Effects of Media with Suicidal Content in the Past and Present

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Overview

• Review of the impact of reporting suicide in the media and historical examples

• Specific aspects of suicide contagion related to media reporting of suicide

• The impact of the reporting of suicide and portrayal of suicide via the internet and social media on copycat suicidal behaviour

• Recommendations and actions
Review of the impact of media reporting suicide in the media
Historical evidence of contagion of suicide

1774: “The Sorrows of Jung Werther” – JW Von Goethe

- In the book, young men, Werther ends his life by shooting himself, dressed in a blue coat and yellow vest after a relationship break up.

- Following publication of the novel, there were indications for imitative suicides among young men in Germany, and in Denmark and Italy – “The Werther Effect”

- Among the young men who subsequently took their lives using the same method, some of them were also dressed in a blue coat and yellow vest, and Goethe’s book was found at the scene of the death.
1962: Marilyn Monroe

- Following the death of Marilyn Monroe on 5\textsuperscript{th} August 1962, there were an additional 303 suicides, an increase of 12\% within the same month.

\textit{Stack, 2003}

- A twice-broadcast (1981, 1982) six-episode weekly serial showing the railway suicide of a 19-year-old male student, was followed by a 175% increase in railway suicides in young men over 70 days after broad casting.

- Over extended periods (up to 70 days after the first episode), the number of railway suicides increased most sharply among 15- to 19-year-old males.

- The increases observed after the first and second broadcast for males aged less than 30 years closely corresponded with the respective audience figures for the two showings.

Halgin et al, 2006; Schmidtke & Häfner, 1988;
Suicide contagion

- Contagion: Suicidal behaviour may facilitate the occurrence of subsequent suicidal behaviour, either directly (via contact or friendship with the index suicide or via the media) or indirectly (Haw et al, 2012).

- Research has consistently shown that following the detailed portrayal of suicide in the media or in a film/TV series, the risk of suicide involving the same method increased from 81% to 175% in the weeks and months after the release (Ladwig et al, 2012; Sisask & Varnik, 2012; Hawton et al, 1999; Schmidtke & Häfner, 1988).

- Suicide contagion is associated with over-identification with a celebrity or a fictional person results in creating a ‘meaningful’ connection increasing suicidal impulses, in particular among young vulnerable people (Pumariega & Sharma, 2018; Stack, 2003).
Outcomes of international research in terms of impact of media coverage on suicide

- Research consistently shows evidence for the impact of sensationalised media coverage on suicide (56 studies)

- The impact is greater on people with similar gender-age characteristics as the deceased, and when celebrities are involved

- Several studies show that copycat effects of media reporting are primarily found for vulnerable people, such as people with depression and those who have engaged in self-harm

- Protective effects of media coverage through newspaper blackouts, reducing the quantity of reporting, improving the quality of reporting and addressing positive mental health topics (6 studies)

  *Sisask & Varnik, 2012; Niederkrotenthaler et al, 2012; Stack, 2005*
The effects of suicide-related media material seem to vary with individual vulnerability and with type of media portrayal.

Individuals with lower vulnerability experience more emotional reactions when exposed to a film culminating in suicide, but individuals with higher vulnerability experience an increase in suicidal ideation, in particular when there is over-identification with the protagonist who died by suicide.

In contrast, portrayals of individual mastery of crisis may have beneficial effects in more vulnerable individuals.

Till et al, 2015
The suicide cluster in Bridgend and media reporting

Background
- In January 2008, the UK media reported a series of deaths amongst young people in Bridgend as a suicide epidemic
- The intensity of the reporting remained high for several weeks, and the numbers of cases reported in the media continued to rise

Main Findings
- A time-space cluster involving 10 suicide deaths among 15–34 year olds was identified
- This cluster was smaller and shorter in duration than the phenomenon reported in the print media.
- Most deaths in the cluster occurred after the commencement of the attention from the print media (much of the initial newspaper focus related to deaths in the preceding 12 months).

Conclusion
- There was a possible suicide cluster in young people in Bridgend between December 2007 and February 2008, however, it was smaller, shorter in duration, and predominantly later than the phenomenon that was reported in national and international print media

John et al, 2017; Jones et al, 2013
Significant increase of railway suicides after the suicide of German goal keeper, Robert Enke on 10th November 2009

In addition to the short term increase in railway suicides, Hegerl et al (2013) identified a long-term effect: 19% increase in railway suicides in the two years after the suicide by Robert Enke
German goalkeeper kills self by stepping in front of train, police say

Germany stunned as national goalkeeper Robert Enke commits suicide

By SPORTSMAL REPORTER

Last updated at 12:15 PM on 11th November 2009
Impact of detailed and sensationalised media reporting on murder-suicide
Outcomes of international research in terms of impact of media coverage on murder-suicide

- The graphic nature of reporting incidents of murder-suicide can trigger copycat murder-suicide, in particular when specific details about the methods involved are reported.

- There is a risk that sensationalised media reporting of murder-suicide can distort the facts.

- Media professionals should consider the vulnerable reader who might be in crisis when they read the story.

(Joiner, 2014)
Media reporting and the risk of copycat murder-suicide

**Issues of concern:**

- Between 2004 and 2014 **only 1** out of 25 murder-suicide cases involved stabbing
- Between July 2014 and present, 6 out of the 7 murder-suicide cases involved stabbing
- The detailed reporting of the methods involved, such as knives and hatchets, may be a contributing factor associated with this pattern
Examples of inappropriate media reporting

Post-mortem of nine-year-old Brandon Skeffington has concluded that he was stabbed to death with a long-blade kitchen knife by his older brother Shane Skeffington, who then hanged himself in a back shed.

Tributes paid to teacher couple and three children butchered in 'murder-suicide stabbing' horror at countryside home

The boys and their mother were killed by their father using a hatchet and knife, it emerged last night.
Connecting for Life
Ireland’s National Strategy to Reduce Suicide, 2015-2020

Strategic Goals of the Strategy:

1. To improve the nation’s understanding of and attitudes to suicidal behaviour, mental health and wellbeing

Action 1.4 Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media
Media reporting of suicide in Ireland and adherence to guidelines

- 243 media articles were screened and analysed for quality of reporting of four high profile cases of suicide that occurred between September 2009 and December 2012

  - Nearly all articles (99.2%) breached at least one guideline and 58.9% of articles were found to breach three or more guidelines

  - The key findings include:
    - 76% did not refer to services
    - 54% did not refer to wider issues
    - 48% overemphasised community grief
    - 20% listed details of suicide method

*McTernan et al. (2018, in press)*
Impact of the reporting of suicide and portrayal of suicide via the internet and social media on copycat suicidal behaviour
In a population survey of 21 year olds, of the 248 participants who had made suicide attempts (6% of the overall sample), almost three quarters reported some kind of suicide-related internet use at some point in their lives.

One in five had accessed sites giving information on how to harm or kill yourself, though most of these had also visited help-sites.

In a clinical sample of over 1500 patients who presented to hospital following a suicide attempt, 8% said they had used the internet in connection with their attempt.

Half of those interviewed in the clinical sample planned and carried out a suicide method, based on their online research; some had purchased materials online. However, in some instances, information about methods discovered online was found to be ‘off putting’, causing some individuals to rule out particular methods of suicide.

(Biddle et al, 2016)
Social Media

- Social media platforms can reach large numbers of individuals, may allow others to intervene following expression of suicidal behaviour and can provide support and information on coping strategies for vulnerable individuals.

- Challenges: controlling user behaviour, possibility of contagion, accurately assessing suicide risk, issues relating to privacy and confidentiality, normalisation of self-harm, hindrance to professional help-seeking, exposure of highly lethal methods of self-harm and the facilitation of cyberbullying.

(Robinson et al 2016; Daine et al 2013)

**Media awareness campaigns**

- The role of mass media in reducing stigma and increasing help seeking behaviour.
  - Indications for most promising results based on multi-level suicide prevention programmes.

(Niederkrotenthaler et al, 2016)
Negative impact of misinformation

In terms of media reporting, there is a need for sensitive and factual reporting in order to minimise harm and increase awareness:

• Important to verify statistics with credible source (e.g. Queensland Suicide Register)

• The graphic nature of reporting and the reporting of specific details of methods involved can trigger copycat cases: the effects of exposure on suicidal behaviour and violence are well documented

• Media professionals should consider the vulnerable reader who might be in crisis when they read the story: coverage should not be glorified or romanticised, should emphasise consequences of the event for others, and list sources of help

• The impact of these events can be devastating on families and communities and extreme caution when reporting cases of murder-suicide, in particular is required
Example of misinformation

Mental health and suicide crisis ‘a national emergency’

Thursday, November 24, 2016

The Government is under pressure to make mental health and suicide prevention a national emergency after the Dáil heard concerns about 16 people taking their own lives in two weeks in Cork.
Challenges in relation to harmful information on internet and social media

- Harmful/potentially harmful media can be accessed across jurisdictions
- Increasing speed of circulation of information via social media
- Absence of code of conduct for film directors, in line with code of conduct for media professionals
- Unclear whether regulatory agencies for traditional media are responsible for monitoring social media
- Existing evidence on suicide contagion not translated into practice for all media stakeholders, including film and show directors
Impacts of the Netflix series 13 Reasons Why
Evidence of copycat suicides following the launch of the Netflix series 13 Reasons Why

Families blame ‘13 Reasons Why‘ for the suicides of 2 teens in California (US), April 2017

Netflix drama series blamed for inspiring teens’ attempted suicide (Austria)

‘13 Reasons Why’ copycat suicide in Peru

Increase in teen suicidal behaviour linked to ‘13 Reasons Why’, Toronto, June 2017
Reasons Why Not

1. The graphic nature of reporting and the reporting of specific details of highly lethal methods involved can trigger copycat cases; the effects of exposure on suicidal behaviour and violence are well-documented.

2. There is no consideration of young vulnerable people who may over-identify with the teenage girl in ‘13 Reasons Why’ who ends her life.

3. There are elements of glorifying and romanticising suicide, which may further impact on people who are considering suicide or self-harm.

4. The protagonist is memorialised throughout the episodes and her locker at school is decorated and students take selfies in front of it. This is an example of memorialisation that could be misinterpreted by young people as something they too will get if they die by suicide.
5. The death by suicide of the protagonist is presented as a quasi-rational response to the behaviour of others, as a ‘black and white’ situation, oversimplifying the processes underlying self-harm and suicide. Other young vulnerable people may perceive suicide as an escape when faced with similar situations.

6. Revenge suicide is relatively rare; revenge motive is reported by a minority of young people who self-harm.

7. Evidence based information on positive mental health promotion and help-seeking for mental health problems, was not taken into account.

Internet searches for suicide following the release of 13 Reasons Why (Ayers et al, JAMA, 2017)

- Comparison of internet search volumes (31\textsuperscript{st} March - 18\textsuperscript{th} April 2017) with expected search volumes if the series had never been released

- Suicide-related searches were 15-44% higher than expected, 12-19 days after the show’s premiere

- Searches “how to commit suicide” (26%); “commitsuicide” (18%); “howtokillyourself” (9%) were all significantly higher than expected

- Public awareness indicative searches were also elevated.

- **Conclusion:** 13 Reasons Why elevated suicide awareness, but it is concerning that searches indicating suicidal ideation also rose
First outcomes National Self-Harm Registry Ireland: Number of self-harm presentations to hospital in the weeks before and after the release of 13 Reasons Why

- Based on the self-harm figures for April and May for the 3 preceding years (2014-2016), the average weekly number of presentations to hospital EDs in Ireland is 200.

- There were similar numbers in the first 4 weeks after the release of 13 Reasons Why in 2017, but there were 14.5% more presentations in week 5 (229 vs 200).
Specific aspects associated with online media and risk of suicide contagion

• Online series and social media can be accessed at all times, which increases viewing patterns, such as ‘marathon’ or ‘binge watching’.

• This can further intensify the over-identification with people who take their lives (real-life and fictional), and therefore increase the negative impact on vulnerable people.
Recommendations

- Films and shows such as *13 Reasons Why* should follow the WHO Media Guidelines, in particular removing scenes showing suicide and include suicide helpline numbers in each episode.

- Programmes should undergo testing to evaluate any effect on public health outcomes before release to minimise societal harms.

- Adherence by film directors to safe messaging guidelines, and providing young viewers and the supportive adults in their lives with necessary resources, especially considering “binge watching”.

- Increased awareness of suicide risk/protective factors and warning signs among professionals in primary care and community based settings.

*Ayers et al, 2017; McManama O’Brien et al, 2017*
Steps undertaken by IASP

- IASP Briefing Statement disseminated among IASP National Representatives and key contacts in all 75 IASP member states.

- Communications with US and EU Netflix branches; As a result, the scene showing the suicide act was taken off YouTube.

- Priorisation of the updating of the WHO-IASP Resource for Media Professionals (2017)

- Ongoing liaison with Netflix by Co-Chairs of the IASP Special Interest Group on Suicide and the Media

- Monitoring of copycat suicides and suicide attempts/self-harm via IASP National Representatives
Recommendations and Actions

- Media Guidelines achieve more compliance if they are developed by an interdisciplinary team, including mental health professionals and media specialists.

- Media guidelines need to be positively reinforced and implemented on an on-going basis (IASP/WHO guidelines are currently being updated).

- Implementation of guidelines should be conducted using a pro-active approach and as part of the curriculum of journalists and editors.

- Regulators and governments need to explore ways of restricting access to sites that primarily exist to promote suicide or self-harm.

- The emergence of the internet and social media as a platform for news distribution, requires further examination to obtain greater insight into potential dangers and benefits.
Increased understanding of the importance of media guidelines for reporting of suicide among journalists

“I would be careful not to go into graphic description about the mode of the suicide because I think that’s voyeuristic and ultimately unhelpful”

Anne Dempsey,
Freelance journalist, Ireland

“Reporting on suicide is one of the most difficult issues facing journalists. These guidelines are here to help, by providing reporters with the information they need to cover cases of suicide or self-harm responsibly. They don’t aim to censor the media or limit its freedoms. Instead, they seek to help journalists deal with many dilemmas on reporting suicide and assist the public in understanding the complexity of the problem”

Carl O’Brien, Social Affairs Correspondent, The Irish Times
Mindframe National Media Initiative

Moving with the times: Mindframe’s revised guidelines for media reporting of suicide and mental illness

Tegan Cotterill

http://www.mindframe-media.info
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