

CHAPTER 4

Improving Portrayal of Suicide in the Media in Asia

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Abstract

Media portrayal of suicide has been associated with copycat suicidal acts, particularly if the reported suicide is glorified or sensationalized, or the method is explicitly described. In addition, the media can be a source of misinformation about suicide, often simplistically giving the impression that it is predominantly caused by immediate stressors (e.g., problems with work, study or relationships) rather than linked to mental illness and/or substance abuse. There is some evidence that reporting of suicide in a few Asian countries is more graphic, explicit, and simplistic than in Europe and the United States. For these reasons, improving media reporting of suicide has been viewed as an important suicide prevention strategy. Although there are examples of innovative local activity in the countries involved in the STOPS project, only a few countries have national guidelines on media reporting of suicide. Work in this area should certainly be encouraged. Consideration should be given to the content of any guidelines, the most appropriate way to disseminate them, and the best way to evaluate their implementation.

There is strong evidence that media portrayal of suicide can lead to suicide contagion ('copycat suicides'), particularly if the original suicide is given undue prominence, sensationalized, glorified, or explicitly described (Pirkis et al., 2001; Stack, 2005, Yip et al., 2006). For this reason, the World Health Organization has developed guidelines to encourage responsible reporting of suicide (World Health Organization, 2003). Many European countries and the United States and some Asian countries have also developed guidelines (Pirkis et al., 2006). The current chapter considers the extent to which inappropriate media portrayal of suicide poses a problem in the Asian countries participating in the Strategies to Prevent Suicide (STOPS) project. It describes current efforts in these countries in terms of media guidelines or resources, and explores some of the generic and specific barriers to action in this area.

The nature of media reporting of suicide in Asian countries

There are indications that the print media in some Asian countries use more explicit accounts and photographs/footage of suicide than media in Europe and the United States. In particular, celebrities who die by suicide may be lauded, suicide methods and sites may

be graphically described, and bereaved families may be pressured to take part in interviews. In China, Hong Kong Special Administrative Region (Hong Kong SAR), for example, several newspapers published reports of a mother and son who died by jumping from a building, accompanying the reports with photographs of the pair's fall. The suicide of a renowned singer and actor was prominently reported in Hong Kong SAR as well, with some stories appearing on the front page and many stories identifying him by name in the headline (Yip et al., 2006). Similarly, in Japan, the suicide of a famous young singer was reported extensively and sensationally, often with photographs and detailed descriptions (Takahashi, 2004). In Viet Nam, by contrast, newspaper reports of suicide tend to be short and avoid describing the method or process of suicide, rarely occur on the front page, and are generally not repeated.

Table 3 provides a snapshot of the nature of media reporting of suicide in the participating countries, drawn from information provided by the STOPS country representatives in response to a questionnaire. It should be noted that these data relate specifically to print media, and do not include broadcast media. Sensationalization of suicides, misinformation about suicide and other problematic media reporting about suicide occur to at least some degree in all participating countries. In some cases, such reporting is restricted to large cities, but it is generally more widespread.

The potential for introducing guidelines on media reporting in Asian countries

Table 4 gives an indication of the potential for introducing guidelines on media reporting in participating countries, again taken from information from questionnaire responses by representatives of the participating countries. In China, Hong Kong SAR, Japan, Pakistan, the Republic of Korea and Thailand, introducing such guidelines is considered possible, but there are various impediments. The main difficulties are that reporting of suicide 'sells' newspapers, and guidelines are often viewed by journalists and editors as censorship or an invasion of their right to report.

In Australia, India, Malaysia, New Zealand, Singapore and Viet Nam there appears to be a greater potential to implement guidelines and have them accepted by media professionals. Various strategies might assist in realizing this potential. One is involving journalists and editors in the development of guidelines, in order to ensure that guidelines are accessible and informative to media professionals. A second is disseminating guidelines in a manner that maximizes the likelihood of their being used in practice. This might involve providing media professionals with consistent and ongoing education and

training (presented via workshops, personal briefings, websites, etc.), including presenting them with evidence about the negative impacts of irresponsible reporting. It might also involve giving priority to particular sub-groups of media professionals, such as health reporters, editors, and publishers. A third strategy is ‘rewarding’ journalists for good practice (e.g., via public awards). A fourth strategy is garnering the support of other relevant bodies (e.g., government departments or nongovernmental organizations) which may be able to exert influence by, for example, promoting the guidelines or monitoring reporting.

Efforts to improve media reporting of suicide in Asia

National efforts

Relatively few of the countries participating in STOPS have appreciated the importance of developing and implementing national guidelines (Table 4). This is not surprising since most of the countries lack a national suicide prevention strategy within which to develop and give ‘authority’ to media guidelines. The size and heterogeneity of some of the countries may make it difficult for some of the countries to develop and administer national-level activities. An inability to identify sources of funding for guideline development and dissemination may also limit national efforts.

Australia’s guidelines have received attention because of the considered way in which they have been developed and disseminated (Pirkis et al., 2006). The Australian Government Department of Health and Ageing worked with media professionals, suicide and mental health experts and consumer organizations to develop a set of guidelines known as Reporting Suicide and Mental Illness. The guidelines, and their accompanying quick reference cards and online resources, have been strategically and comprehensively disseminated by the Hunter Institute of Mental Health. The Hunter Institute was contracted to support media organizations in their understanding and use of the guidelines by: 1) distributing the guidelines and supporting materials, 2) conducting face-to-face briefings, 3) offering ad hoc advice, 4) working with influential media organizations to incorporate aspects of the guidelines into codes of practice and editorial policies, and 5) providing ongoing follow-up and promotion. The Hunter Institute has also contributed to the curricula of journalism schools in universities across Australia (Skehan et al., 2006). As a consequence, Australia’s guidelines have been relatively well received by media professionals (see below) (Skehan et al., 2006).

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Malaysia, the Republic of Korea and New Zealand have also developed and distributed national guidelines. Like Australia, Malaysia and the Republic of Korea have involved key stakeholders in the development process. Malaysia's guidelines were collaboratively developed in 2004 by the Ministry of Health, the Malaysian Psychiatric Association and the Befrienders, with input from senior editors of relevant newspapers. The Republic of Korea's guidelines were also developed in 2004, and involved the efforts of the Korean Association for Suicide Prevention, the Korean Ministry of Health and Welfare and the Journalists' Association of Korea. New Zealand adopted a less inclusive approach: the Ministry of Health developed the original guidelines without much consultation in 1998. The Ministry then re-issued a modified version in 1999 after complaints from journalists but has not disseminated the guidelines effectively. These guidelines have been rejected by New Zealand journalists who are now writing their own guidelines without input from suicide prevention researchers.

Local efforts

Although only a minority of participating countries have developed national guidelines, a number of specific organizations within these countries have engaged in local efforts aimed at improving media reporting of suicide. Some have translated and modified existing guidelines on media reporting of suicide from other countries, and distributed them to journalists and editors. The Suicide Prevention Institute of the Central South University in Changsha, China, for example, has translated the World Health Organization's guidelines (World Health Organization, 2003) and distributed them to reporters and editors.

Others have developed their own local resources and disseminated them to media professionals. The Beijing Suicide Research and Prevention Center in China has produced a pamphlet and the Hong Kong Jockey Club Centre for Suicide Research and Prevention has produced a booklet and a joint statement with the Hong Kong Press Council, all of which provide recommendations about media reporting of suicide in general. SNEHA in India has taken a more targeted approach, focusing specifically on the reporting of suicides related to exam failure – observed to be particularly likely to lead to copycat behaviours – and developing guidelines in this area.

In addition to disseminating the above resources, a number of organizations have considered ways of communicating messages about responsible reporting, arranging meetings with media professionals to discuss the issue. For example, the Ministry of

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Public Health in Thailand has held two seminars on how to present suicide news, the Beijing Suicide Research and Prevention Center has held meetings with members of the press, and the Hong Kong Jockey Club Centre for Suicide Research and Prevention has organized workshops with the Hong Kong Press Council to provide training for journalists. Sri Lanka's Health Education Bureau of the Ministry of Health has held media briefings highlighting the need for balanced reporting of suicides, and plans to make use of regular media seminars and radio talk-back slots on other health-related issues to discuss suicide. The Samaritans of Singapore (SOS), the main suicide prevention organization in Singapore, has worked with major press outlets to reduce over-dramatization in suicide reporting.

Fostering positive reporting has also proved a valuable strategy. In Japan, *Asahi Shimbun* (a leading newspaper) reports suicide prevention issues (e.g., suicide warning signs, effective psychiatric treatments) in preference to suicide itself, with encouragement from the National Defense Medical College Research Institute. In Hong Kong SAR, the Hong Kong Jockey Club Centre for Suicide Research and Prevention regularly contributes responsible research-based articles and opinion pieces to local newspapers.

Evaluation activities

There is a dearth of evaluative activity occurring alongside the above efforts to improve media reporting of suicide. This situation is not unique to the countries participating in the STOPS project, nor to Asian countries more broadly, but is a phenomenon that has been observed worldwide by the Institute of Medicine of the US National Academy of Sciences (Institute of Medicine of the National Academy of Sciences, 2002).

In most of the participating Asian countries, no formal evaluations have been undertaken. In some, there is anecdotal evidence that reporting is improving. In China, for example, there is a perception that journalists are gradually becoming more skilled in terms of reporting on suicide. Likewise, in Thailand there is an impression that the practice of reporting suicides on the front page of newspapers has decreased over time. In Singapore, it appears that reporting of suicide is more factual, provides less detail about methods, uses fewer pictures, and is more likely to include helpline numbers; but there are still few positive, informative stories that would increase public awareness of the importance and preventability of suicide.

In Australia, the Hunter Institute of Mental Health has conducted an extensive evaluation of the influence of Reporting Suicide and Mental Illness, a set of guidelines

prepared for the media. At the most basic level, the evaluation examined the reach of the guidelines, finding that 2,500 copies of the resource had been distributed nationally and over 800 journalists had received face-to-face briefings. To address the question of whether use of such guidelines influences the practices of journalists, the Hunter Institute examined awareness and use of the resource: 67% of those who had been exposed to briefings were aware of the resource several months later, and 80% of these had made use of it (Skehan et al., 2006). Additional evaluation activities being conducted by the Universities of Melbourne and Canberra will examine the quality and nature of reporting of suicide pre- and post- the introduction of Reporting Suicide and Mental Illness and will consider whether any changes are correlated with exposure to the guidelines (Skehan et al., 2006).

The Republic of Korea has also undertaken evaluation efforts, with early data showing a greater propensity for the media to include helpful information, to provide information about suicide (e.g., suicide warning signs, suicide rate data), and to describe alternative courses of action. Some other participating countries have access to good baseline data, and could conduct similar evaluation exercises. In Hong Kong SAR in 2000, for example, examination of the reporting styles of five major Chinese newspapers found that 6% of suicide stories appeared on the front page, 87% of them were illustrated with photographs or diagrams, and 93% mentioned the suicide method in the headline (Au et al., 2004). Sri Lanka has conducted a similar cross-sectional study of reporting of suicide in the print media.

These evaluation efforts have involved the degree of distribution of guidelines for reporting, the percentage of reporters who are familiar with them, the percentage who claim to have made use of them, and the frequency with which stories that violate guidelines are printed. They do not attempt to evaluate any possible improvement in the stories resulting from familiarity with media guidelines, although this is one of the aims of the Australian evaluation currently being conducted by the Universities of Melbourne and Canberra.

International precedents for this exist, notably a study conducted by the Annenberg Public Policy Center in the United States (Garczynski et al. forthcoming). The Center identified 705 newspaper reporters who had written stories about suicide and sent them consensus recommendations for media coverage of suicide (developed by leading US governmental and non-governmental organizations concerned with suicide). Subsequently, the Center identified a sub-set of 90 reporters who had written a subsequent story on

suicide, and rated their stories before and after their receiving the guidelines according to an index of positive attributes. One point was scored for each of the following: (1) story does not mention suicide in the headline; (2) story does not detail the method of the suicide; (3) persons are not blamed for the death; (4) story does not focus on life problems as the primary motive for the suicide; (5) depression or another mental disorder is linked to the suicide or to the victim; (6) story is not on the front page or section of the paper. The study found a statistically significant increase in the mean number of recommended practices, even after controlling for newspaper circulation, type of reporter, and newspaper. The study did not have a control sample (i.e., a group of reporters who had not received the consensus recommendations) but could easily be replicated with such a sample and could serve as a model in Asia and elsewhere.

Summary and conclusion

It is fair to say that there is room for improvement in efforts at encouraging responsible media reporting of suicide in Asia. Although there are examples of innovative local activity, only a few countries have national guidelines on media reporting. As a region, however, Asia has some assets which might maximize the potential for introducing media guidelines and undertaking related activities. There are a number of organizations (e.g., Suicide Research and Prevention Centres) and individuals with an active interest in pursuing efforts in this regard, some with established relationships with media professionals. There are opportunities for local demonstration projects, since many countries, areas and towns do not have existing media guidelines. International precedents exist – e.g., the World Health Organization guidelines (2003), the Australian guidelines and their associated model of dissemination and evaluation (Department of Health and Ageing, 2004; Skehan et al., 2006), and consensus recommendations in the United States (Reporting on Suicide, 2002) – which could be translated and/or adapted to the local setting.

Work in this area should certainly be encouraged. Consideration should be given to the most appropriate content of any guidelines, with some of the specific issues (e.g., suicide by charcoal burning in Hong Kong SAR, and internet suicide pacts in Japan) around suicide in some countries providing the potential for a focused approach in the same way that work in India has targeted media reports of suicide related to exam failure. Thought should also be given to the most appropriate way to develop and disseminate guidelines, and how to involve the media in these processes. It is not enough to alert the print and

visual media to the fact that sensationalizing suicide contributes to copycat suicides; they need to be made aware of the preventive possibilities of responsible and informative reporting. The full range of dissemination opportunities should be explored, and attempts should be made to identify critical elements of dissemination campaigns.

Finally, attention should be paid to issues of evaluation. There are clear opportunities for controlled before-and-after evaluation designs which both examine demonstrable improvement in reporting practices in line with established guidelines and explore the contribution any such improvement may make to changes in the rates of completed or attempted suicide.

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Table 3: Reporting of suicide in print media in participating countries

	Australia	China	China, Hong Kong SAR	India	Japan	Malaysia	New Zealand	Pakistan	Republic of Korea (the)	Singapore	Sri Lanka	Thailand	Viet Nam
Do print media sensationalize suicide by:													
• Mentioning suicide in the headline?	Sometimes	Sometimes	Frequently	Frequently	Sometimes	Sometimes	Sometimes	Frequently	Frequently	Not at all	Not available	Sometimes	Sometimes
• Detailing the method employed?	Sometimes	Sometimes	Frequently	Frequently	Sometimes	Frequently	Sometimes	Frequently	Frequently	Sometimes	Not available	Frequently	Sometimes
• Blaming people for the death?	Sometimes	Frequently	Frequently	Frequently	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Not at all	Not available	Sometimes	Sometimes
• Placing the story on front page or section?	Sometimes	Sometimes	Frequently	Sometimes	Sometimes	Sometimes	Sometimes	Frequently	Sometimes	Sometimes	Not available	Sometimes	Not at all
• Using pictures of the victim or the method?	Sometimes	Sometimes	Frequently	Sometimes	Sometimes	Frequently	Sometimes	Frequently	Sometimes	Not at all	Not available	Sometimes	Not at all
Do print media misinform by:													
• Focusing on life problems as the motive for suicide?	Sometimes	Frequently	Sometimes	Frequently	Sometimes	Frequently	Sometimes	Frequently	Frequently	Frequently	Not available	Sometimes	Sometimes
• Failing to recognize that mental disorder is usually linked to suicide?	Sometimes	Frequently	Sometimes	Frequently	Sometimes	Sometimes	Sometimes	Frequently	Sometimes	Frequently	Not available	Sometimes	Frequently
How widespread are any of the above practices?	Widespread	Widespread	Widespread	Widespread	Widespread	Widespread	Widespread	Just in large cities	Widespread	Just in large cities	Not available	Widespread	Just in large cities

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Table 4: Guidelines on media reporting of suicide in participating countries

	Australia	China	China, Hong Kong SAR	India	Japan	Malaysia	New Zealand	Pakistan	Republic of Korea (the)	Singapore	Sri Lanka	Thailand	Viet Nam
Would it be possible to persuade the media to accept recommendations for reporting a suicide?	Yes	Possibly	Possibly	Yes	Possibly	Yes	Yes	Possibly	Possibly	Yes	Not available	Possibly	Yes
Have national guidelines or resources on media reporting been introduced?	Yes	No	No	No	No	Yes	Yes	No	Yes	Not available	No	No	No