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EAAD-Best Guidelines for Journalists Media Coverage of Suicide

**Safe Reporting Saves Lives:
How can journalists responsibly report suicide?**

Introduction

- Suicide is a serious public health problem - in 2019 around 800,000 people worldwide and around 48,000 people in Europe, died from suicide.¹
- Around 90% of suicides occur in the context of a mental disorder, depression being the most important one. People with diagnosed depression have around 20 times higher suicide risk than people without depression.²
- Research shows that media coverage on suicide can increase the likelihood of subsequent imitation suicides (copycat suicides). This is known as the Werther effect (see below).³ It is likely that media reports focusing on someone seeking help and overcoming a suicide crisis can have a positive effect on individuals at risk of suicide (sometimes referred to as the Papageno effect).⁴
- The European Alliance Against Depression (EAAD) developed the *Guidelines for Journalists - Media Coverage of Suicide* to provide journalists with practical advice on how to report suicide responsibly.

Werther effect

- Werther effect is named after the novel of Johann Wolfgang von Goethe, “The Sorrows of the Young Werther” (published in 1774), in which a young man shot himself due to unrequited love. After the novel’s publication, copycat suicides of young men occurred around Europe, following the same method used in the novel.
- Werther effect occurs when a suicide serves as a model for subsequent suicidal acts. The model may be a celebrity, but could also be a relative, neighbour, friend or a fictional figure e.g., in a novel.
- The term Werther effect was first used in academia in 1974 by David Phillips³ who analysed the effects of media reports of celebrity suicides appearing on the front page of the New York Times. Comparing suicide statistics before and after media coverage of celebrity suicides and then comparing them with the same time periods in the preceding and following years, he found that after 26 of the 33 celebrity suicide media reports, a significant increase in the number of suicidal deaths was observed.³
- The size of the Werther effect was larger when follow-up reporting had occurred: the more publicity devoted to a suicide story, e.g., the more days a suicide story appears on the front page, the larger the rise in suicides thereafter. In the two months following the suicide of Marilyn Monroe with huge media coverage, 303 excess suicides in the United States and 60 excess suicides in England and Wales were found.³
- To date more than 150 studies on the Werther effect have been published worldwide⁵ (e.g., United States⁶, Canada,⁷ Australia,⁸ Germany,⁹ France¹⁰, other European countries,¹¹ Japan,¹² South Korea,¹³ Taiwan,¹⁴ Hong Kong,¹⁵ Israel,¹⁶ and India¹⁷).
- A recent meta-analysis and systematic review¹⁸ found that in the 1-2 months period after the media report a death of a celebrity by suicide, the number of suicides appeared to increase by between 8-18%; when a specific suicide method was reported, there was between an 18-44% increase in the risk of suicide by the same method.¹⁸

Case studies on the Werther effect

- In the five months after the suicidal death of the world-renowned actor Robin Williams in 2014 in the United States¹⁰ and following intensive media coverage, there were 1,841 more suicide deaths compared to the same time period from the previous year (an increase of 9.85%), and a greater than expected number of suicides with the same method (i.e., suffocation), same gender (i.e., male) and in a similar age group as Williams.
- In the two weeks after the suicide of German national soccer goalkeeper Robert Enke in 2009⁹ and following intensive media reporting of the suicide, the number of railway suicides in Germany doubled. Especially problematic here is that long term effects were observed: in the following two years a 19% increase in railway suicidal acts was found in Germany, compared to the preceding two years.⁹ Further, this Werther effect was not only found in Germany but also in neighbouring European countries: The Netherlands, Hungary, Austria, and Slovenia.¹¹

Case study: a positive example

- After the opening of the subway system in 1978 in Vienna, subway-suicides were regularly reported in the media and an alarming increase of such suicides was observed. In 1987, media guidelines were developed, a media campaign was launched and how the media reported on subway-suicides in Vienna changed markedly. Subsequently, the number of completed and attempted suicides in the subway dropped by more than 80% within that same year.¹⁹

Possible mechanisms of Werther effect

- While media coverage of celebrity suicides may not be the primary reason for suicidal acts, it may influence a person's decision-making process during a critical phase by serving as a crucial trigger, providing a model on how to do it and by lowering the threshold. Identification with the deceased person and "normalisation" of suicide as an acceptable way to cope with crises induced by intensive media reporting play a role in this context. Furthermore, information especially about lethal suicide methods may influence a person's choice of method resulting in an increase in suicide deaths.¹⁸

The *EAAD Guidelines for Journalists - Media Coverage of Suicide* provide the following recommendations on how not to, and how to report suicide.

How not to report:

- Do not make the report prominent, avoid the front page in print media.
- Avoid sensationalistic or dramatic headlines and do not put terms such as suicide, suicidal, or closely related words in the headline (e.g., “Mr. X Used Shotgun to Commit Suicide”).
- Do not present suicide favourably, dramatically, or in a glorified way (e.g., as heroic or romantic), do not mention any positive consequences of suicide.
- Do not present suicide as an understandable solution or a reasonable choice to a crisis.
- Do not describe suicide as inexplicable or without any warning signs; avoid inaccurate beliefs that nothing can be done about suicide.
- Do not oversimplify suicide by reporting suicide death as “caused” by a single event, such as a job loss, bereavement, or a relationship breakdown.
- Do not suggest that someone died instantly or that their death was quick, easy or painless.
- Do not portray suicide in a way that it is easy to imitate.
- Avoid mentioning suicide methods (particularly novel or unusual suicide methods) in the media report; it is particularly important to avoid these in the headline (e.g., “died by hanging” or “poisoning”).
- Do not describe the suicide location when it is an easily accessible, public place (e.g., cliff, bridge or railway line); and do not refer to a specific location as ‘popular for suicides’ (e.g., Aokigahara Suicide Forest in Japan): refrain from providing detailed information such as the height of a bridge or cliff.
- Do not use photos or video footage of the deceased person or their grieving family and friends; this includes from public tributes, or at funerals or memorials. If you must use a photo, use neutral non-emotive images such as from school or work.
- Do not cite farewell letters, suicide pacts or suicide notes. If the deceased person left a note, do not detail what the note contained or refer to it as a “suicide note”.
- Do not quote police, paramedics, or eyewitnesses about the causes of suicide; rather quote expert opinions.
- With digital media, do not provide the opportunity to comment or link to social networks or other websites.
- Rather than report a suicide the same way a crime would be reported, view it as a public health problem.

How to report:

- The main message of a media report about suicide should be to encourage people to get help and direct them to help. Provide contact information for local or national support, such as 24/7 helplines, health agencies, treatment services or self-help groups.
- Minimize the duration of the coverage and the prominence of the report.
- Where possible, use the opportunity to educate and inform readers about suicide and related risk factors, (e.g., mental illnesses), warning signs, and recent treatment advances for mental illnesses.
- Report suicide within the context of a mental illness. Illustrate suicide as the after-effect of or connected to a mental illness such as depression or alcohol and substance abuse, that could have been treated successfully.
- Convey the message that suicide is not a weaknesses or flaw in a person, but in most cases the tragic outcome of a mental illness.
- Highlight in the report what professional treatment or support is available.
- Present alternative problem-solving options, coping skills or strategies to manage a crisis.
- Report suicide as an avoidable loss.
- Seek advice from psychiatrists as suicide prevention experts and present expert opinions in the report.
- Treat high-profile celebrity suicides with particular care.
- Treat murder-suicides, where a person kills others before taking their own life, with additional caution; murder-suicides are rare but can attract exceptional levels of media attention.

Journalists have a positive role to play in preventing suicides. This can be by responsible reporting, by raising public awareness and reducing stigma related to mental illnesses, and by improving help seeking behaviour of people with mental illnesses.

Contact

For further information or questions, please contact the EAAD.

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