Suicide in the News: Informing Strategies to Improve the Reporting of Suicide

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The media exert a powerful influence on the public’s actions, including in the sensitive area of suicide. Over the past decade, the Australian government has been sufficiently concerned about media portrayals of suicide leading to copycat acts that it has committed significant funding to a program of work known as the Mindframe National Media Initiative (Mindframe).

We were initially funded through Mindframe to review the international media effects studies on the influence of news media representations of suicide on actual suicidal behaviour (Pirkis & Blood, 2001). We identified numerous studies that collectively demonstrated that an area’s suicide rates increased following a media report of suicide in that area. The effect was accentuated when stories were prominent, glorified or sensationalised suicide, and/or described the suicide method in explicit detail.

We were also funded through Mindframe to conduct an empirical study of how the Australian media reported suicide. This study, known as the Media Monitoring Project, involved tracking suicide stories over a 1-year period (March 2000 to February 2001) (Pirkis et al., 2002). We retrieved media items with any mention of suicide from all national daily newspapers (and a selection of suburban and regional newspapers) and from news and current affairs shows broadcast on all national television and radio networks (4,813 items in total). We conducted a quantitative content analysis of the items, which found that the quality of reporting was variable—for example, 50% of items discussed suicide methods in detail. We also conducted qualitative textual analyses, which suggested that news values like status, conflict, unusualness, deaths of innocent children or innocent children at risk, and the “public interest” influenced whether a story about suicide was published and if it was, how it was framed.

Our literature review and Media Monitoring Project helped to shape a number of the key products of Mindframe, but we focus on one only here. In 2002, the Australian government commissioned the development of a set of guidelines known as Reporting Suicide and Mental Illness (Commonwealth of Australia, 2002), designed to assist journalists to report suicide in a safe and responsible manner.
The development of *Reporting Suicide and Mental Illness* involved extensive consultation with stakeholders (including senior journalists and editors) and was guided by a reference group comprising media professionals and mental health and suicide prevention experts.

*Reporting Suicide and Mental Illness* explicitly incorporates some of our main findings, translating them into practical and relevant suggestions for media professionals to consider when reporting on suicide. It encourages journalists to be moderate in their coverage, refrain from providing details about exactly how the person died, and provide helpline information. *Reporting Suicide and Mental Illness* is not about censorship; it recognizes that journalists have a role to play in educating the public about suicide and its multifaceted causes, but calls for caution in reporting individual cases. The Hunter Institute of Mental Health has been responsible for disseminating *Reporting Suicide and Mental Illness*, continuing to consult widely with media professionals about the best way to do this. This has ensured that the guidelines have had a broad reach among media professionals and have been well accepted and well utilized by them (Skehan, Greenhalgh, Hazell, & Pirkis, 2006).

The evidence-based approach and strong uptake of *Reporting Suicide and Mental Illness* have always been viewed positively. The ultimate arbiter of its success, however, is whether it has had an impact on journalists’ reporting practices. In order to examine this, we received further Mindframe funding in 2006 to take a second 1-year snapshot of Australia’s suicide reporting (Pirkis et al., 2009). We used a methodology identical to that of our original Media Monitoring Project, and retrieved media items from the same sources between September 2006 and August 2007 (8,363 in total). We found that the quality of reporting had significantly improved—for example, only 14% of media items discussed suicide methods in detail. We interpreted this as being at least in part due to the development and active dissemination of *Reporting Suicide and Mental Illness*.

The media research we have described here has formed part of a quality assurance cycle through which research findings have provided an evidence base for an intervention and have then been used as a baseline against which to assess the impact of that intervention (Blood, Pirkis, & Francis, 2004). This is a good model for the health communication research field—we have applied it internationally in making a similar contribution to the recent revision to the World Health Organization and the International Association for Suicide Prevention (2008) guidelines on media reporting of suicide. The model may well be applicable to other fields too.

**ACKNOWLEDGMENTS**

This work was funded by the Australian Government Department of Health and Ageing under the Mindframe National Media Initiative and by the National Health and Medical Research Council under a Capacity Building Grant.

**REFERENCES**


