Mindframe National Media Initiative: *Reporting Suicide and Mental Illness* is a 56-page comprehensive resource providing practical advice and information about sensitive and appropriate reporting of suicide and mental illness.

What do the guidelines state about the media reporting of suicide?

- ④ Australian research shows that reporting of suicide can have an impact on vulnerable people.
- ④ The way in which suicide is reported appears to be particularly significant.
- ④ In some cases, reporting of suicide has been linked to increased rates of actual suicide. A major 1995 study of coverage in Australian newspapers found that rates of male suicide increased following reports of suicide, with actual male suicides peaking on the third day after the story appeared.
- ④ There is also evidence that the way suicide is reported can reduce suicide rates. Reporting that positions suicide as a tragic waste and an avoidable loss, and focuses on the devastating impact of the act on others, has been linked to reduced rates of suicide. For example, a 1997 Australian study of reporting of Kurt Cobain's suicide in a range of media found that rates of suicide among 15 -24 year olds fell during the month following reporting of Cobain's death. Significantly, media coverage of Cobain's death was highly critical of his decision to suicide.

Issues to consider when reporting on suicide

- ④ *Why should I run the story?*
Consider whether the story needs to be run at all, and how many suicide stories you have run recently. A series of stories can promote a dose response factor and normalise suicidal behaviour as an acceptable option.
- ④ *Language*
Use the term 'suicide' sparingly and check the language you use does not glamorise, sensationalise, or present suicide as a solution to problems e.g. consider using 'non-fatal' not 'unsuccessful'; or 'cluster of deaths' rather than 'suicide epidemic'. The term 'committed suicide' is outdated, use 'died by suicide' or 'took his/her own life' instead.
- ④ *Don't be explicit about method*
Most members of the media follow a code - written or unwritten - that the method and location of suicide is not described, displayed or photographed. If it is important to the story, discuss the method and location in general terms only – e.g. consider using 'cocktail of drugs' rather than a description of the medications taken. Detailed description can prompt some vulnerable people to copy the act.
- ④ *Celebrity suicide*
Reporting of celebrity suicide is often considered to be in the public interest. This coverage can glamorise or prompt imitation suicide. Avoid descriptions of method, seek comment on the wastefulness of the act and provide helplines.

- ④ *Positioning the story*
Some evidence suggests a link between prominent placement of suicide stories and copycat suicide. Position the story on the inside pages of a paper or magazines, or further down in the order of reports in TV and radio news.
- ④ *Interviewing the bereaved*
The bereaved may be at risk of suicide themselves. Follow media codes of practice on privacy, grief and trauma when reporting personal tragedy.
- ④ *Place the story in context*
Many people who die by suicide have a mental disorder, a drug-related illness or other familial or social risk factors. Reporting the underlying causes of suicide can help dispel myths and increase community understanding.
- ④ *Include helpline contacts*
Include phone numbers and contact details for support services. This provides immediate support for those who may have been distressed, or prompted to act, by your story.

The SANE Media Centre

The SANE Media Centre is supported by Mindframe to work with, advise and support media professionals to portray mental illness and suicide accurately and responsibly. Contact 03 9682 5933 or visit **SANE Media Centre**.

More information

For information or to get a copy of the guidelines and Quick Reference Cards visit www.mindframe-media.info