

Preventing suicide in community and custodial settings: local media reporting of suicides

[Evidence review for – local media reporting of suicides]

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Evidence reviews

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*These evidence reviews were developed
by Public Health International Guideline
Development team*

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Contents

Local media reporting of suicides	6
Introduction	6
Review question	6
PICO table.....	6
Public Health evidence	6
Findings.....	7
Summary of quantitative studies included in the evidence review.....	7
Summary of qualitative studies included in the evidence review.....	7
Economic evidence	11
Evidence statement.....	11
Recommendations.....	12
Research recommendations.....	13
Why this is important	13
Rationale and impact.....	14
The committee’s discussion of the evidence.....	14
Appendices.....	17
Appendix A: Review protocols	17
Appendix B: Literature search strategies	18
Appendix C: References	18
Appendix D: Excluded studies.....	19
Appendix E: Evidence tables	22
E.1 Quantitative studies	22
E.1.1 Hagihara and Abe 2012	22
E.1.2 Niederkrotenthaler and Sonneck 2007	24
E.1.3 Pirkis et al 2006	26
E.1.4 Utterson et al 2017.....	30
E.2 Qualitative studies	34
E.2.1 Chapple et al 2013.....	34
E.2.2 Collings and Kempt 2010	36
E.2.3 Jempson et al 2007.....	39
E.2.4 Slaven and Kisely 2002.....	44
E.2.5 Skehan et al 2013.....	46
Appendix F: GRADE tables	53
F.1 Suicide	53
F.1.1 Change in the number of actual suicide (media reporting of suicide)	53
F.1.2 Change in the number suicide annually (media guidelines for reporting suicide)	54

F.1.3 Number of suicides monthly (media reporting of suicide)	56
Appendix G: CERQual tables	58

1 Local media reporting of suicides

2 Introduction

3 The aim of this review is to determine whether the print, internet, broadcast and digital media
4 reports of suicide or suicidal behaviour have an effect on suicide rates.

5 Review question

6 What are the most effective approaches to reporting for suicide and suicidal behaviour in
7 local print, internet and digital media to prevent suicide (or contagion)?

- 8
- What approaches increase acceptability of reporting for suicide and suicidal behaviour?

9 PICO table

10 The review focused on identifying studies that fulfilled the conditions specified in PICO table
11 (Table 1). For full details of the review protocol, see Appendix A:

12 **Table 1: PICO inclusion criteria for the review question of local media reporting of**
13 **suicides.**

Population	Whole population or subgroups
Interventions¹	Local reporting for suicide and suicidal behaviour in local print, internet and digital media
Comparator	If relevant comparative studies are identified, comparators that will be considered are <ul style="list-style-type: none">• Other intervention• Status quo/do nothing/control• Time (before and after)
Outcomes	The outcomes that will be considered when assessing the impact on health are: <ul style="list-style-type: none">• Suicide rates among target/participant communities• Suicide attempts• Changes in mental health state• Reporting of suicide ideation. The outcomes that will be considered when assessing acceptability of reporting: <ul style="list-style-type: none">• Changes in attitude, acceptance, intentions, beliefs and behaviour of people exposed to the reporting. Unintended consequences and effects: <ul style="list-style-type: none">• Disapproval• Contagion or copycat behaviour.

14 Public Health evidence

15 In total, 19,228 references were identified through the systematic searches. References were
16 screened on their titles and abstracts and full text and 21 references that were potentially
17 relevant to this question were requested. 9 studies were included: 4 were quantitative
18 studies; 14 were qualitative studies (see Appendix D: for the evidence tables) and 7 studies
19 were excluded. For the list of excluded studies with reasons for exclusion, see Appendix D:

¹ Exclude: mass media that reports to national audiences.

1 Findings

2 Summary of quantitative studies included in the evidence review

3 Four quantitative studies provided evidence on the impact of media reporting on suicide
4 rates. Table 2 presents a summary of included quantitative studies.

5 **Table 2: summary of included quantitative studies for local media review**

Study [country]	Design	Population	Intervention	Comparator	Outcome
Hagihara and Abe 2012 [Japan]	Observational (cross sectional)	Men and women in their 20s, 30s and 40s	Media reports concerning suicide	Before-after the intervention	Suicide rate
Niederkrötenbacher and Sonneck 2006 [Austria]	Experimental	Austrian	Media reporting guideline	After the invention	<ul style="list-style-type: none"> • Change in the number of suicides after the implementation of media reporting guideline • Change in the number of subway suicides
Pirkis et al 2006 [Australia]	Observational (cross sectional)	Australian	Media reporting of suicide	Before and after reporting of suicide	Change in number of suicides
Utterson et al 2017 [UK]	Observational (cross sectional)	British	Media reporting guideline	local vs national	Compliance with media reporting guideline

6 Summary of qualitative studies included in the evidence review

7 5 qualitative studies were included in this review. The quality of the studies varied, 3 studies -
8 Collings and Kempt (2010), Chapple et al (2013) and Skehan et al (2013) - were rated as
9 [+]; while Slave and Kisely 2002, Jempson et al 2007 were rated as [-]. There were 2 UK
10 studies, two from Australia and one from New Zealand. Table 3 presents a summary of these
11 studies. Themes reported by authors of the study were listed.

Table 3: Included qualitative studies for local media reporting review

Study [country]	Design (method)	Population	Intervention	Aim of the study	Themes reported in the study
Chapple et al 2013 [UK]	Qualitative (interviews)	40 in-depth interviews with people bereaved by suicide	Newspaper reporting	To explore bereaved individuals' experiences of media reporting after suicide and to examine their priorities in relation to media guidelines.	<p>Accuracy of media reporting</p> <ul style="list-style-type: none"> The central importance of accuracy <p>Others</p> <ul style="list-style-type: none"> Managing the media Cooperating with the press Reasons for dissatisfaction with the Press (behaviour of journalists)
Collings and Kemp 2010 [New Zealand]	Qualitative (interviews)	15 interviews with journalists	Suicide reporting in the media including newspaper, TV and radio	To investigate the experiences of journalists covering suicides	<p>Accuracy of media reporting</p> <ul style="list-style-type: none"> Media format of suicide (the context and content of reporting) Professional practice <p>The influence of guidelines</p> <ul style="list-style-type: none"> Restricted reporting <p>Others</p> <ul style="list-style-type: none"> Public responsibility Personal experience of covering suicide
Jempson et al 2007 [UK]	Qualitative (survey and interviews)	Working journalists (133 responded the survey and 15 being interviewed)	Reporting of suicide and suicidal behaviour in the media including newspaper, TV and radio	To examine the efficacy of existing guidelines and to establish ways of working with the media that would help support a sustained improvement in the portrayal of suicide and suicidal behaviour in the media	<p>Terminology</p> <ul style="list-style-type: none"> Preferences for ways of describing suicide <p>The influence of guidelines</p> <ul style="list-style-type: none"> Knowledge of existing guidelines about coverage of suicide Guideline/policies in the workplace <p>Training</p> <ul style="list-style-type: none"> Preference for guidance about problematic/traumatic coverage Training about suicide coverage

Study [country]	Design (method)	Population	Intervention	Aim of the study	Themes reported in the study
Slaven and Kisely 2002 [Australia]	Mixed method (survey and interviews)	8 media representatives were interviewed to gain their perceptions of Commonwealth Guidelines for the reporting of suicides	<p>Suicide prevention: (1) providing suicide awareness for staff in health, education and social services;</p> <p>(2) limiting the sale of over the counter analgesics;</p> <p>(3) implementing commonwealth media guidelines in the reporting of suicide by media</p>	<p>To evaluate the effect of the primary prevention of suicide:</p> <ul style="list-style-type: none"> providing suicide awareness sessions for staff members in health, education and social services; limiting the sale of over the counter analgesics (aspirin and paracetamol) to packets containing less than the minimum lethal dose; and implementing Commonwealth media guidelines in the reporting of suicides by media. 	<p>Terminology</p> <ul style="list-style-type: none"> Appropriate use of terminology <p>The influence of guidelines</p> <ul style="list-style-type: none"> Refraining from report Access to the guidelines
Skehan et al 2013 [Australia]	Qualitative (interviews)	19 interviews with people bereaved by suicide (n=6), people from postvention services (n=4); people police and coronial services (5); and journalists (n=4)	Media coverage (not specified types of media)	To investigate the views and opinions of people who have been bereaved about the media coverage of suicide and to investigate the impacts that involvement in media stories has on study participants.	<p>Accuracy of media reporting</p> <ul style="list-style-type: none"> Media involvement of people bereaved by suicide <p>The influence of guidelines</p> <ul style="list-style-type: none"> Media experiences of interacting with people bereaved by suicide <p>Training</p> <ul style="list-style-type: none"> Practical support (the ability to debrief with other colleagues as well as a better understanding of suicide and skills to deal with the interaction between voluntary sources and journalists) A lack of emotion support provided to people bereaved by suicide

Study [country]	Design (method)	Population	Intervention	Aim of the study	Themes reported in the study
					Others <ul style="list-style-type: none">• Media involvement and coverage• Impact of media stories• Impact on those bereaved participating in media stories• Future needs

1 Economic evidence

2 No economic studies met the inclusion criteria of the review.

3 Evidence statement

4 Quantitative evidence

5 Evidence statement 9.1-Suicide

6 Change in the number of suicides

7 Evidence from an observational study found media items including newspaper, radio and TV
8 on completed suicide were not significantly associated with an increase in both male and
9 female to (male odds ratio=1.16, [95%CI 0.98 to 1.36]); female OR=0.93, [95%CI 0.77 to
10 1.12]) but media items on suicide ideation were significantly less likely to be associated with
11 an increase in both male and female suicides (male odds ratio=0.80, [95%CI 0.65 to 0.98]);
12 female OR=0.77, [95%CI 0.62 to 0.97]) than items not concerned with suicide ideation. The
13 study also found media items on suicide attempts were significantly less likely to be
14 associated with an increase in female but not male suicide (female OR=0.79, [95%CI 0.64 to
15 0.99 Items about attempted suicides]; male OR=1.01, [95%CI 0.83 to 1.23]). The
16 committee's confidence in the evidence was low to moderate.

17 Evidence from an observational study found media items that were either good quality² or
18 poor quality were not associated with the change in male or female suicides (good quality
19 items: male OR=1.04, [95%CI 0.68 to 1.60]; female OR=0.85, [95%CI 0.53 to 1.36]; poor
20 quality items: male OR=1.09, [95%CI 0.73 to 1.63]; female OR=1.05, [95%CI 0.70 to 1.58]).
21 The committee's confidence in the evidence was low.

22 Evidence from an observational study found a significant increase in monthly number of
23 suicides among women by 8.4% following the media reports of a suicide, respectively 254.6
24 and 275.3. But the increase was not significant among men (women, mean difference=20.67
25 more, [95%CI: not estimated]; men, mean difference=6.2 more [95%CI: not estimated³]).
26 The committee's confidence in the evidence was low.

27 Media guidelines

28 Evidence from an experimental study found a significant decrease in the annual number of
29 suicides following the introduction of the media guideline (mean difference=81.0 fewer,
30 [95%CI 12.8 fewer to 149.1 fewer]). A significantly annual decrease in the number of suicides
31 was also observed in the areas with the highest coverage rate⁴ of the collaborating
32 newspaper (high coverage rate area, mean difference=47.5 fewer [95%CI 5.4 fewer to 89.6
33 fewer]; medium coverage rate area, mean difference=16.1 fewer [95%CI 64.0 fewer to 31.9
34 more]; low coverage rate area, mean difference=less than 1 fewer [95%CI 4.0 fewer to 3.5
35 more]). The committee's confidence in the evidence was very low.

36 Evidence from an experimental study found study found a significant decrease in the annual
37 number of subway suicides following the introduction of the media guideline (mean
38 different=3.4 fewer suicides, [95%CI 1.8 fewer to 5.0 fewer]). The committee's confidence in
39 the evidence was very low.

² 10% of items were selected to be rated by codes for quality. Quality ratings were made according to a set of 9 dimensions (see evidence table Pirkis et al 2006).

³ The study did not report total number of population size.

⁴ Coverage rate: percentage rate of population reached by newspapers which were collaborated with

1 Evidence from an observational study reported 81% (n=55) of local online articles breached
2 at least one of the Samaritans' guidelines for reporting of suicide. On average, the number of
3 guideline breaches each article was 2.1. The most commonly breached aspects of guidelines
4 when local media reporting suicides were a failure to include reference to sources of support
5 for those considering suicide (70.6%), the inclusion of excessive details about the method
6 used (36.8%), and undue speculation about the reason for suicide (26.4%). The committee's
7 confidence in the evidence was very low.

8 **Qualitative evidence**

9 ***Evidence statement 9.2-accuracy of media reporting***

10 There is evidence from 3 qualitative studies (Collings and Kemp 2010[+]; Chapple et al 2013
11 [+]; Skehan et al 2013[+]) which explored the experiences of journalists and people bereaved
12 by suicide with regard to media coverage of suicide. All studies described the importance of
13 media reporting being accurate and fair. Participants emphasised the accurate
14 representation of the incident and individual involved is central to media reporting. Journalists
15 agreed that suicide reporting needed newsworthy context around what led to someone's
16 decision to take their own life but they did not believe the media should intentionally
17 manipulate the facts. Inaccuracy was noted as the key factor in people's dissatisfaction when
18 the suicide was reported. The committee's confidence in the evidence was moderate.

19 ***Evidence statement 9.3- terminology***

20 There is evidence from 2 qualitative studies (Slaven and Kisely 2002[-]; Jempson et al 2007
21 [-]) which acknowledged that the use appropriate terminology was essential but there was a
22 lack of consensus on preferred terms to describe suicide. The committee's confidence in the
23 evidence was low.

24 ***Evidence statement 9.4-the influence of media reporting guidelines***

25 There is evidence from 4 qualitative studies which explored the influences of guidelines when
26 reporting on suicides (Slaven and Kisely 2002[-]; Jempson et al 2007[-]; Collings and Kemp
27 2010[+]; Skehan et al 2013[+]). Few journalists were familiar with the guidelines including
28 working place policies, and few believed the guidelines would influence the way in which they
29 reported on suicide and suicidal behaviour. Some journalists felt the restricted reporting
30 guided by the guidelines could make the suicide too difficult to cover, and consequently
31 increasing stigma about suicide and creating the suicide 'taboo'. The committee's confidence
32 in the evidence was low.

33 ***Evidence statement 9.5-training for journalists***

34 There is evidence from 2 qualitative studies which identified a need for training for journalists
35 on media coverage of suicide throughout their career (Jempson et al 2007[-]; Skehan et al
36 2013[+]). Few journalists received any specific training on the coverage of suicide throughout
37 their career, and they often sought advice from their colleagues and other suicide related
38 resources. When interacting with involved individuals such as people bereaved by suicide,
39 journalists felt that emotional skills and practical supports were needed to support those
40 individuals. The committee's confidence in the evidence was moderate.

41 **Recommendations**

42 **Media reporting of suicides**

43

44 1.8.9 In custodial and detention settings, the multi-agency partnership should ensure
45 national guidelines are followed when engaging with the media to report suicides.

1 The press officer should be given training on suicide reporting both at time of the
2 event and at the inquest, including the need to use sensitive language, reduce
3 speculative reporting and avoid presenting detail on methods.

4 1.8.10 Disseminate guidance on effective media reporting of suicide. Examples
5 include: the World Health Organization's Preventing suicide: a resource for media
6 professionals; the Samaritans' Media guidelines for reporting suicide; the
7 Independent Press Standards Organisation's Editors code of practice; and OFCOM's
8 Broadcasting code.

9 1.8.11 Monitor media coverage of local deaths that are suspected to be suicides and,
10 if necessary, provide feedback to the reporter on the effect of their reporting (see the
11 'Media guidelines for reporting suicide').

12

13 **Research recommendations**

14 **1. What are the positive and negative effects of social media reporting on suicidal**
15 **ideas and behaviours in young people?**

16 **Why this is important**

17 Social media may be used as a way to share personal experiences but may also be a source
18 of information on methods of suicide. However there is little evidence on the influence of
19 social media on people with suicidal thoughts or people affected by suicides. A clearer
20 understanding of the impact of social media on suicidal behaviours will inform the
21 development of safeguarding measures for different social media platforms to protect social
22 media users and preventing suicidal behaviours.

23

Criterion	Explanation
Population	Young people in the community who are at risk of suicide
Intervention	Social media reporting of suicide
Comparator	Other intervention Status quo/do nothing/control Time (before and after)
Outcomes	Primary outcomes to include suicide-related outcomes (Suicides, attempted suicides and suicidal ideation) Secondary outcomes, to include mental health (for example, self-rated depression), changes in attitude, acceptance, intentions, beliefs and behaviour of people exposed to the reporting. Unintended consequences and effects: <ul style="list-style-type: none">• Disapproval• Contagion or copycat behaviour

Study design	Study designs could include observational or experimental studies or other types of evaluation with the purpose of ascertaining the positive and negative effects of social media reporting of suicide. It will also be important to gain public feedback as part of any study so a mixed methods approach to include qualitative elements may also be appropriate.
Timeframe	Studies would require sufficient follow up time to capture changes in primary outcomes (ideally 6 months)

1

2 **Rationale and impact**

3 **Why the committee made the recommendations**

4

5 **Impact of the recommendations on practice**

6

7 **The committee's discussion of the evidence**

8 **Interpreting the evidence**

9 ***The outcomes that matter most***

10 The committee discussed the relative importance of the outcomes and agreed that changes
11 in the number of suicides following media reports of suicide was the most important outcome
12 for this review. Any reduction in suicides would be important to prevent imitation of the
13 suicide and/or suicide clusters.

14 The experience of media professionals involved in reporting on suicides such as journalists
15 and editors was considered to be particularly relevant for the review as this would encourage
16 media professionals to learn from current good practice, to identify the impact of helpful
17 behaviour and also potentially reduce harmful reporting of suicides.

18 Other outcomes of interest to the committee, such as change in attitude, acceptance,
19 intentions, beliefs and behaviour of people exposed to the reporting were not reported in the
20 included studies.

21 ***The quality of the evidence***

22 The quantitative studies identified were considered to have a high risk of bias, due to lack of
23 information on the number of suicides before and after a media report. The evidence specific
24 to local (not national) media reporting of suicides was limited, and the evidence base was
25 further hampered by the poor quality of data reporting and the different types of analysis
26 methods used in the included studies. For example, studies reporting the estimated effects
27 such as odd ratios and regression coefficients but the actual number of suicides before and
28 after the media report were not reported. For this reason the committee found it difficult to
29 interpret the evidence and to ascertain the true impact of media reporting.

30 There were 5 qualitative studies exploring the experiences of journalists and people
31 bereaved by suicide concerning media reports of suicide, to consider what approaches were
32 acceptable when reporting suicide and/or suicidal behaviour. Overall, the confidence of
33 evidence for themes reported in these studies was low to moderate due to concerns

1 regarding study methodology including poor sampling strategies, poor reporting of the
2 methods and data analysis. There were two UK studies and both were considered to be
3 applicable in terms of context. The committee, however, had concerns over one study
4 (Jempson 2007) as it was conducted before the national suicide prevention strategy which
5 may reduce the applicability of the evidence because of changes in practice in recent years.

6 **Benefits and harms**

7 The committee agreed that evidence showing that media reporting of suicide and/or suicidal
8 behaviour was associated with a change in the number of suicides post report. The benefit
9 of a media reporting guideline was demonstrated with a reduction in the number of suicides.
10 This evidence base was weak with just a single study investigating the impact of a media
11 reporting guideline on suicide numbers (Niederkrötenhaler and Sonneck 2007). The
12 committee considered that all included studies did not provide any information regarding
13 coroner inquests which could have an effect on how or whether suicide and/or suicidal
14 behaviour should be reported in the media. In addition, no evidence was found explicitly
15 distinguishing between positive and potentially harmful media reporting.

16 The qualitative studies documented the importance of accurate reporting and the use of
17 appropriate terminology when reporting on suicide but there was a lack of evidence on the
18 benefit of these two elements on subsequent suicides.

19 Media reporting of the methods used did appear to have a harmful effect with an increase in
20 the number of suicides following media reports of an unusual method used in three deaths
21 (Hagihara and Abe 2012). Evidence also found an increased number of newspaper articles
22 related to suicides and/or suicidal behaviours in high frequency areas (cluster areas) when
23 compared to matched control areas (Gould et al 2014), which suggests that newspaper
24 coverage of suicide may be associated with the initiation of a suicide cluster. The committee
25 agreed any association between media reports and an increase in suicides and/or imitator or
26 so called 'copycat' suicides was a huge concern. Furthermore, the committee agreed that
27 inaccurate media reporting, for example by misquoting or speculation, causes distress
28 among people bereaved by suicide and increased dissatisfaction with the media in general
29 (Chapple et al 2013).

30 **Cost effectiveness and resource use**

31 No health economic evidence was found and this review question was not prioritised for
32 health economic modelling.

33 **Other factors the committee took into account**

34 The committee noted that there was national advice on how to report on suicides; for
35 instance, the Samaritans have published media guidelines for reporting suicide
36 (<https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide>). This provides
37 guidance for journalists in traditional media. Additionally, the committee acknowledged that
38 these recommendations are also targeted at the increasing number of people who use social
39 media.. They also noted that there is a need for further guidance specifically around social
40 media and agreed that recommendations should also apply to these groups. Suicide
41 prevention steps have been taken by various social media platforms; for instance, Twitter
42 has rules dealing with posts when they are notified that a person is threatening suicide or
43 self-harm. However, as no evidence on social media was identified in the review, the
44 committee recommended a research recommendation to understand the influence of social
45 media on suicidal behaviours, particularly among young people.

46 The committee recognised the importance of having a local strategy for media reporting of
47 suicide, of ongoing monitoring of local media reporting of suicide and suicidal behaviour and
48 of keeping active communication between local media representatives and the multi-agency
49 partnership.

- 1 No evidence on how media reporting of suicide and suicidal behaviour in custodial settings
- 2 was identified in the review, but the committee based on their experience in practice,
- 3 considered that inappropriate reporting could have a detrimental effect on the person and
- 4 their family.
- 5

1 Appendices

2 Appendix A: Review protocols

Component of protocol	Description
Review question	<p>What are the most effective approaches to reporting for suicide and suicidal behaviour in local print, internet and digital media to prevent suicide (or contagion)?</p> <ul style="list-style-type: none"> • What approaches increase acceptability of reporting for suicide and suicidal behaviour?
Context and objectives	<p>To determine whether reporting for suicide and suicidal behaviour in local print, internet and digital media are acceptable to professionals and the public.</p>
Participants/population	<p>Whole population or subgroups.</p>
Intervention(s)	<p>Local reporting for suicide and suicidal behaviour in local print, internet and digital media.</p> <p>Exclusion: mass media campaigns on national level</p>
Comparator(s)/control	<p>It is not anticipated that comparators will be identified. Evidence is likely to be solely sourced from qualitative evidence.</p> <p>If relevant comparative studies are identified, comparators that will be considered are:</p> <ul style="list-style-type: none"> • Other intervention • Status quo/ control • Time (before and after) or area (i.e. matched city a vs b) comparisons
Outcome(s)	<p>The outcomes that will be considered when assessing the impact on health are:</p> <ul style="list-style-type: none"> • Suicide rates among target/participant communities • Suicide attempts • Changes in mental health state • Reporting of suicide ideation. <p>The outcomes that will be considered when assessing help-seeking behaviour:</p> <ul style="list-style-type: none"> • Changes in attitude, acceptance, intentions, beliefs and behaviour of people exposed to the reporting. <p>Unintended consequences and effects:</p> <ul style="list-style-type: none"> • Disapproval <p>Contagion or copycat behaviour.</p>

Component of protocol	Description
Types of studies to be included	<p>Comparative studies including:</p> <ul style="list-style-type: none">• Randomised or non-randomised controlled trials• Before and after studies• Cohort studies <p>Qualitative studies (which are directly related to effectiveness studies)</p> <ul style="list-style-type: none">• Interviews• Focus groups <p>Economic studies:</p> <ul style="list-style-type: none">• Economic evaluations• Cost-utility (cost per QALY)• Cost benefit (i.e. Net benefit)• Cost-effectiveness (Cost per unit of effect)• Cost minimization• Cost-consequence

1 For the full protocol see the attached version on the guideline consultation page

2

3 **Appendix B: Literature search strategies**

4 See separate document attached on the guideline consultation page.

5 **Appendix C: References**

6 Chapple Alison, Ziebland Sue, Simkin Sue, and Hawton Keith (2013) How people bereaved
7 by suicide perceive newspaper reporting: qualitative study. *The British journal of psychiatry:*
8 *the journal of mental science* 203(3), 228-32

9 Collings Sunny C, and Kemp Christopher G (2010) Death knocks, professional practice, and
10 the public good: The media experience of suicide reporting in New Zealand. *Social Science*
11 *& Medicine* 71(2), 244-248

12 Hagihara Akihito, and Abe Takeru (2012) Effects of media reports and the subsequent
13 voluntary withdrawal from sale of suicide-related products on the suicide rate in Japan.
14 *European archives of psychiatry and clinical neuroscience* 262(3), 245-51

15 Jempson M, cookson R, Williams T, Thorsen E, Khan A and Thevanayagam P (2007)
16 Sensitive coverage saves lives: improving media portrayal of suicidal behaviour. London:
17 National Institute for Mental Health in England.

1 Niederkrotenthaler Thomas, and Sonneck Gernot (2007) Assessing the impact of media
2 guidelines for reporting on suicides in Austria: interrupted time series analysis. The
3 Australian and New Zealand journal of psychiatry 41(5), 419-28

4 Pirkis J E, Burgess P M, Francis C, Blood R W and Jolley D J (2006) The relationship
5 between media reporting of suicide and actual suicide in Australia. Social Science &
6 Medicine 62: 2874-2886

7 Skehan Jaelea, Maple Myfanwy, Fisher Jill, and Sharrock Genelle (2013) Suicide
8 bereavement and the media: A qualitative study. Advances in Mental Health 11(3), 223-237

9 Slaven Janine, and Kisely Stephen (2002) The Esperance primary prevention of suicide
10 project. The Australian and New Zealand journal of psychiatry 36(5), 617-21

11 Utterson Michael, Daoud Jason, and Dutta Rina (2017) Online media reporting of suicides:
12 analysis of adherence to existing guidelines. BJPpsych bulletin 41(2), 83-86

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24 **Appendix D: Excluded studies**

No.	Study	Reason for exclusion
1.	Bohanna India, and Wang Xiangdong (2012) Media guidelines for the responsible reporting of suicide: a review of effectiveness. Crisis 33(4), 190-8	Systematic review, included studies checked against review protocol
2.	Cheng Qijin, Chen Feng, and Yip Paul S. F (2017) Media effects on suicide methods: A case study on Hong Kong 1998-2005. PloS one 12(4), e0175580	Study was in non-Organisation for Economic Co-operation and Development (OECD) countries
3.	Choi Yun Jeong, and Oh Hyungna (2016) Does Media Coverage of a Celebrity Suicide Trigger Copycat Suicides?: Evidence from Korean Cases. Journal of Media Economics 29(2), 92-105	A descriptive study, did not report comparative data.
4.	Cox Georgina R, Owens Christabel, Robinson Jo, Nicholas Angela, Lockley Anne, Williamson Michelle, Cheung Yee Tak Derek, and Pirkis Jane (2013) Interventions to reduce suicides at suicide hotspots: a systematic review. BMC public health 13, 214	Systematic review, included studies checked against review protocol

No.	Study	Reason for exclusion
5.	DeHaan Tracy Jean (2017) Dying to succeed: A qualitative content analysis of online news reports about affluent teen suicide clusters. Dissertation Abstracts International Section	Outcomes of interest not included
6.	Gandy Julia, and Terrion Jenepher Lennox (2015) Journalism and suicide reporting guidelines in Canada: perspectives, partnerships and processes. International Journal of Mental Health Promotion 17(5), 249-260	Outcomes of interest not included
7.	Gould Madelyn S, Kleinman Marjorie H, Lake Alison M, Forman Judith, and Midle Jennifer Bassett (2014) Newspaper coverage of suicide and initiation of suicide clusters in teenagers in the USA, 1988-96: a retrospective, population-based, case-control study. The lancet. Psychiatry 1(1), 34-43	Outcomes of interest not included
8.	John Ann, Hawton Keith, Gunnell David, Lloyd Keith, Scourfield Jonathan, Jones Phillip A, Luce Ann, Marchant Amanda, Platt Steve, Price Sian, and Dennis Michael S (2017) Newspaper reporting on a cluster of suicides in the UK: A study of article characteristics using PRINTQUAL. Crisis: The Journal of Crisis Intervention and Suicide Prevention 38(1), 17-25	Outcomes of interest not included
9.	Kumar Mrinal, Dredze Mark, Coppersmith Glen, De Choudhury , and Munmun (2015) Detecting Changes in Suicide Content Manifested in Social Media Following Celebrity Suicides. HT ... : the proceedings of the ... ACM Conference on Hypertext and Social Media. ACM Conference on Hypertext and Social Media 2015, 85-94	Outcomes of interest not included
10.	Michel K, Frey C, Wyss K, and Valach L (2000) An exercise in improving suicide reporting in print media. Crisis 21(2), 71-9	Outcomes of interest not included
11.	Pirkis Jane, Dare Andrew, Blood R Warwick, et al (2009) Changes in Media Reporting of Suicide in Australia Between 2000/01 and 2006/07. Crisis-the Journal of Crisis Intervention and Suicide Prevention 30(1), 25-33	Outcomes of interest not included
12.	Sisask Merike, and Varnik Airi (2012) Media roles in suicide prevention: a systematic review. International journal of environmental research and public health 9(1), 123-38	Systematic review, included studies checked against review protocol
13.	Young Rachel, Subramanian Roma, Miles Stephanie, Hinnant Amanda, and Andsager Julie L (2017) Social Representation of Cyberbullying and Adolescent Suicide: A Mixed-Method Analysis of News Stories. Health communication 32(9), 1082-1092	Outcomes of interest not included
14.	Zalsman Gil, Hawton Keith, Wasserman Danuta, van Heeringen et al (2016) Suicide prevention strategies revisited: 10-year systematic review. The lancet. Psychiatry 3(7), 646-59	Systematic review, included studies checked against review protocol

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Appendix E: Evidence tables

E.1 Quantitative studies

E.1.1 Hagihara and Abe 2012

Hagihara Akihito, and Abe Takeru (2012) Effects of media reports and the subsequent voluntary withdrawal from sale of suicide-related products on the suicide rate in Japan. <i>European archives of psychiatry and clinical neuroscience</i> 262(3), 245-51																
Study details	Research Parameters	Population / Intervention	Results													
<p>Author/year</p> <p>Hagihara and Abe 2012</p> <p>Quality score</p> <p>+</p> <p>Study type</p> <p>Observational (cross-sectional)</p> <p>Aim of the study</p> <p>To explore whether media reports of suicide were related to suicide rates for people in their 20s, 30s, and 40s. To explore whether stopping the sale of bath salt products by JACDS-affiliated drugstores was related to suicide rates among people in their 20s, 30s, and 40s</p> <p>Location and setting</p>	<p>Number of participants</p> <p>Characteristics of participants</p> <p>Not applicable</p> <p>Inclusion criteria</p> <p>Monthly suicide statistics for people aged 20–29, 30–39, and 40–49 from February 2003 to December 2009 were obtained from the Vital and Health Statistics summary published by the Statistics and Information Department of the Japanese Ministry of Health, Labour and Welfare</p> <p>Exclusion criteria</p> <p>Suicide cases without a residential address in Japan (migrants) are not included.</p>	<p>Intervention / Comparison</p> <p>Intervention:</p> <p>On February 29, 2008, three young people who met for the first time on the Internet committed suicide</p> <p>Immediately after the case was first reported, there was a sudden increase in the numbers of media reports concerning the group suicide because the circumstances and method were highly unusual.</p> <p>In response to a sudden increase in the number of copycat suicides, on May 13, 2008, drug stores affiliated with the Japanese Association of Chain Drug Stores (JACDS) voluntarily decided to stop selling bath salt products containing sulphur.</p> <p>Comparison:</p>	<p>Primary outcomes</p> <p>Monthly number suicide cases by period</p> <table border="1"> <thead> <tr> <th></th> <th>Feb 2003 to Jan 2008</th> <th>Intervention period (Feb 2008 to May 2008)</th> <th>June 2008 to Dec 2009</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>757.80 (71.65)</td> <td>762.00 (32.45)</td> <td>764.00 (67.93)</td> </tr> <tr> <td>Female</td> <td>254.63 (24.77)</td> <td>281.00 (42.58)</td> <td>275.30 (26.80)</td> </tr> </tbody> </table> <p>Mean monthly suicide counts for men before and after the media reporting of a suicide were 757.80 and 763.74 respectively.</p> <p>Mean monthly suicide counts for women before and after the media reporting of a suicide were 254.63 and 276.04 respectively.</p> <p>There was no statistically significant change in suicide among men before and after the media reports but there was a</p>			Feb 2003 to Jan 2008	Intervention period (Feb 2008 to May 2008)	June 2008 to Dec 2009	Male	757.80 (71.65)	762.00 (32.45)	764.00 (67.93)	Female	254.63 (24.77)	281.00 (42.58)	275.30 (26.80)
	Feb 2003 to Jan 2008	Intervention period (Feb 2008 to May 2008)	June 2008 to Dec 2009													
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<p>Japan</p> <p>Length of study</p> <p>Suicide between Feb 2003 and Dec 2009</p> <p>Source of funding</p> <p>Not reported</p>		<p>The study was conducted from February 2003 to December 2009 (83 months). Until the occurrence and subsequent media coverage of the case of suicide in February 2008.</p> <p>Before: Feb2003 to Jan 2008</p> <p>After: June 2008 to Dec 2009</p>	<p>statistically significant change in suicide among women during the same period ($p < 0.001$). An 8.4% increase in female suicide following media reports of a suicide.</p> <p>For the male, media reports of the suicide were not related to suicides. Stopping the sale of bath salts was not related to suicide.</p> <p>For female, media reports of the suicide were related to suicide counts. Stopping the sale of bath salts was related to suicide counts. The voluntary stopping of sales of bath salts was related to an immediate and permanent decrease about 19 suicides among women, or a 7.5% reduction compared with pre-intervention levels.</p> <p>Author's conclusion</p> <p>There are several notable findings in the present study. First, after controlling for the effects of systematic variation from unmeasured stochastic processes, we found that media coverage of a suicide that occurred on February 29, 2008 was followed by an immediate and permanent increase in female suicide mortality in Japan. Second, after controlling for the effects of systematic variation from unmeasured stochastic processes, we found that stopping the sale of bath salts on May 13, 2008 was followed by an immediate and permanent decrease in female suicide mortality in Japan.</p> <p>Third, we found that media coverage of a suicide and stopping the sale of bath salts were not related to suicide counts among men in their 20s, 30s, and 40s.</p> <p>The results suggest that stopping the sale of bath salts might be effective in reducing the number of copycat suicides among the women in their 20s, 30s, and 40s. In practice, stopping the sale of suicide-related products might be a potentially effective countermeasure to prevent copycat suicides triggered by media coverage of suicides.</p>
<p>Limitations identified by author</p> <p>The model used in our study does not consider other possible or known risk factors for suicide, such as increases in alcohol use, drug use, domestic violence, or inadequate mental healthcare. The study has only suicide data for men and women in their 20s, 30s, and 40s.</p>			

There is the possibility that the sudden increase in the number of suicides for people in their 20s, 30s, and 40s at the time of the media coverage of suicide simply reflects a larger pattern also occurring in other ages or gender groups.

Limitations identified by review team

Methods of suicide of these suicide included in the study were not clear.

E.1.2 Niederkrotenthaler and Sonneck 2007

Niederkrotenthaler Thomas, and Sonneck Gernot (2007) Assessing the impact of media guidelines for reporting on suicides in Austria: interrupted time series analysis. The Australian and New Zealand journal of psychiatry 41(5), 419-28

Study details	Research Parameters	Population / Intervention	Results																														
<p>Author/year</p> <p>Niederkrotenthaler and Sonneck 2007</p> <p>Quality score</p> <p>+</p> <p>Study type</p> <p>Experimental</p> <p>Aim of the study</p> <p>To evaluate the impact of guidelines on overall suicide numbers</p> <p>Location and setting</p> <p>Austria</p> <p>Length of study</p>	<p>Number of participants</p> <p>Newspapers reaching approximately 50% of the Austrian population were collaborated</p> <p>Characteristics of Austrian media markets</p> <table border="1"> <thead> <tr> <th></th> <th>Austria</th> <th>High impact region</th> <th>Medium-impact region</th> <th>Low-impact region</th> </tr> </thead> <tbody> <tr> <td>% Austrian population</td> <td>100</td> <td>42.3</td> <td>53.3</td> <td>4.4</td> </tr> <tr> <td>% newspaper coverage of population</td> <td>74.2</td> <td>70.2</td> <td>77.6</td> <td>75.8</td> </tr> <tr> <td>Coverage rate(% rate of population reached by newspaper which were collaborated with)</td> <td>48.2</td> <td>67.0</td> <td>38.6</td> <td>11.0</td> </tr> </tbody> </table>		Austria	High impact region	Medium-impact region	Low-impact region	% Austrian population	100	42.3	53.3	4.4	% newspaper coverage of population	74.2	70.2	77.6	75.8	Coverage rate(% rate of population reached by newspaper which were collaborated with)	48.2	67.0	38.6	11.0	<p>Intervention / Comparison</p> <p>Intervention:</p> <p>In Austria, probably the first country worldwide, media guidelines for reporting on suicides were introduced in 1987.</p> <p>Since then, the aims have been</p> <p>(1) to reduce overall suicide numbers in Austria</p> <p>(ii) to prevent suicides and suicide attempts on the Viennese subway, which increased sharply between 1982 and 1987.</p> <p>Since mid-1987, reports of the largest Austrian newspapers and the Austrian Press Agency have been monitored and guidelines have been repeatedly reissued to the Austrian media. Given its aim of reducing suicides on the Viennese subway, the Wiener Linien (the operating company of public transport in</p>	<p>Primary outcomes</p> <p>Suicide</p> <p>The impact assessment model showed a significant level shift of suicides in Austria in the year following the introduction of the guidelines, corresponding to a permanent, annual decrease of 81 suicides (95% confidence interval (CI): -149 to -13)</p> <p>This impact was particularly due to a significant effect of the guidelines on the high-impact media market: in this region the impact of the guidelines was calculated as an annual reduction of 47suicides (95%CI: -90 to -5);</p> <p>There was neither any evidence of a significant impact of the guidelines on the hypothesized medium-impact media market nor on the low-impact media market.</p> <table border="1"> <thead> <tr> <th></th> <th>Estimated effect (95%CI)</th> </tr> </thead> <tbody> <tr> <td>All regions</td> <td>-80.95 (-149.11, -12.78)</td> </tr> <tr> <td>High impact region</td> <td>-47.48 (-89.58, -5.37)</td> </tr> <tr> <td>Medium impact region</td> <td>-16.08 (-64.02, 31.86)</td> </tr> <tr> <td>Low impact region</td> <td>-0.24 (-3.95, 3.47)</td> </tr> </tbody> </table>		Estimated effect (95%CI)	All regions	-80.95 (-149.11, -12.78)	High impact region	-47.48 (-89.58, -5.37)	Medium impact region	-16.08 (-64.02, 31.86)	Low impact region	-0.24 (-3.95, 3.47)
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<p>For an evaluation of the nationwide impact of the guidelines, the study analysed Austrian suicide data from mid-1946 to mid-1987 in order to detect important features of the time series</p> <p>Source of funding</p> <p>The Austrian Academy of Sciences</p>	<p>Inclusion criteria</p> <p>Not reported</p> <p>Exclusion criteria</p> <p>Not reported</p>	<p>Vienna) arranged a moratorium on the reporting on subway suicides with some of the collaborating media and additionally promoted the guidelines in Vienna.</p> <p>Comparison:</p> <p>Region by the impact media markets</p>	<p>In the analysis of an intermediate impact of the guidelines on the quality of media reporting we tested the use of the words 'suicide' and 'self-murder' in the headlines of suicide reports by the Austrian Press agency. A comparison of the 5 years before (year 1982/83) and after (year 2004/05) the introduction of the guidelines showed a very significant decrease, in line with the media recommendations.</p> <p>Subway suicide</p> <p>The implementation of the guidelines was followed by an immediate decrease of approximately 10 subway suicides (95%CI: -15.1 to -5.4). Afterwards the number of incidents increased appropriately 62 fewer suicides (95%CI -93, -31) on an increase of 100 million passengers than would be expected without any trend change. Because passenger number and the number of years in the observational period were highly correctly, this result could also be interpreted as a trend change of approximately 3.4 suicide per year (95%CI -5.0 to -1.8).</p> <p>Author's conclusion</p> <p>The present results clearly support the hypothesis that the media guidelines have had an impact on the quality of reporting as well as on suicidal behaviour in Austria, and stress the importance of collaborating with nationwide, but also with regional media to achieve efficacy.</p>
<p>Limitations identified by author</p> <p>A limitation of our analysis was the lack of a matched no-intervention comparison group.</p> <p>The study limited the impact assessment strictly to an abrupt level change reaching its maximum within 1 year after the implementation of the guidelines.</p> <p>One limitation to our analysis of intermediate impacts was its restriction to the measurement of one single indicator of responsible reporting (use of the words 'suicide' and 'self-murder' in the headlines of reports on suicides)</p> <p>Given the fact that there are many qualitative and quantitative features of media reports hypothesized as having an impact on imitative behaviour, our results were not necessarily representative for the overall quality of reporting.</p> <p>Limitations identified by review team</p> <p>Not identified</p>			

E.1.3 Pirkis et al 2006

Pirkis J E, Burgess P M, Francis C et al 2006. The relationship between media reporting of suicide and actual suicide in Australia. <i>Social Science & Medicine</i> 62: 2874-2886.																											
Study details	Research Parameters	Population / Intervention	Results																								
<p>Author/year</p> <p>Pirkis et al 2006</p> <p>Quality score</p> <p>+</p> <p>Study type</p> <p>Observational (cross sectional)</p> <p>Aim of the study</p> <p>To determine whether media items about suicide were associated with differential increase in actual suicides</p> <p>Location and setting</p> <p>Australia</p> <p>Length of study</p> <p>Between March and February 2001</p> <p>Source of funding</p>	<p>Number of media reporting items</p> <p>The study carried out a search, and yielded 4,813 items on suicide covering 1162 (24.1%) newspaper including national metropolitan daily newspaper, major suburban and regional newspaper in all states/territories and all suburban and regional newspaper in the states of Victoria; 3043 (63.2%) on radio, and 608 (12.6%) on TV.</p> <p>Characteristics of media reporting items</p> <p>For all items, data were extracted on:</p> <ul style="list-style-type: none"> - item date; - the focus of the item (completed suicide, attempted suicide, suicidal ideation); - the content of the item (individual's experience, suicide statistics, suicide research, suicide policy/programs, suicide opinion piece, mass suicide, murder-suicide, legal issues regarding suicide); and -any suicide method referred to in the item (hanging, ingesting substances, gas, firearms, high impact methods, other, not applicable) <p>Five hundred and four items (just over 10%) were randomly selected to be rated by the coders for quality. Quality ratings were made according to a set of nine dimensions.</p> <ol style="list-style-type: none"> 1. Does the item have any examples of inappropriate language? 2. Is the item inappropriately located? 3. Is the word 'suicide' used in the headline? 	<p>Intervention / Comparison</p> <p>Intervention:</p> <p>Media reporting of suicide</p> <p>Comparison:</p> <p>Actual in male and female before and after the medial reporting of suicide.</p> <p>In each regression analysis, the outcome variable was the difference between the number of suicides in the seven days after the given media item (i.e., on days 00–06) and the number on days 14–08 before. This was conceptualised as a binary variable: 'increase' versus 'no increase'.</p> <p>The regression analyses considered whether the likelihood of an increase in male or female suicides could be explained by particular characteristics of the media item</p>	<p>Primary outcomes</p> <p>In total, there were 2341 suicides during the data collection period of the Media Monitoring Project. These suicides were spread relatively evenly across the 12-month study period, increasing slightly over time.</p> <p>Media items were associated with change in actual suicide.</p> <p>In total, 1182 media items (39%) were followed by an increase in male suicides (with the increase ranging from 1 to 28 additional suicides); 1139 (25%) were followed by no change in male suicides; and 1674 (36%) were followed by a decrease in male suicides (with the decrease ranging from 1 to 23 fewer suicides).</p> <p>Similarly, 1434 (31%) media items were followed by an increase in female suicides (with the increase ranging from 1 to 15 additional suicides); 1978 (43%) were followed by no change in female suicides; and 1223 (26%) were followed by a decrease in female suicides (with the decrease ranging from 1 to 10 fewer suicides).</p> <p>Association between characteristics of media items and male suicide</p> <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">OR (95%CI)</th> </tr> <tr> <th colspan="2"></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Media type</td> <td>Radio</td> <td>1.00</td> <td>1.00</td> </tr> <tr> <td></td> <td>TV</td> <td>1.34 (1.11-1.63)</td> <td>1.51 (1.23-1.84)</td> </tr> <tr> <td></td> <td>Newspaper</td> <td>1.13 (0.96-1.33)</td> <td>1.15 (0.96-1.37)</td> </tr> <tr> <td>Other items about suicide</td> <td>0-3</td> <td>1.00</td> <td>1.00</td> </tr> </tbody> </table>			OR (95%CI)				Male	Female	Media type	Radio	1.00	1.00		TV	1.34 (1.11-1.63)	1.51 (1.23-1.84)		Newspaper	1.13 (0.96-1.33)	1.15 (0.96-1.37)	Other items about suicide	0-3	1.00	1.00
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<p>Australian Rotary Health Research Fund funded the study.</p> <p>4. Is a photograph/diagram or footage depicting the suicide scene, precise location or method used with the item? 5. Is there a detailed discussion of the method used? 6. Is there reference to the fact that the person who died by suicide was a celebrity? 7. Is suicide portrayed as 'merely a social phenomenon' as opposed to 'being related to mental disorder'? 8. Does the item provide information on help services? 9. Are the bereaved interviewed? Each dimension elicited a response of yes (scored 1) or no (scored 0), with the exception of dimension 8, which was reverse scored.</p> <p>Inclusion criteria A media retrieval service identified suicide-related items appearing in newspapers (all national metropolitan daily newspapers, major suburban and regional newspapers in all states/territories and all suburban and regional newspapers in the state of Victoria) and in news and current affairs shows on all radio and television stations throughout Australia.</p> <p>Exclusion criteria Not reported</p>				4-5	1.37 (1.05-1.78)	1.24 (0.93-1.66)
				6-10	1.31 (1.04-1.66)	1.23 (0.95-1.58)
				11-20	1.77 (1.40-2.24)	1.29 (1.00-1.67)
				>20	3.37 (2.60-4.37)	4.13 (3.13-5.44)
			Item focus	Completed suicide	1.16 (0.98-1.36)	0.93 (0.77-1.12)
				Attempted suicide	1.01 (0.83-1.23)	0.79 (0.64-0.99)
				Suicidal ideation	0.80 (0.65-0.98)	0.77 (0.62-0.97)
			Item contention	Individual experience	1.36 (1.15-1.63)	1.08 (0.77-1.12)
				Statistical overview	1.14 (0.95-1.37)	1.07 (0.88-1.31)
				Research initiative	1.19 (0.96-1.47)	0.94 (0.74-1.18)
				Policy/program initiative	1.05 (0.88-1.24)	0.62 (0.51-0.75)
				Opinion piece	1.52(1.20-1.93)	1.21 (-.94-1.67)
				Mass suicide	1.28 (0.98-1.68)	1.26 (0.95-1.67)
				Murder suicide	0.50 (0.38-0.66)	0.72 (0.55-0.96)
				Media coverage of suicide	1.14 (0.81-1.62)	1.66 (1.16-2.36)

				Legal issue re suicide	1.03 (0.76-1.40)	0.62 (0.44-0.88)
				Causes of suicide	1.26 (0.89-1.80)	0.78 (0.52-1.17)
			Suicide method	Hanging	0.82 (0.58-1.16)	0.77 (0.52-1.14)
				Ingestion of substances	1.16 (0.70-1.93)	1.46 (0.85-2.50)
				Gas	1.11 (0.68-1.81)	1.12 (0.67-1.88)
				Firearm	0.77 (0.48-1.24)	0.62 (0.36-1.05)
				High impact method	0.89 (0.48-1.62)	0.80 (0.41-1.56)
			Prominence	Prominent	0.96 (0.81-1.14)	0.95 (0.79-1.14)
<p>the association between item quality and increases in male and female suicides was given special consideration, using the restricted data set that only included items that had been rated for quality during the Media Monitoring Project. When quality alone was considered, items of poor quality were no more likely to be associated with increases in male suicide (OR ¼ 1.09; 95% CI ¼ 0.73–1.63) or female suicides (OR ¼ 1.05; 95% CI ¼ 0.70–1.58).</p>						
					OR (95%CI)	
					Male	Female
			Media type	Radio	1.00	1.00
				TV	0.97 (0.50-1.88)	0.65 (0.31-1.36)
				Newspaper	0.93 (0.56-1.52)	1.07 (0.63-1.81)

			Other items about suicide	0-3	1.00	1.00
				4-5	2.71 (1.15-6.39)	1.25 (0.52-3.02)
				6-10	1.47 (0.70-3.10)	1.04 (0.48-2.21)
				11-20	1.65 (0.78-3.48)	0.91 (0.42-1.97)
				>20	4.40 (1.88-10.30)	3.88 (1.60-9.36)
			Item focus	Attempted suicide	-	0.53 (0.26-1.07)
				Suicidal ideation	0.43 (0.22-0.86)	0.42 (0.19-0.92)
			Item contention	Individual experience	1.38 (0.88-2.19)	-
				Policy/progr am imitative	-	0.69 (0.39-1.20)
				Opinion piece	1.31 (0.59-2.91)	-
				Murder suicide	0.38 (0.14-1.04)	1.53 (0.57-4.07)
				Media coverage of suicide	-	0.82 (0.28-2.38)
				Legal issue re suicide	-	0.67 (0.25-1.81)
			Item quality	Good quality	1.04 (0.68-1.60)	0.85 (0.53-1.36)
			Author's conclusion			

			<p>The current study furthers knowledge about the impact of media reporting of suicide on actual suicides, particularly in the Australian context. It found that although by no means all media items on suicide were associated with an increase in suicides, a substantial proportion was. Certain characteristics of media items were predictive of increases in both male and female suicides, if they occurred in the context of multiple other reports on suicide (versus occurring in isolation), if they were broadcast on television (versus other media), and if they were about completed suicide (versus attempted suicide or suicidal ideation). Different item content appeared to be influential for males and females, with an increase in male suicides being associated with items about an individual's experience of suicide and opinion pieces, and an increase in female suicides being associated with items about mass- or murder-suicide. Item prominence and quality were not differentially associated with increases in male or female suicides.</p>
<p>Limitations identified by author The breadth of data described above was provided at the expense of depth of information. In particular, less detail was available about the items regarding individuals' experiences of completed or attempted suicide or suicidal ideation than might have been desirable. The broader range of suicide items may have introduced 'noise' that may have masked effects that would otherwise have been apparent, particularly in instances where the number of media items with given characteristics was small.</p> <p>Limitations identified by review team Only 10% of media reporting items were selected to be rated for quality.</p>			

E.1.4 Utterson et al 2017

<p>Utterson Michael, Daoud Jason, and Dutta Rina (2017) Online media reporting of suicides: analysis of adherence to existing guidelines. BJPsych bulletin 41(2), 83-86</p>			
Study details	Research Parameters	Population / Intervention	Results
<p>Author/year</p> <p>Utterson et al 2017</p> <p>Quality score</p> <p>-</p>	<p>Inclusion criteria</p> <p>The inclusion criteria was assessed against an adapted version of the 'Ten things to remember when reporting suicide' contained in the document issued by the Samaritans</p>	<p>Participant numbers</p> <p>229 online articles included for analysis</p> <p>Participant characteristics</p> <p>Not reported</p> <p>Intervention</p>	<p>Primary outcomes</p> <p>Platform reporting suicide</p> <p>Overall, 229 articles met the inclusion criteria: 68 articles from local media sources and 161 articles from national media sources.</p> <p>The majority (214 articles) came from media organisations which offer both a print and online platform, with national publications such as the Guardian, the Telegraph and the Daily Mail making up</p>

<p>Study type</p> <p>Cross sectional</p> <p>Aim of the study</p> <p>To assess the compliance of contemporary online media output with guidelines for the responsible reporting of suicidal acts.</p> <p>Location and setting</p> <p>UK</p> <p>Length of study</p> <p>The study search was during 28 consecutive days in November 2014</p> <p>Source of funding</p> <p>Not reported</p>	<p>1 Leave out technical details about the method of suicide, such as describing the type of ligature used or the number and types of pills taken in an overdose.</p> <p>Never suggest that a method is quick, easy, painless or certain to result in death.</p> <p>2 Language matters. Avoid dramatic headlines and terms such as 'suicide epidemic' or 'hot spot'.</p> <p>3 Include references to support groups and places where suicidal people can find help – it really does make a difference.</p> <p>4 Treat social media with particular caution and refrain from mentioning websites or networks that promote or glamorise suicide.</p> <p>5 Avoid dramatic or sensationalist pictures or video. Refrain from including content from suicide notes.</p> <p>6 Young people are especially vulnerable to negative suicide coverage. Do not give undue</p>	<p>Media guideline for reporting suicide (Samaritans)</p> <p>This is one of the more prominent and widely used sets of guidelines for journalists in the UK</p> <p>Comparison</p> <p>Online articles reporting suicide</p>	<p>the bulk of national media output, and an array of smaller local outlets each contributing a smaller number of articles to the total.</p> <p>15 articles were found in a range of online-only outlets such as the International Business Times, Yahoo UK, The Huffington Post and Wales Online.</p> <p>10 articles were found on the websites of media network providers such as the BBC, ITV and STV.</p> <p>Of the 229 online articles included for analysis, 199 (86.9%) breached at least one of the Samaritans' guidelines. The mean number of guideline breaches per article was 2.2, with only a small variation between local and national media sources (2.1 v. 2.2 breaches per article, respectively; P=0.08).</p> <p>The most commonly breached aspects of the guidelines were a failure to include reference to sources of support for those considering suicide (69.4%), the inclusion of excessive technical detail about the method used (31%) and undue speculation about the reasons for suicide (30.1%).</p> <p>The other guidelines were breached in less than 25% of articles, with just 2 articles mentioning organisations that promote suicide and 1 article using statistics irresponsibly, telling readers the proportion of people completing suicide after jumping from a well-known landmark.</p> <table border="1" data-bbox="1379 1031 1973 1281"> <thead> <tr> <th></th> <th>Local</th> <th>National</th> <th>All sources</th> </tr> </thead> <tbody> <tr> <td>Articles</td> <td>68</td> <td>161</td> <td></td> </tr> <tr> <td>≥1 breach, n(%)</td> <td>55 (80.9)</td> <td>144 (89.4)</td> <td>199 (86.9)</td> </tr> <tr> <td>Breaches per article, mean</td> <td>2.1</td> <td>2.2</td> <td>2.2</td> </tr> </tbody> </table>		Local	National	All sources	Articles	68	161		≥1 breach, n(%)	55 (80.9)	144 (89.4)	199 (86.9)	Breaches per article, mean	2.1	2.2	2.2
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<p>prominence to photographs of a young person who has died and avoid repeated use of images such as galleries.</p> <p>7 Try not to give a story undue prominence, for example with a front cover splash.</p> <p>8 Don't brush over the complex realities of suicide and its impact on those left behind. Remember that people bereaved by suicide are often vulnerable and are more likely to take their own lives than the general population.</p> <p>9 Speculation about the 'trigger' for a suicide, even if provided by a close family member, should be avoided.</p> <p>10 Use statistics with caution. Check with Samaritans or the relevant national statistical agency to make sure you have the most recent data and are comparing like with like.</p> <p>Exclusion criteria</p>		Specific guideline breaches, n(%)			
		Excessive technical detail about the method	25 (36.8)	46 (28.6)	
		Sensationalist or irresponsible language	20 (14.7)	28 (17.4)	
		No sources of support	48 (70.6)	111 (68.9)	
		Mentioning places that promote or glamorise suicide	0	2 (1.2)	2 (0.9)
		Dramatic pictures, videos, content of suicide notes	6 (8.8)	35 (21.7)	41 (17.9)
		Picture galleries	1 (1.5)	30 (18.6)	31 (13.1)
		Narrative brushes over the complex realities of suicide	5 (7.4)	15 (9.3)	20 (8.7)
		Undue speculation	18 (26.4)	51 (31.7)	69 (30.1)

	<p>Articles about suicide bombing and euthanasia were excluded, as were those behind a media paywall.</p> <p>Method of analysis</p> <p>A search was performed on the Google News UK search engine using the keyword 'suicide' with the location filter set to include articles of UK provenance only. The analysis included reports which made reference to an attempted or completed suicide published by local and national media sources during 28 consecutive days in November 2014.</p>		about the triggers			
			Irresponsible use of statistics	0	1 (0.6)	1(0,4)
			Articles with additional adverse features			
			Articles with additional adverse features	11 (16.2)	53 (32.9)	64 (27.9)
			Links to other articles about suicide	5 (7.4)	32 (19.9)	37 (16.2)
			User-generated comment threads	7 (10.3)	32 (19.9)	(39 (17.0)
			<p>Sixty-four articles included additional features which could contribute to readers encountering unsuitable material, such as the inclusion of user-generated comments sections and links to other articles which may similarly be poorly adherent to reporting guidelines</p> <p>Author's conclusions</p> <p>This study highlights the urgent need for the implementation of responsible reporting guidelines in online media articles as a component of suicide prevention efforts.</p>			
<p>Limitations identified by author</p>						
<p>Although a standardised tool was used to identify breaches of media guidelines, judgements about breaches were not cross-checked between researchers. In addition, although the search sought to capture publications over a period of time, this work cannot account for potential seasonal changes in data.</p>						
<p>Limitations identified by review team</p>						

Selective time for the study search (one month in November 2014)

E.2 Qualitative studies

E.2.1 Chapple et al 2013

Chapple Alison, Ziebland Sue, Simkin Sue, and Hawton Keith (2013) How people bereaved by suicide perceive newspaper reporting : qualitative study. The British journal of psychiatry : the journal of mental science 203(3), 228-32																								
Study details	Research Parameters	Inclusion/ Exclusion criteria	Population	Results																				
<p>Author name and year</p> <p>Chapple et al 2013</p> <p>Quality score</p> <p>+</p> <p>Study type</p> <p>Qualitative</p> <p>Aim of the study</p> <p>To explore bereaved individuals' experiences of media reporting after suicide and to examine their priorities in relation to media guidelines.</p> <p>Location and setting</p>	<p>Data collection</p> <p>The study recruited potential participants through support groups, websites, general practitioners, a coroner's officer, our advisory panel, a newspaper article, the Safer Custody Group, a local radio programme, a conference and through snowball sampling. Those who expressed an interest received an information sheet, introductory letter, reply slip and envelope.</p> <p>All participants gave informed consent before taking part and consented to publication of their interview data</p>	<p>Inclusion criteria</p> <p>A diverse sample of men and women from different parts of England, Wales and Scotland, and from different social backgrounds and ethnic groups, who had lost a child, parent, sibling, cousin or friend.</p> <p>Exclusion criteria</p> <p>Not reported</p>	<p>Participant numbers</p> <p>40 people bereaved by suicide</p> <p>Participant characteristics</p> <table border="1"> <tr> <td>No. of men</td> <td>12</td> </tr> <tr> <td>Age group</td> <td></td> </tr> <tr> <td>27-40</td> <td>7</td> </tr> <tr> <td>41-50</td> <td>9</td> </tr> <tr> <td>51-60</td> <td>17</td> </tr> <tr> <td>61-70</td> <td>7</td> </tr> <tr> <td>Occupation</td> <td></td> </tr> <tr> <td>Professional</td> <td>27</td> </tr> <tr> <td>Other non-manual</td> <td>8</td> </tr> <tr> <td>Unskilled manual</td> <td>1</td> </tr> </table>	No. of men	12	Age group		27-40	7	41-50	9	51-60	17	61-70	7	Occupation		Professional	27	Other non-manual	8	Unskilled manual	1	<p>An important issue that all four include is 'avoid detail about the method used to carry out the suicide'. 3 out of four (UK Samaritans, WHO and guidelines from the USA) highlight the importance of terminology (i.e. avoiding 'committed suicide' or 'a successful suicide'), avoiding simple explanations for the death, dramatic reporting and details about location, providing public education about resources, and recommend that the content of suicide notes should not be disclosed.</p> <p>The UK Samaritans, WHO and UK code of practice note that individuals should not be harassed. One guideline (WHO) suggests that the report should avoid using a photo of the person who died.</p> <p>The guidelines from the USA and the WHO suggest that reporters should use reliable sources when seeking background information about suicide and that they should interpret statistics carefully.</p> <p>The UK code of practice adds that reports must distinguish between comment, conjecture and fact, and that 'the Press must take care not to publish inaccurate, misleading or distorted information'</p> <p>The Samaritans guidelines are alone in also acknowledging that accuracy is particularly important to bereaved individuals, who are often upset if the report contains inaccuracies.</p> <p>Thematic domains from the analysis:</p> <p><u>Manging the media</u></p>
No. of men	12																							
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<p>UK</p> <p>Source of funding</p> <p>Not reported</p>	<p>Method of analysis</p> <p>A qualitative interpretive approach was taken, combining thematic analysis with constant comparison.</p> <p>Study authors examined the language that was used during the interviews. They used pseudonyms in reporting the results. Extracts and further analyses from the interviews.</p>		<table border="1"> <tr> <td>Other (housewife/student)</td> <td>4</td> </tr> <tr> <td>Relationship to deceased</td> <td></td> </tr> <tr> <td>Child (who lost a parent)</td> <td>6</td> </tr> <tr> <td>Brother or sister</td> <td>4</td> </tr> <tr> <td>Partner, husband or wife</td> <td>10</td> </tr> <tr> <td>Parents who lost a child</td> <td>18</td> </tr> <tr> <td>Friend</td> <td>2</td> </tr> <tr> <td>How people bereaved</td> <td></td> </tr> <tr> <td>Hanging</td> <td>11</td> </tr> <tr> <td>Jumping</td> <td>8</td> </tr> <tr> <td>Car or motorbike or car fumes</td> <td>6</td> </tr> <tr> <td>Overdose</td> <td>3</td> </tr> <tr> <td>Car crash</td> <td>3</td> </tr> <tr> <td>Suffocation</td> <td>2</td> </tr> <tr> <td>Shooting</td> <td>2</td> </tr> <tr> <td>Railway</td> <td>2</td> </tr> <tr> <td>Downing</td> <td>1</td> </tr> </table>	Other (housewife/student)	4	Relationship to deceased		Child (who lost a parent)	6	Brother or sister	4	Partner, husband or wife	10	Parents who lost a child	18	Friend	2	How people bereaved		Hanging	11	Jumping	8	Car or motorbike or car fumes	6	Overdose	3	Car crash	3	Suffocation	2	Shooting	2	Railway	2	Downing	1	<p>Several people told us how they had actively engaged with the media. After her daughter's death Fiona wrote articles in local and national newspapers to raise awareness of bipolar disorder and its effect on family life. She was grateful to the journalists writing for a broadsheet, who she felt had done it 'beautifully'.</p> <p>When Joanna's husband died she felt that the interview that she had done with a broadsheet newspaper had been cathartic for her as well as allowing her a platform to talk about mental illness. Both Joanna and Fiona mentioned that the articles meant that they did not have to keep re-telling what had happened. The study has found that people bereaved by suicide use email and postings on social networking websites for a similar purpose.</p> <p><u>Cooperating with the press</u></p> <p>Some people told us that the police had liaised with the press on their behalf. When Leila's partner died on the railway tracks it was reported in the local paper. A police press officer took a statement from Leila and her family. Simon's sister died by jumping in front of a train. He was concerned that the local paper might accompany the article about his sister with a picture of a 'cold train' as they had when someone else had died this way. Through the police family liaison officer he passed a photograph of his sister to the local editor, who used it for the article.</p> <p><u>Reasons for dissatisfaction with the press</u></p> <p>Accounts from people who were unhappy about the behaviour of particular journalists included similar language to describe their objections. They reported being 'hounded' or 'door-stepped' by journalists they described as 'insensitive', 'unsympathetic', 'intrusive' or accused of 'snooping'. Recalling what happened after her husband died Melissa said</p> <p><i>I really hated the fact that our tragedy would make up column inches. I felt that was a huge intrusion into our grief. And if he had died of cancer nobody would be reporting about his death. Although I have to say that the piece they wrote was very sympathetic.</i></p>
Other (housewife/student)	4																																					
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Help from dignitas	1							
Burning	1							
<p>Notes</p> <p>Limitations identified by author The study would have liked to have included more manual workers, and more people from Black and minority ethnic groups; had we done so additional perspectives might have emerged. These are necessarily partial accounts; other members of the family, or the person's social network, might have reported different views of any media coverage.</p> <p>Limitations identified by review team Snowball recruitment strategy; self-referred participants</p>								

E.2.2 Collings and Kempt 2010

Collings Sunny C, and Kemp Christopher G (2010) Death knocks, professional practice, and the public good : The media experience of suicide reporting in New Zealand. *Social Science & Medicine* 71(2), 244-248

Study details	Research Parameters	Inclusion/ Exclusion criteria	Population	Results																										
<p>Author name and year</p> <p>Collings and Kemp 2010</p> <p>Quality score</p> <p>+</p> <p>Study type</p> <p>Qualitative</p> <p>Aim of the study</p> <p>This qualitative study provides an in-depth appreciation of this perspective by investigating the experiences of journalists covering suicide in New Zealand.</p> <p>Location and setting</p> <p>New Zealand</p> <p>Source of funding</p> <p>The University of Otago summer studentship programme provided</p>	<p>Data collection</p> <p>Potential participants were identified through a FACTIVA search of NZ newspaper and magazine articles using the search term suicide, followed by a snowball recruitment method.</p> <p>15 participants were interviewed by CK either over the phone or in person using a semi-structured interview guide that evolved as analysis proceeded. Interviews lasted up to 45 min and covered participants' experiences reporting on suicide, the factors they consider when deciding how to write about suicide, and their personal responses to and perceptions of suicide coverage. The interviews were digitally audio-recorded, de-identified, and transcribed verbatim.</p> <p>Method of analysis</p>	<p>Inclusion criteria</p> <p>Journalists</p> <p>Exclusion criteria</p> <p>Not reported</p>	<p>Participant numbers</p> <p>15 were interviewed by CK either over the phone or in person using a semi-structured interview.</p> <p>Participant characteristics</p> <table border="1"> <tr> <td>No. of men</td> <td>6</td> </tr> <tr> <td>Media type</td> <td></td> </tr> <tr> <td>Newspaper</td> <td>11</td> </tr> <tr> <td>TV</td> <td>2</td> </tr> <tr> <td>Radio</td> <td>2</td> </tr> <tr> <td>Role</td> <td></td> </tr> <tr> <td>Reporters</td> <td>9</td> </tr> <tr> <td>Editors</td> <td>4</td> </tr> <tr> <td>Both</td> <td>2</td> </tr> <tr> <td>Length of experience</td> <td></td> </tr> <tr> <td><5 years</td> <td>2</td> </tr> <tr> <td>5-15 years</td> <td>4</td> </tr> <tr> <td>>15 years</td> <td>9</td> </tr> </table> <p>Intervention</p>	No. of men	6	Media type		Newspaper	11	TV	2	Radio	2	Role		Reporters	9	Editors	4	Both	2	Length of experience		<5 years	2	5-15 years	4	>15 years	9	<p>Thematic domains from the analysis:</p> <p><u>Public responsibility</u></p> <p>All participants referred to the promotion of the public good as a compelling motivation for suicide reporting:</p> <p><i>By covering up these issues, or thinking this is too dark, too evil, too hard, are we actually helping the issue? I don't think so. If things can be talked about in a really, you know, constructive, therapeutic and sensitive way, then surely that's going to help families and help potential people who may consider suicide in the future. [TV/Re/>15]</i></p> <p>Six of the more senior participants described a "taboo" surrounding suicide that was in their view partly responsible for the "shocking" local suicide rates, arguing that this "taboo" was produced by restrictions preventing the media from addressing the issue. They wanted to promote the public good by "shedding light" so that the topic could be "open" and "robust" instead of "silent" and "dark."</p> <p><u>Media framing of suicide</u></p> <p>Participants linked their reporting to their civic duty by expressing concern for the context and content of that reporting. They emphasized their use of context to ground suicide stories. This was partly tied to the newsworthiness of suicide e participants agreed that suicide stories needed newsworthy contexts e though it was more closely linked to the promotion of the public good.</p> <p>Several connected suicide coverage to mental health awareness. Others argued that suicides should be woven into broader narratives of alcoholism, drug abuse, poverty, and "gaps in the system." Most conceded that without careful framing their suicide stories might resonate dangerously with vulnerable readers. Almost all argued against the inclusion of method and over-explicit details because such reporting could alienate their readers and "give them ideas." Nevertheless, participants did not believe the news media should intentionally manipulate the facts.</p>
No. of men	6																													
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<p>studentship of this study.</p>	<p>Thematic content analysis was performed concurrently with data collection using QSR NVivo 8. Line by line coding identified key themes using a grounded hermeneutic editing method. This approach involves a circular process of constant comparison, linking speech content to broader background context, and constant questioning and reinterpretation of findings. Emergent themes were reapplied to the data to identify deviant examples. The author (SC) manually coded all transcripts and regular discussions reflected on the analytic process, with disagreement resolved by consensus. Thematic saturation was achieved after fifteen interviews, and data gathering ceased.</p>		<p>New Zealand (NZ) offers unique ground for study in this area as it has both a voluntary media-generated protocol for reporting of suicide and a statutory restriction on suicide coverage without the Coroner's permission (New Zealand Parliament, 2006).</p> <p>Local suicide coverage has been publicly contested since the NZ Commonwealth Press Union lost its appeal for the removal of this provision of the Coroner's Act (Commonwealth Press Union, 2006).</p>	<p>Most were sceptical of the imitative effects of suicide coverage, arguing that the true danger lay with excluding suicide from the news. This was the primary motivation for resisting guidelines and restrictions. Suicide coverage could be cathartic and informative, whereas the restrictions made the topic unapproachable and unspeakable.</p> <p><u>Professional practice</u></p> <p>Participant responses reflected their daily priorities as dictated by both professional code and pragmatic imperative. The commercial nature of the news dictates that suicide is treated as an event whose newsworthiness is derived from the nature of the act and the identity of the deceased. Interesting stories sell, so celebrity suicides receive special attention. Despite this, participants emphasized the importance of their work being accurate and fair.</p> <p><u>Restricted reporting</u></p> <p>Legal and professional boundaries were integral to participant experiences and were complemented by boundaries relating to public perception, knowledge of suicide research, and personal ethics. Almost all participants discussed these unprompted. Only five were familiar with the MoH guidelines, and though none reported using them, there was a strong tendency to conflate the guidelines with the legal restrictions</p> <p>Several asserted that they knew the difference between responsible and irresponsible reporting with or without the restrictions and that their reporting would not change should the restrictions disappear. Nearly half were comfortable with the law as it was enforced. Much opposition was moderated by the emergent notion that the restrictions were flexible to the demands of important stories.</p> <p>The Interactions with suicide researchers and health policymakers were particularly important:</p> <p><i>I think the Ministry and its experts at one point didn't understand the media, didn't respect the media's role in a free and open society, liberal democracy. And again that sort of mind set that this is something that we need to close down, and they almost issued edicts. [N/Ed/>15]</i></p> <p>Author's conclusion</p>
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				<p>Our findings illuminate the complexity inherent in the reporting of suicide in away that has not been acknowledged in the dominant health discourse. A detailed understanding of the local media context, in NZ and elsewhere, and the use of this understanding to inform interactions with the media may be the key to enhancing responsible suicide reportage.</p> <p>Suicide is a subject close to the hearts and minds of those who cover it, one that both deserves and receives careful consideration. By acknowledging the value of informed journalism, policymakers might move more quickly to a constructive partnership with the media grounded in mutual respect and common goals.</p>
<p>Notes Limitations identified by author This study does not address the overall quality of suicide reporting in NZ or elsewhere Limitations identified by review team Snowball recruitment strategy</p>				

E.2.3 Jempson et al 2007

Jempson M. Cookson R, William T et al (2007) Sensitive coverage saves lives : improving medial portrayal of suicidal behaviour. London : National Institute for Mental Health in England				
Study details	Research Parameters	Inclusion/ Exclusion criteria	Population	Results
<p>Author name and year Jempson et al 2007</p> <p>Quality score -</p> <p>Study type Qualitative</p> <p>Aim of the study</p>	<p>Data collection The survey of Journalists</p> <p>A questionnaire was devised and briefly piloted by MediaWise internally and among selected journalists, in consultation with academic colleagues at the University of the West of England.</p>	<p>Inclusion criteria Working journalists</p> <p>Exclusion criteria Not reported</p>	<p>Participant numbers 133 responses received, and 129 included in the analysis</p> <p>15 working journalists being interviewed</p> <p>Participant characteristics 15 working journalists including 10 males and 5 female. They were</p>	<p>Survey results The dominant industrial sectors in which respondents worked were national and provincial newspapers; 14% and 39% respectively. Television accounted for 12% whilst radio and magazines only 9% each; 17% described themselves as freelances. 16% of respondents were under 25. The majority of respondents were 35-50 years of age with an almost even ratio of female to male participants An even higher percentage (70%) of respondents had experience of covering suicide or suicidal behaviour.</p> <p>Experience of covering or representing suicides</p>

<p>To examine the efficacy of existing guidelines and to establish ways of working with the media that would help support a sustained improvement in the portrayal of suicide and suicidal behaviour in the media.</p> <p>Location and setting</p> <p>England</p> <p>Source of funding</p> <p>Not reported</p>	<p>Respondents were able to complete the questionnaire in three ways:</p> <p>(1) Through the printed forms made available by MediaWise at selected events.</p> <p>(2) By completing an email attachment and returning this to MediaWise either electronically or via post.</p> <p>(3) By completing the questionnaire online.</p> <p>Interviews with journalists</p> <p>While the survey was taking place, a similar set of questions (see were devised for face to face and telephone interviews with working journalists.</p> <p>Method of analysis</p> <p>Not reported</p>		<p>-a news editor at a weekly BME newspaper</p> <p>-a freelance journalist working for national newspapers</p> <p>-a local news reporter on commercial TV</p> <p>-a local news reporter on BBC TV</p> <p>-the women's editor of a regional newspaper</p> <p>-a recently qualified reporter on a local newspaper</p> <p>-a news editor on a national, weekly current affairs magazine</p> <p>-an assistant editor of a large, local newspaper</p> <p>-an assistant producer at an independent TV production company</p> <p>-a former staff member of broadsheet newspapers, now freelance</p> <p>-a freelance news and features writer for local and regional newspapers</p> <p>-a researcher/producer for a BBC Radio current affairs programme</p> <p>-a crime correspondent for a national broadsheet</p> <p>-a Home Affairs correspondent on national TV news, and</p>	<p>70% of the people responding to the survey had covered a suicide or suicidal behaviour at least once, although only 43% of these sought guidance before doing so. Seeking advice, 51% from the editor, 38% from a work colleague, or 26% from a mental health charity.</p> <p>Only 6% actually received specific training on media covering suicide and suicidal behaviour. Six respondents had received training about suicide coverage at college and four in the workplace.</p> <p>Knowledge of existing guidelines about coverage of suicide</p> <p>71% of the total respondents were unfamiliar with such guidelines. Overall the NUJ/MediaWise guidelines proved to have the greatest reach among respondents, 23% claiming to be familiar with these, possibly because distribution had been via the NUJ. However, the BBC and Samaritans guidelines followed closely, with 12% and 9% of the respondents acknowledging familiarity with them.</p> <p>Those who knew the guidelines were overwhelmingly positive. 77% found them helpful or somewhat helpful, 70% found them relevant or somewhat relevant and 44% found them easy or somewhat easy to apply.</p> <p>Editorial or work-place policies on coverage of suicide</p> <p>18% of respondents claimed that copies of guidelines for suicide coverage were available at their workplace, while 19% claimed their workplace had a policy about suicide coverage. Only 12% claimed there had ever been a formal discussion about suicide coverage in their workplace. Only 11% claimed their workplace provided counselling for those covering distressing stories.</p> <p>Preferences for ways of describing suicide</p> <p>No single term was preferred by more than 60% which suggests there is no real consensus on how to best describe a suicide. There was no correlation between those who specified alternative terms to describe suicide and those with experience of suicide.</p> <p>Preference for guidance about problematic/traumatic coverage</p>
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			<p>-a Social Affairs correspondent on national TV</p> <p>Intervention</p> <p>Existing guideline for journalist on coverage of suicide</p>	<p>The respondents were asked if they would be interested in attending a one-day seminar on the coverage of suicides or suicidal behaviour. Only 40% were interested; 42% were not interested; 19% chose not to answer the question.</p> <p>Thematic domains from the analysis:</p> <p><u>Sources for suicide stories</u></p> <p>Most of those interviewed (12) had covered individual cases of suicide. Inquests were their main source of stories (7), but other sources included the police (3), families or friends of suicides (2), charities (3), government agencies (2), other individuals (1) and news agencies (1).</p> <p>Those that had covered individual stories emphasised that the stories selected for publication usually contained a wider public interest issue.</p> <p><u>Editorial or work-place policies on coverage of suicide</u></p> <p>Of the companies involved in the study, only the BBC has a written policy (in the Producers' Guidelines) on covering suicide. However, none of the BBC staff interviewed had a clear idea of what those guidelines are.</p> <p>One of those working without written guidelines said he would 'take into account the sensitivity of the matter, particularly with regard to the relatives left behind'.</p> <p><u>Routine publication of helpline contact details</u></p> <p>Opinion was firmly divided about whether helpline contact details should be published as a matter of course: 8 said yes, 7 said no.</p> <p><u>Alternatives terms to "committing" suicide</u></p> <p>Only one respondent agreed that the other terms such as "to kill oneself" or "to take or end one's own life@ were preferable. One said that all three terms are problematic.</p> <p><u>The link between media coverage of suicide and behaviour</u></p> <p>Eight respondents had not heard of the international research that suggests a link between media coverage and imitative behaviour.</p>
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				<p><u>Advice about covering suicide issues</u></p> <p>Eight said they would talk to their editor or head of news. Six mentioned the Samaritans by name, while four said voluntary sector groups or charities. One said MediaWise, one said the Royal College of Psychiatry, and another said the National Union of Journalists.</p> <p><u>The value of guideline</u></p> <p>Only one journalist said he had come across guidelines. Overall, it is fair to say that 14 of the 15 respondents had no detailed knowledge of existing guidelines.</p> <p><u>Guideline in the workplace</u></p> <p>None of the respondents said there were guidelines on coverage of suicide in their office –but one said that the BBC Producers’ Guidelines contained guidance and he would know where to find it. Another said he knew where to find the MediaWise guidance online.</p> <p><u>Training about suicide coverage</u></p> <p>No-one had received advice or pre-entry training on reporting suicide when at college. Nor had anyone received specific mid-career training about how to cover suicidal behaviour or mental illness. However 10 said they would welcome specialist training about coverage of topics such as suicidal behaviour, and mental illness.</p> <p><u>Credible sources of advice</u></p> <p>Interviewees were asked to rank the credibility of sources they would turn to for advice about coverage of suicide and mental health issues. Credibility of sources for advice by average rating:</p> <table border="1"> <tr> <td>Registered charities</td> <td>8.23</td> </tr> <tr> <td>Mental health service user groups</td> <td>8</td> </tr> <tr> <td>Media practitioners/professional bodies</td> <td>7</td> </tr> </table>	Registered charities	8.23	Mental health service user groups	8	Media practitioners/professional bodies	7
Registered charities	8.23									
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				<table border="1"> <tr> <td>Media regulators</td> <td>7</td> </tr> <tr> <td>Office health bodies</td> <td>6.46</td> </tr> </table> <p><u>Influencing practice</u></p> <p>Interviewees were asked about effective methods of influencing media practice. The most effective means of providing guidance and information for media professionals by ranking:</p> <table border="1"> <tr> <td>Pre-career training</td> <td>8.5</td> </tr> <tr> <td>Website</td> <td>8.25</td> </tr> <tr> <td>Mid-career/in-service training</td> <td>8.1</td> </tr> <tr> <td>Personal contact</td> <td>8.08</td> </tr> <tr> <td>Leaflets</td> <td>7.3</td> </tr> <tr> <td>Posters</td> <td>6.0</td> </tr> <tr> <td>Small booklet</td> <td>5.91</td> </tr> <tr> <td>A4-file or manual</td> <td>5.6</td> </tr> </table> <p>Author's conclusion</p> <p>Coverage of suicide stories could be improved very simply, for example by supplying audiences with at least one relevant helpline to encourage people to seek assistance if the issues affect them.</p>	Media regulators	7	Office health bodies	6.46	Pre-career training	8.5	Website	8.25	Mid-career/in-service training	8.1	Personal contact	8.08	Leaflets	7.3	Posters	6.0	Small booklet	5.91	A4-file or manual	5.6
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<p>Notes</p> <p>Limitations identified by author This study does not address the overall quality of suicide reporting in NZ or elsewhere</p> <p>Limitations identified by review team Snowball recruitment strategy</p>																								

E.2.4 Slaven and Kisely 2002

Slaven Janine, and Kisely Stephen (2002) The Esperance primary prevention of suicide project. The Australian and New Zealand journal of psychiatry 36(5), 617-21				
Study details	Research Parameters	Inclusion/ Exclusion criteria	Population	Results
<p>Author name and year</p> <p>Salven and Kisely 2002</p> <p>Quality score</p> <p>-</p> <p>Study type</p> <p>Mixed method</p> <p>Aim of the study</p> <p>To evaluate the effect of three evidence-based initiatives for the primary prevention of suicide: (i) providing suicide awareness sessions for staff members in health, education and social services; (ii) limiting the sale of over the counter analgesics (aspirin and paracetamol) to packets containing less than the minimum lethal dose; and (iii)</p>	<p>Data collection</p> <p>A survey was designed to obtain qualitative and quantitative measures regarding study outcomes, including:</p> <p>(1) knowledge of suicide related issues on a three-point scale with a maximum score of 10;</p> <p>(ii) willingness to intervene with an individual at risk of suicidal behaviour and raise the issue of suicide on a five-point scale derived from the Suicide Intervention Beliefs Scale (SIBS);</p> <p>(iii) knowledge of risk factors and behavioural indicators identified in the literature as being associated with suicide on a five-point scale with a maximum score of 30;</p>	<p>Inclusion criteria</p> <p>Residents in Esperance</p> <p>Exclusion criteria</p> <p>Not reported</p>	<p>Participant numbers</p> <p>149 respondents to 200 questionnaire (75%)</p> <p>Participant characteristics</p> <p>50 males and 99 females). Hospital and school staff were the two largest categories each comprising a quarter of the sample (n = 42 and 39, respectively). Other groups included mental health (n = 12), community health (n = 11), employment services (n = 11), police (n = 9), GPs (n = 8), counselling services (n = 6), crisis service (n = 6), and family support services (n = 5).</p> <p>40% had received any training on suicide prevention (n = 90).</p> <p>Ninety-three participants (62.4%) reported that they had some contact with individuals at risk of suicide in the previous 6 months. The majority of respondents (59.7%) were aware of their own organization's guidelines for responding to suicidal risk.</p> <p>Intervention</p> <p>The Esperance Suicide Prevention</p>	<p>Knowledge</p> <p>The results showed a significant increase in participants' knowledge of suicide-related issues and risk factors for suicide.</p> <p>In terms of beliefs about suicide intervention there were increases in both the willingness to intervene and to raise the issue of suicide.</p> <p>The participants' reported level of knowledge regarding professional and ethical responses in suicide prevention also increased significantly as did their comfort, competence and confidence levels when assisting a person at risk of suicidal behaviour.</p> <p>Media guideline</p> <p>We interviewed representatives from local and state wide media about their policy when reporting suicide, and their awareness and use of the Commonwealth Health Department Guidelines. These were the <i>Esperance Express</i> newspaper, the <i>Kalgoorlie Miner</i> newspaper, Radio West Esperance, ABC Local Radio (Kalgoorlie), WIN television.</p> <p>Of the eight media representatives interviewed, only three were aware of the Health Department Guidelines for the reporting of suicide (the <i>Esperance Express</i> newspaper, the <i>West Australian</i> newspaper and the Golden West Network (GWN) television station).</p> <p>Only one believed that the guidelines would influence the way in which they report (or refrain from reporting) the occurrence of suicidal behaviour.</p> <p>Seven out of eight accepted that incidents of suicide should not be reported unless the circumstances were compelling enough to be in the 'public interest' such as murder suicides, celebrity suicides or a person facing criminal charges; they also agreed that the use of appropriate terminology was necessary.</p>

<p>implementing Commonwealth media guidelines in the reporting of suicides by media</p> <p>Location and setting</p> <p>Esperance, Australia</p> <p>Source of funding</p> <p>This project was funded by the Quality Improvement Programme of the Mental Health Division of the Health Department of Western Australia</p>	<p>(iv) perceived level of knowledge of professional and ethical responsibilities in responding to suicide risk on a five-point scale (Section D); and</p> <p>(v) perceived comfort, competence and confidence in responding to a person at risk of suicidal behaviours</p> <p>Process measures on the effect of the two other initiatives included a change in the percentage of retail outlets, such as chemists and supermarkets, selling paracetamol or aspirin packets in less than potentially lethal quantities (8 g), and changes in the awareness, knowledge and use of Commonwealth Government guidelines on the reporting of suicides among printed and broadcast media. This was assessed by a telephone interview with media at local, regional and state wide levels</p> <p>Method of analysis</p>		<p>The first initiative, training increases the ability, confidence and willingness of general practitioners (GPs) and community health staff to help a person at risk of suicide.</p> <p>The two other initiatives, admissions in Western Australia for deliberate self-harm with paracetamol and aspirin have increased for both genders between 1981 and 1998.</p> <p>Restricting the reporting of a particular method of suicide also leads to a reduction in the number of persons who use this means and there are Commonwealth Government guidelines on the reporting of suicide in Australia</p>	<p>Author's conclusion</p> <p>Local initiatives can improve the awareness and knowledge of staff in the assessment of suicide risk, as well as of local media. These need to be complemented by initiatives at State or Commonwealth level to produce change in state wide media, or sales of over the counter analgesics.</p>
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	Differences in awareness, knowledge and attitudes between occupational groups were examined using descriptive statistics, Students t-test and analysis of variance as appropriate.			
<p>Notes Limitations identified by author Limitations of this study include the fact that assessments were not carried out blind to intervention status, and that the small population meant that there was insufficient power to measure the effect on rates of deliberate self-harm or suicide, necessitating the use of process measures as proxy indicators of outcome. Limitations identified by review team Small number of people being interviewed, and inadequate qualitative data(the study did not report quotes from participants.)</p>				

E.2.5 Skehan et al 2013

Skehan Jaelea, Maple Myfanwy, Fisher Jill, and Sharrock Genelle (2013) Suicide bereavement and the media: A qualitative study. <i>Advances in Mental Health</i> 11(3), 223-237				
Study details	Research Parameters	Inclusion/ Exclusion criteria	Population	Results
<p>Author name and year Skehan et al 2013</p> <p>Quality score +</p> <p>Study type Qualitative</p> <p>Aim of the study The aims of the study were to</p>	<p>Data collection The study is reported in two parts. Part 1 outlines results of a series of key informant interviews with people bereaved by suicide and other informants (media professionals, police, coroners and postvention workers). Part 2 outlines the results from three focus</p>	<p>Inclusion criteria People who have previously been bereaved by Suicide. All participants were over 18 years, and if bereaved by suicide, the death occurred at least 6 months prior to the study participation.</p>	<p>Participant numbers 20 interviews 3 focus groups</p> <p>Participant characteristics <u>Interviews</u> Participants reported in this analysis include: 6 key informants who have been bereaved by suicide (F5; M1); 4 key informants from postvention services (F3; M1); 5 key informants from police and coronial services (F2; M3); and 4 journalists (F3; M1).</p>	<p>Thematic domains from the analysis: <u>Media coverage</u> <u>Interviews</u> It could be a positive or negative experience for people bereaved to engage with the media, depending on the context of the article and the type of media covering the story. Many key informants noted that this involvement could have benefits for the community, with this potential benefit a strong feature of interviews with media professionals. For example, one media professional said: <i>If the story is about suicide and prevention and about illustrating certain aspects of a story it's really important.</i></p>

<p>investigate the views and opinions of people who have been bereaved</p> <p>about the media coverage of suicide and to investigate the impacts that involvement in media stories has on those who have participated.</p> <p>Location and setting</p> <p>Australia</p> <p>Source of funding</p> <p>This study was conducted under the <i>Mindframe</i> National Media Initiative, with funding from the National Suicide Prevention Program in Australia.</p>	<p>groups with people bereaved by suicide.</p> <p>Method of analysis</p> <p>Both sets of data were analysed using qualitative methods to draw out key themes.</p>	<p>Exclusion criteria</p> <p>Not reported</p>	<p><u>Focus group</u></p> <p>20 people who have previously been bereaved by suicide (F15; M5) and attend a local support group from three locations nationally (Newcastle, NSW, Sunshine Coast, QLD, and Battery Point, TAS).</p> <p>Intervention</p> <p>Media coverage of suicide</p>	<p><i>I think very often they see it as a way of educating others ,because there has been an increase of suicide being talked about in the media. (Police officer)</i></p> <p>The timing of an interview with the media, however, was identified as a critical issue. The majority of respondents (from all groups) stated that it would be unhelpful for media contact to occur around the time of the initial trauma. A coroner was concerned about the vulnerability of the individual at the time and their ability to consider involvement with the media, <i>The families or next of kin either of the two are too vulnerable to say no...."</i></p> <p>While timing of an actual interview with the person recently bereaved was seen as central, any reporting of suicide was seen to potentially have an impact on people during their grieving process. One postvention respondent noted that media communication around personal stories can have a negative impact on their professional role as a service provider: <i>It's not helpful from a service provision point of view ... [people are] very much impacted and I guess, re-traumatised over what has gone on in the paper.</i></p> <p>Respondents generally felt that it was a sense of altruism that compelled people bereaved by suicide to engage with the media; using the media as a vehicle to raise awareness about suicide by assuming an educative or advocacy role.</p> <p><u>Focus group</u></p> <p>Primarily group members felt that stories directly addressing suicide, or bereavement by suicide, 'stood out' to them and reported increased awareness of media reports surrounding suicide and 'non suspicious' deaths.</p> <p>Some participants reported that they felt compelled to seek out bereavement stories as a way to process their grief. Not only did these stories have increased relevance to participants after their bereavement, it was also noted that they felt such stories had increased prominence as media consumers. Group members across the three locations reported empathising directly with people featured in media stories, comparing the situation depicted with their own experience.</p>
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				<p>Participants suggested that it was appropriate to have media pieces featuring stories and impacts of suicide, especially when these focussed on people bereaved and the impact the death had. Group members felt that outlining the emotional impacts in such stories could contribute to greater awareness about suicide prevention and decrease the stigma associated with suicide.</p> <p><u>Impact of media stories</u></p> <p><u>Interview</u></p> <p>The majority of respondents reported that there could be positive impacts if the story focussed on suicide prevention, as this coroner indicates: <i>It could be that they read the stories or they think at least somebody recognizes the pain and the anguish of it all.</i></p> <p>Negative impacts were considered likely if the article did not have a significant suicide prevention focus or if it focussed on the death rather than impacts on friends, family and community members, as reported by this postvention worker: <i>If they are focused on good media or awareness, which are different things. Providing hope, never around the incident or the issue itself and it is done in staggered stages to keep peoples' hopes up.</i></p> <p>Time was mentioned as an influential factor in regards to potential negative impacts. Across all groups responses indicated that there was significant potential for re-traumatisation for both people bereaved and others affected by suicide reading the stories. This was reported by both media professionals, for example: <i>Obviously if they are in a space where they are comfortable it can be a positive, or at least not a negative experience but I think other times and it can be completely inappropriate.</i></p> <p><u>Focus group</u></p> <p>Participants felt that negative impacts from reading media stories varied over time but it was not uncommon to experience re-traumatisation and increased grief symptoms after reading about another person's bereavement.</p>
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				<p>Group members reflected that they were drawn to bereavement stories and despite negative personal impacts they could appreciate potential positive outcomes from addressing the issue of suicide in the media.</p> <p><u>Media involvement of people bereaved by suicide</u></p> <p><u>Interview</u></p> <p>One media professional viewed the influence of the media in a positive light, to specifically help address the stigma of suicide in the community: <i>“Hopefully making a difference in breaking down stigma, talking about suicide that ‘s’ word which so often has drawn the awkward silence.”</i></p> <p>Journalists also reported a role in telling stories that focussed on the impact of suicide, including the personal pain of those directly affected. As one journalist commented: <i>The media can play such a powerful role in that by telling the stories of people who’ve been there in that very particular, experiencing that very particular pain which has so often not been talked about.”</i></p> <p>Most commonly, people bereaved (and other key informants) reported they became involved with the media in the months or years following their loss and in general did not actively seek out the media to tell their story. This indicates that the media initiates contact with bereaved people. An exception to this may be when people bereaved made contact with the media at an early stage (generally within weeks) in an attempt to process their grief and loss or explain the event publicly.</p> <p>When asked about the impacts on people bereaved participating in media interviews respondents observed both negative impacts and positive impacts. Positive impacts were more likely to emerge if the person felt the purpose of the story was clear. It was also important that the representation of those involved was accurate.</p> <p>Many respondents felt that if the person did not actively engage with or consent to media stories then the impacts could be negative. These negative experiences could include suicidal ideation, grief and re-traumatisation of those involved. Such reporting does not empower those involved. Media reporting about an individual or family that did not involve or have the support of the family, was viewed as potentially damaging, as this coroner explains: <i>Families often feel stigmatised, that</i></p>
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				<p><i>it will reflect negatively on them – public conclusion that parenting was deficient.”</i></p> <p><u>Impact on those bereaved participating in media stories</u></p> <p><u>Interview</u></p> <p>Respondents felt that a story with such a focus would enable a sense of altruism within people bereaved, and foster a belief that some good may have come from their situation, as explained by the following bereaved person: <i>Positive impacts in good news stories when the person through their bereavement and self-healing make a bit of a pitch around awareness</i></p> <p>When asked about available support, participants felt that rarely, if ever, did people bereaved ask for or were provided with a support person to assist with the interaction. However, respondents believed that it was vital to have the support of an organisation or at least be accompanied by a friend or family member when they did an interview. Participants indicated varying levels of confidence if they were to be asked to provide support to people bereaved in their interactions with the media. Overall, coronial respondents did not feel equipped in any way; police workers felt confident to provide basic support; while postvention workers felt that gaining the skills to support bereaved was a learnt process through direct exposure in their work.</p> <p><u>Future needs</u></p> <p><u>Interviews</u></p> <p>Firstly as a personal tool to protect private information, and secondly, as a way to avoid becoming overwhelmed by other personal stories featured in the media.</p> <p>Informants were asked about resources to assist people bereaved to make an informed decision if choosing to, or needing to, engage with the media. The most common suggestion was access to a professional media liaison or support worker to safeguard their privacy and rights throughout the interview process.</p> <p>Police, coronial and postvention informants believed that any resource or support person should ensure that people bereaved understood the</p>
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				<p>role of the media and the motivations of the media. People bereaved requested practical advice about what to expect and how to assess (or evaluate) their motivations for participating and their personal boundaries.</p> <p>When asked about resources for people bereaved by suicide interacting with the media, responses suggested that any information should be brief so as not to overwhelm the person at a particularly vulnerable time. This might include brief guidelines around sharing personal stories and accessing help-seeking information. Informants also suggested that the resource should provide general information about the media, supporting families and reflect the notion of boundaries.</p> <p>When journalists were asked whether they required additional resources to guide or support interactions with those who were bereaved by suicide, a range of options were suggested. These included practical supports like the ability to debrief with other colleagues as well as a better understanding of suicide and skills to deal with the interaction between vulnerable sources and themselves. Media professionals participating in this research indicated that understanding grief and loss more broadly would be useful.</p> <p><u>Focus group</u></p> <p>Participants believed that media could play a role in suicide prevention if they reported suicide well and in context. This could be done by highlighting risk factors and by the promotion of help-seeking behaviour. The media could play a role in promoting services for people who were suicidal and support services for those bereaved.</p> <p>Participants suggested that media should focus on the 'after effects' of suicide to increase understanding about issues affecting those bereaved. Participants felt that the media had a role to play in educating the public by telling peoples' stories and that this could assist in breaking down the stigma associated with suicide and dispel common myths and misunderstandings.</p> <p>Focus group participants recommended journalists understand that people bereaved by suicide need significant support. This support could be through people who have been through similar circumstances and who understand how they are feeling at that particular time.</p>
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				<p>The participants suggested that the media could play an important role in allowing people bereaved to understand what it is like to access postvention support and services and directing them to appropriate support services.</p> <p>Author's conclusion</p> <p>The study shows that there can be considerable variation in how people bereaved by suicide view media coverage and the reported impacts that being exposed to reports about suicide can have. The study also reports variation in how people bereaved by suicide and other key informants view the interaction between journalists and people bereaved. It highlights a need to consider resources and service models to brief and support those bereaved by suicide when interacting with the media and expansion of current resources and training for journalists that considers the challenges of interacting with people who are bereaved</p>
<p>Notes</p> <p>Limitations identified by author</p> <p>Sample size This study was unable to explore whether there are differences between those who willingly participate in media stories and those who are the focus of media stories but do not consent to participate as a source</p> <p>Limitations identified by review team</p> <p>The study did not report sampling strategy, no detailed description regarding data collection and analysis.</p>				

Appendix F: GRADE tables

F.1 Suicide

F.1.1 Change in the number of actual suicide (media reporting of suicide)

Quality assessment							Number of suicide ^e		Effect		Committee confidence
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Before	After	Odds ratio (OR) (95% CI)	Mean differences (95%CI)	
Items focus on completed suicide											
Male											
1 (Pirkis et al 2006)	observational	Serious ¹	Not applicable (NA)	No serious ²	Serious ³	None	-	-	1.16 (0.98-1.36)	-	LOW
Female											
1 (Pirkis et al 2006)	Observational	Serious ¹	NA	No serious ²	Serious ³	None	-	-	0.93 (0.77-1.12)	-	LOW
Items focus on attempted suicide											
Male											
1 (Pirkis et al 2006)	Observational	Serious ¹	NA	No serious ²	Serious ³	None	-	-	1.01 (0.83-1.23)	-	LOW
Female											

^e The study did not report actual number of suicide before and after media reporting of suicides. In total, 1182 media items (39%) were followed by an increase in male suicide (with the increase ranging from 1 to 28 additional suicide); 1139 (25%) were followed by no change in male suicides and 1674 (36%) were followed by a decrease in male suicide (with the decrease ranging from 1 to 23 fewer suicides). Similar, 1434 (31% media items were followed by an increase in female suicides (with the increase ranging from 1 to 15 additional suicides); 1978 (43%) were followed by no change in female suicides and 1223 (26%) were followed by a decrease in female suicide (with the decrease ranging from 1 to 10 fewer suicides).

1 (Pirkis et al 2006)	Observational	Serious ¹	NA	No serious ²	No serious ⁴	None	-	-	0.79 (0.64-0.99)	-	MODERATE
Items focus on suicidal ideation											
Male											
1 (Pirkis et al 2006)	Observational	Serious ¹	NA	No serious ²	No serious ⁴	None	-	-	0.80 (0.65-0.98)	-	MODERATE
Female											
1 (Pirkis et al 2006)	Observational	Serious ¹	NA	No serious ²	No serious ⁴	None	-	-	0.77 (0.62-0.97)	-	MODERATE
Item quality (good quality)											
Male											
1 (Pirkis et al 2006)	Observational	Serious ^{1,5}	NA	No serious ²	Serious ³	None	-	-	1.04 (0.68-1.60)	-	LOW
Female											
1 (Pirkis et al 2006)	Observational	Serious ^{1,5}	NA	No serious ²	Serious ³	None	-	-	0.85 (0.53-1.36)	-	LOW
<p>1. The number of media items with given characteristics varied (i.e. few items was identified related to a particular characteristics), and this could skew the estimated effect.</p> <p>2. Interventions, population and outcomes are in line with review protocol</p> <p>3. 95% CI of estimated effect crossing line of no effect which the committee agreed should be the minimal important difference.</p> <p>4. 95% CI of estimated effect not crossing line of no effect which the committee agreed should be the minimal important difference.</p> <p>5. Only 10% of items were rated for quality</p>											

F.1.2 Change in the number suicide annually (media guidelines for reporting suicide)

Quality assessment	Number of suicide	Effect	Committee confidence
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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Before	After	Relative risk ratio (RR) (95% CI)	Mean differences (95%CI)	
Number of suicide change per year before and after the introduction of the guideline media (all regions)											
1 (Niederkröthaler and Sonnect 2007)	Experimental	Serious ¹	Not applicable (NA)	No serious ²	No serious ³	None	-	-	-	-80.95 (-149.11, -12.78)	MODERATE
Number of suicide change per year before and after the introduction of the guideline media (high-impact media market^f)											
1 (Niederkröthaler and Sonnect 2007)	Experimental	Serious ¹	Not applicable (NA)	No serious ²	No serious ³	None	-	-	-	-47.48 (-89.58, -5.37)	MODERATE
Number of suicide change per year before and after the introduction of the guideline media (medium-impact media market^g)											
1 (Niederkröthaler and Sonnect 2007)	Experimental	Serious ¹	Not applicable (NA)	No serious ²	Serious ⁴	None	-	-	-	-16.08 (-64.02, 31.86)	LOW
Number of suicide change per year before and after the introduction of the guideline media (low-impact media market^h)											
1 (Niederkröthaler and Sonnect 2007)	Experimental	Serious ¹	Not applicable (NA)	No serious ²	Serious ⁴	None	-	-	-	-0.24 (-3.95, 3.47)	LOW

^f High-impact regions included appropriately 42% of the Austrian population, newspaper reaching 67% of the population.

^g Medium-impact regions included appropriately 53% of the Austrian population, newspaper reaching 39% of the population

^h Low-impact regions included appropriately 4% of the Austrian population, newspaper reaching 11% of the population

Number of subway suicides per year before and after the introduction of the guideline media											
1 (Niederkrönte nthaler and Sonnec 2007)	Experime ntal	Serious ¹	Not applicable (NA)	No serious ²	No serious ³	None	-	-	-	-3.4 (-5.0, -1.8)	MODERATE
1. Difference between media markets regions, although the study reported that these regions had similar demographic composition. 2. Interventions, population and outcomes are in line with review protocol 3. 95% CI of mean difference estimate not crossing line of no effect which the committee agreed should be the minimal important difference. 4. 95% CI of mean difference estimate crossing line of no effect which the committee agreed should be the minimal important difference.											

F.1.3 Number of suicides monthly (media reporting of suicide)

Quality assessment							Number of suicide		Effect		Committee confidence
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Before	After	Relative risk ratio (RR) (95% CI)	Mean differences (95%CI)	
Monthly number of suicide cases before and after media reporting of 3 suicides (male)											
1 (Hagihara and Abe 2012)	Observational	Serious ¹	NA	No serious ²	Serious ³	Japanese population	757.80 (71.65)	764.00 (67.93)	-	+6.2 (not estimated)	VERY LOW
Monthly number of suicide cases before and after media reporting of 3 suicides (female)											
1 (Hagihara and Abe 2012)	Observational	Serious ¹	NA	No serious ²	Serious ³	Japanese population	254.63 (24.77)	275.30 (26.80)	-	+20.67 (not estimated)	VERY LOW
1. Drug store voluntarily withdrew the sale of bath salt products containing sulphur from May 2008, and after period observation was made between June 2008 and December 2009. 2. Interventions, population and outcomes are in line with review protocol											

3. 95% CI of mean difference cannot be estimate as the number of population were not reported in the study.

Appendix G: CERQual tables

Review finding	Contributing studies	Overall confidence in the evidence	Explanation of confidence in the evidence assessment
Accuracy of media reporting			
<p>The accuracy of media reporting was important ensuring the true representation of the nature of the incident and those involved. This was accounted for the central issue when media reports suicide among study participants. People valued media stories empathising the perceived 'truth' about suicide but did not want journalists to speculate (even of apparently small details) and to focus on the drama or sensationalist aspects of the event.</p> <p>Professionals agreed that suicide stories need newsworthy context and believed that the news media should not intentionally manipulate the facts.</p>	Chapple et al 2013; Collings and Kempt 2010; Skehan et al 2013	Moderate confidence	This review finding is rated as moderate, because there are minor to moderate concerns regarding with methodological limitations due to recruitment and sampling strategy (Collings and Kemp 2010; Skehan et al 2013), and reporting of data collection and analysis; minor concerns regarding with relevance as 2 of 3 contributing studies were non-UK (one Australian and one New Zealand study). There were no serious problems with coherence and adequate data from 3 studies.
The use of terminology			
Participants considered that the use of appropriate terminology was necessary but a lack of consensus on the term when describing a suicide.	Jempson et al 2007 and Slave and Kisely 2002	Low confidence	This review finding is rated as low, because there are serious concerns regarding with methodological limitations due to poor reporting of sampling, data collection and data analysis; minor concerns regarding with coherence and relevance (one UK study). There was also minor concern regarding adequate data from 2 studies.
The influence of guidelines			

Review finding	Contributing studies	Overall confidence in the evidence	Explanation of confidence in the evidence assessment
<p>Professional believed the guideline had little influence on the way they reporting. There was a sense of ambivalence about guidelines—one has to be aware of, but not constrained by them. Some journalists did consider guidelines restricting media reporting autonomy. In general a few journalists were familiar with existing guidelines which were not commonly used in their reporting.</p> <p>Jempson et al (2007) also examined the influence of workplace policy on coverage of suicide in England. Only a few media organisation had a written policy and majorities of journalists did not have guideline/policy in their workplace.</p>	<p>Collings and Kempt 2010; Jempson et al 2007; Slaven and Kisely 2002; Skehan et al 2013</p>	<p>Low confidence</p>	<p>This review finding is rated as low, because there are moderate concerns regarding methodological limitations due to due to snowing sampling (Collings and Kemp 2010), and poor reporting of method, data collection and analysis (Slaven and Kisely 2002); moderate concerns regarding with relevance as both studies were non-UK (New Zealand studies). There were also moderate concerns regarding with the adequacy of data as little quotations from participants were reported (Slaven and Kisely 2002) and small number of participants in both studies. No serious concerns regarding coherence.</p>
Training on coverage of suicide reporting			
<p>Throughout their career path, majority journalists did not receive any specific training on the coverage of suicides and suicidal behaviours. They often sought advice from their colleagues (i.e. editor) and other sources such as Samaritans and National Union of Journalists.</p> <p>Reflecting on their experience, journalists felt a lack of emotion support provided to those being bereaved. They believed there was a need for expansion of training for journalists when interacting with people bereaved by suicide.</p>	<p>Jempson et al 2007 and Skehan et al 2013</p>	<p>Moderate confidence</p>	<p>This review finding is rated as moderate, because there are moderate concerns regarding with methodological limitations due to poor reporting of sampling, data collection and data analysis. Minor concerns regarding coherence and relevance (one UK study). There was little concern over adequacy of data.</p>

