

Care Services Improvement Partnership **CSIP**National Institute for  
**Mental Health in England**A close-up, low-angle photograph of a person's face, looking downwards and to the left. The lighting is dramatic, with strong shadows and highlights, creating a somber and contemplative mood. The person's eyes are closed or looking down, and their expression is one of sadness or distress.

# Sensitive Coverage Saves Lives

Improving media portrayal  
of suicidal behaviour

Compiled by The MediaWise Trust

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<b>Contact Details</b>	Keith Foster NIMHE Room 8E44 Quarry House Quarry Hill Leeds LS2 7UH 0113 2546707 keith.foster@dh.gsi.gov.uk
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Available online at [www.nimhe.csip.org.uk](http://www.nimhe.csip.org.uk), [www.shift.org.uk](http://www.shift.org.uk)  
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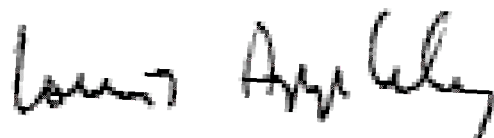
## Foreword

The national suicide prevention strategy for England made a commitment to improve the reporting of suicide and suicidal behaviour in the media as one of its six goals. We all recognise that the media has a significant influence on our behaviour. Those working in suicide prevention and research activities are also very aware of the evidence that suggests sensitive reporting of suicides can save lives and deter copycat suicides. We have made a commitment to work with the media to help improve the way suicide and suicidal behaviour are portrayed in the media. This report commissioned from The MediaWise Trust is the first but an important step in taking this commitment forward.

The announcement in summer 2006 of a new sub-clause to the Editors' Code of Practice to address copycat suicides is very welcome. This report, which outlines the results of consultations with those working in the media on current coverage of suicide and makes recommendations to encourage more sensitive and responsible coverage, is timely. It provides a platform for those working in suicide prevention activities to engage with media colleagues and help them support this sub-clause.

Action by the media that avoids excessive detail about methods used in suicides can only discourage copycat suicides and thus save lives. In addition, sensitive coverage of such tragic incidents will help avoid further needless distress to the family and friends of someone who has died in this way.

We now need to consider carefully the findings and conclusions outlined in this report and work together to achieve a real and sustained improvement in the way suicide and suicidal behaviour are portrayed in the media.



Professor Louis Appleby

National Director for Mental Health

# Preface

## The Editors' Code of Practice and the Press Complaints Commission

The brief for the study was prepared in January 2006, during which a particularly significant example of problematic press coverage of suicide hit the headlines. On 4 January three newspapers - the Evening Standard (London), The Times, and The Sun - all published pictures of a woman leaping to her death from the ledge of a London hotel. Their decision to publish was criticised by mental health agencies and a series of complaints were made to the Press Complaints Commission (PCC). Although the complaints were not upheld by the PCC, eventually the Editor's Code of Practice it polices was modified to require special care in reporting of suicide.

At the time the Press Board of Finance Editors' Code Committee was undertaking its first annual review of the Code, and had invited suggestions from the public. Samaritans and The MediaWise Trust, both of which had campaigned for years for more sensitive coverage of suicidal behavior, made submissions calling for a new Clause to be introduced.

The wording proposed by MediaWise in consultation with relatives of suicides who had complained about media coverage read: 'Particular care should be taken when reporting the circumstances of newsworthy suicides, to avoid sensationalism and unnecessary detail about suicide methods, and to consider the consequences for family members, especially children.'

In March 2006 the PCC had dismissed complaints about the newspapers' use of images of the woman falling to her death on the grounds that the existing Code had not been breached since the decision to publish was more one of 'taste and decency' over which the PCC has no jurisdiction.

However, on 29 June 2006 the Editor's Code Committee announced that a new sub-clause would be added to Clause 5 of the Code, which deals with 'Intrusion into Grief and Shock'. Exceptions can be made to breaches of the sub-clause only if it can be shown that matters of over-riding 'public interest' are at stake.

### The new Editor's Code of Practice sub-clause

**5.ii** *When reporting suicide, care should be taken to avoid excessive detail about the method used.*

Explaining the decision, Les Hinton, Executive Chairman of News International, who chairs the Editors' Code Committee said: "During our annual review, we received convincing evidence, from the Samaritans and others, that media reporting of Suicide often prompted copycat cases. It is an international phenomenon."

"We have attempted to minimise that risk - while maintaining the public's right to know - by emphasising the need for care to avoid excessive detail, unless it is in the wider public interest to give the information. For example, while it might be perfectly proper to report that the suicide was caused by an overdose of Paracetamol, it would probably be excessive to state the number of tablets used."

Mental health and suicide prevention agencies, many of which publish guidelines for journalists, welcomed this breakthrough.

# Introduction

## Background

Media of all kinds have a significant impact on our behaviour and can help to form our attitudes. There is evidence (see below) that the reporting and portrayal of suicidal behaviour in the media may have potentially negative influences, especially on young people or those already at risk.

The Shift programme has made a commitment to work with the media to improve the way it reports on mental health issues. In particular, in response to Goal 4 of the suicide prevention strategy for England “To improve reporting of suicidal behaviour in the media” Shift is committed to ensuring: “. . . that journalists and editors have effective guidance and support on the reporting of suicides.”

There has been a wealth of guidance and information aimed at the media over recent years to encourage more sensible and measured coverage in the reporting and portrayal of suicidal behaviour. Much of this guidance can be viewed in this report’s appendices (published on-line at: [www.nimhe.csip.org.uk](http://www.nimhe.csip.org.uk), [www.shift.org.uk](http://www.shift.org.uk) and [www.mediawise.org.uk](http://www.mediawise.org.uk)). This study was commissioned as a means of examining 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.

## The Report

This report outlines the result of consultations with journalists, suicide prevention agencies and mental health groups conducted by the journalism ethics charity MediaWise during the period April to June 2006, on behalf of the Care Services Improvement Partnership (CSIP) and the National Institute for Mental Health in England.

The study is part of both the Shift programme to reduce the stigma and discrimination experienced by people with mental health problems and the national suicide prevention strategy for England.

The main purpose of the study was to consider the efficacy of existing guidelines for journalists on coverage of suicide, to review recent media coverage of suicide, and to make recommendations for action by media organisations and suicide prevention agencies to encourage sensitive and responsible coverage of suicidal behaviour. The study did not concern itself with other related topical issues, such as assisted suicide, suicide ‘pacts’, euthanasia or terrorist activity (suicide bombers).

## The Evidence

The complex question of whether media portrayal might influence suicidal behaviour has been a matter of debate for a long time. As far back as 1841 doctor and statistician William Farr considered that:

*“no fact is better established in science than that suicide (and murder may perhaps be added) is often committed from imitation . . . Do the advantages of publicity counterbalance the evils attendant on one such death? Why should cases of suicide be recorded at length in the papers any more than cases of fever?”<sup>1</sup>*

During the 1970s researchers in the USA investigated the impact of 38 nationally televised items about suicide on teenage suicidal behaviour over a six year period, and concluded that ‘the best available explanation is that television stories about suicide trigger additional suicides, perhaps because of imitation’.<sup>2</sup>

1 Quoted in Gunnell, D Reporting suicide: The effect of media coverage on patterns of self harm *British Medical Journal* 1994;308:1446-47 (28 May 1994)

2 Phillip D P & Carstensen L L Clustering of teenage suicides after television news stories about suicide *New England Journal of Medicine*, Vol 315:685-689, No, 11 (11 Sept 1986)



Suicide prevention agencies and others have sought to influence media practice by citing evidence compelling evidence from such studies, but it was the findings of a review of 90 studies of the impact of media portrayals on suicide from some 20 countries, covering 150 years, that finally brought the message home to the Editor's Code Committee. Kathryn Williams & Keith Hawton of the Centre for Suicide Research, Oxford University published the results of their study in 2001.<sup>3</sup> They concluded that evidence of a link between coverage and imitative behaviour was significant.

It was their study that prompted the journalism ethics charity MediaWise to work with the National Union of Journalists and the International Federation of Journalists to develop guidelines and a set of training modules to help media practitioners appreciate how their approach to coverage might save lives. These have been promoted around the world, but questions remain. Do such guidelines make a difference to actual practice? And if not, what would?

These were the questions at the heart of the current study. MediaWise approached the task by conducting a survey among working journalists:

- interviewing journalists and suicide prevention agencies;
- arranging discussions between both interest groups; and
- reviewing recent examples of suicide coverage.

An advisory panel including journalists, doctors, health communicators, suicide prevention agency representatives and mental health service users, were available for consultation during the study and the final recommendations that appear here were drafted in consultation with them.

On 12 June 2006, during the course of the study, a Draft Bill aimed at modernising the Coroners' Service in England and Wales was published.<sup>4</sup> Clause 30 of the Draft Bill gives coroners 'a new power to ban publication of the name of a deceased person or any information that might identify that person to protect bereaved relatives from unnecessary or gratuitous invasion of their privacy. It is thought that it might be particularly appropriate to use this power in some case of apparent suicide or child death where there is no question of any other persons being implicated in the death.' Failure to comply with the coroner's ruling may constitute a contempt of court, although interested parties, including the media, may challenge such rulings on the grounds of the public interest.

It is proposed that coroners will be able to hold pre-inquest hearings in which the scope, issues and conduct of an inquest can be established, and new measures will be introduced for the protection of children who are witnesses in inquests. It is also intended to introduce a Charter for Relatives of the Bereaved.

These new powers are in part a response to controversy over media coverage in the past which has caused unnecessary upset to the bereaved. The Department for Constitutional Affairs takes the view that these new powers adequately balance the sometimes conflicting provisions of Article 8 (Right to Privacy) and Article 10 (Freedom of Expression) of the European Convention on Human Rights.

Inquests are the single most likely sources for media stories about suicides, and it is to be hoped that this study will assist in ensuring that sensitive coverage will limit the extent to which coroners will need to make use of such powers and thus the need the likelihood of challenges which might cause additional distress to relatives of the deceased.

<sup>3</sup> Williams K & Hawton K *Suicidal Behaviour and the Media: Findings from a systematic review of the research literature Summary conclusions*. Centre for Suicide Research, Department of Psychiatry, Oxford University, 2001

<sup>4</sup> Department for Constitutional Affairs, *Draft Coroners' Bill*, 12 June 2006

# 1 The Survey of Journalists

## a Methodology

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.

**Its aim was to:**

- test knowledge of existing guidelines about coverage of suicide;
- elicit information about advice given in early and mid-career training about representations of suicide, and editorial or work-place policies on coverage of suicide;
- discover which sources journalists go to for information about suicidal behaviour, and their preferences for guidance about problematic/traumatic coverage;
- find out about support systems within the workplace for colleagues facing depression or trauma, and
- determine levels of experience of covering suicide stories and of suicide among close family/friends.

In the early stages of devising the questionnaire, some efforts were made to incorporate creative writers and producers through the Writers Guild of Great Britain and the Producers Alliance for Film and Television, and although they informed members about the project and the survey no direct responses were received. In the event, the focus remained firmly on journalists.

A final version (see Appendix I) was drawn up and sent out to a targeted group of journalists and associated individuals.

Participants at the Annual Delegate Meeting of the National Union of Journalists (NUJ), held in Liverpool at the start of the survey process, were given an opportunity to complete the form, which was also distributed via a database of some 2,000 media contacts held by MediaWise.

The existence of an on-line version of the survey and downloadable survey form was also flagged up to the journalism contacts of agencies involved in the Shift Stigma programme. Only those forms completed and returned by 31 May 2006 were considered for analysis.

The survey contained a total of 20 questions split into two sections. The first section was to confirm the occupational nature and some personal details of the respondents. The second section was designed specifically to understand journalists' experience in terms of covering suicides or suicidal behaviour and the provisions made by their employers to best equip them in doing so (including familiarity with reporting guidelines, training, and internal policies and procedures).

Questions were also put to assess attitudes towards language appropriate to the description of suicides or suicidal behaviour, and respondents were also asked if they had personally experienced suicide or suicidal behaviour.

**Respondents were able to complete the questionnaire in three ways:**

- Through the printed forms made available by MediaWise at selected events.
- By completing an email attachment and returning this to MediaWise either electronically or via post.
- By completing the questionnaire online.

The vast majority of respondents chose the online method to return their answer (101 compared to a combined total of 32 for the first two methods).

Initially the online survey restricted the respondents on certain questions in order to ensure that all questions were answered.



Unfortunately this led to some people failing to submit answers since their position did not fit perfectly with the structure of the survey. These restrictions were subsequently removed and respondents were given the freedom to answer any or all of the questions as they felt appropriate.

Inevitably this led to a more complicated analytical process – some people would answer all questions even though this meant providing conflicting statements (e.g. giving information on both what they did when they covered a suicide and what they felt like had they not covered a suicide previously), whilst others chose to answer only a handful of questions.

Each questionnaire has been reviewed individually and collectively in order to gain maximum qualitative basis and the most authoritative statistical grounds on which to base the analysis. Data from 4 respondents were discarded since these did not fulfil the criteria for inclusion (they were not journalists and did not have media-related jobs).

## *b* Summary of findings

### Responses to the survey

Total number of replies online:	101
Total number of manual replies:	32
Total number of replies:	133
Total number of replies discarded:	4
Total number of replies for analysis:	129

*See Appendix II for data summary tables of the survey.*

One hundred and three responses were from working journalists who were the core target for the survey. Replies were also received from editors, retired journalists, journalism students and academics.

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 freelancers.

The vast majority (84%) of those who answered the questionnaire were operating in England and Wales, the focus of the study. Only 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 (43% and 48% respectively, with 9% declining to answer this question).

It is worth noting that the data shows that a high percentage (58%) of respondents had some experience of suicide or suicidal behaviour within their family, among close friends, work colleagues or acquaintances.

An even higher percentage (70%) of respondents had experience of covering suicide or suicidal behaviour.

Given the sensitive nature of the survey it is not surprising that people with direct experience of the subject matter were more interested in taking part in the study. Time pressures on journalists could also be a contributing factor to predominantly attracting people with relevant experience either personally or through covering suicide and suicidal behaviour. This also proved to be the case when 'roundtable' discussions were organised. It should be noted, however, that this will inevitably shape the results and the findings are not necessarily representative of journalists as a whole.

### Experience of covering or representing suicides

Overall 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. Of those seeking advice, the majority did so from their editor (51%), a work colleague (38%) or a mental health charity (26%).

Almost half (49%) of those who sought advice did so from more than one source, and 21% sought advice from 3 or more sources. When asked to specify where advice had been obtained, both MIND and the Samaritans stood out as favoured sources (13% for each organisation).

The survey was not designed to extract detailed responses; however, it is worth noting that none of the respondents who had experience of covering suicide or suicidal behaviour had sought advice from a family member before covering their story. This could be related to time constraints imposed by deadlines or from not wanting to involve family in difficult ethical judgements.

Of those who had not yet covered a story relating to a suicide or suicidal behaviour, half (50%) felt they would be confident to do so given their current level of expertise. 44% felt they would not be comfortable to cover such a story and 6% declined to answer the question. Excluding those who had personal experience of suicide or suicidal behaviour among family, close friends, work colleagues or acquaintances, the number of people confident to cover such a story dropped to 17%.

### Advice given in early and mid-career training

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Despite the high numbers of respondents who had direct experience of covering suicide and suicidal behaviour, and the high number of those who felt confident to do so given their current level of expertise, a mere 6% had actually received specific training on the subject matter at some point during their career. This might be considered alarming given the range of complex ethical decisions a journalist might have to make when covering sudden death.

Six respondents had received training about suicide coverage at college and four in the workplace. Some respondents had also received training through Social Services, MediaWise or at University, and most of those who had received training did so from more than one source.

### Knowledge of existing guidelines about coverage of suicide

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A key aspect of the survey was to find out the respondents' knowledge of existing guidelines on reporting on suicide and suicidal behaviour. The survey revealed that 71% of the total respondents were unfamiliar with such guidelines, and this might be considered a matter of concern. 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.

Respondents were asked to grade guidelines (from 1 to 5 where 1 was positive, 3 neutral and 5 negative) as to how helpful and relevant they were and if they were easy to apply. 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.

### Editorial or work-place policies on coverage of suicide

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Respondents were asked to comment on how their respective workplaces dealt with suicide coverage. The results need to be considered in the context of the relatively high number (17%) of freelance journalists responding to the survey, many of whom did not feel the questions were relevant, although some did state they considered themselves to be making their own provision about how to deal with distressing stories.

Overall 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.

One significant cause for concern is that only 11% claimed their workplace provided counselling for those covering distressing stories.

However, a large percentage of the respondents stated they did not know the answer, or failed to answer the questions entirely; 47% and 43% respectively did not know or failed to answer questions about availability of guidelines and workplace policy on coverage of suicides. This clearly indicates that even if some workplaces do have policies about suicide coverage and make guidelines available, levels of awareness among staff are low.

### Experience of suicide among close family/friends

Respondents were asked about their personal experience of suicides among family and friends. Overall 58% of the respondents admitted to having such experience. The nature of this experience was evenly spread among family, among close friends, work colleagues and acquaintances. Overall 20% of the respondents had no such experience, and 22% did not answer the question. Perhaps surprisingly, of respondents who had personal experience of suicide or suicidal behaviour, 21% had such experience in more than one of the specified categories, and 8% in more than three of the categories.

*‘Suicide was decriminalised in 1961 and since then the use of the term “commit suicide” is considered offensive by some people, “take one’s life” or “kill oneself” are preferable alternatives.’*

BBC Producer Guidelines

### Preferences for ways of describing suicide

The survey asked the respondents which terms they deemed appropriate to describe suicide. They were

given three common terms mentioned in the BBC producer Guidelines (‘committing suicide’; ‘taking one’s own life’; ‘killing oneself’) to select from, or they could provide their own preferred alternative.

No single term was preferred by more than 60% which suggests there is no real consensus on how to best describe a suicide. ‘Committing suicide’ and ‘taking one’s own life’ were considered appropriate by 57% and 52% of the respondents respectively. ‘Killing oneself’ received support from 28% of the respondents. Separating out those with personal experience of suicides or suicidal behaviour the equivalent figures were 36%, 36% and 19% respectively.

Three people offered their own suggestions: “sudden death”; “specific to the means (i.e. hanged himself, or overdosed)” and “depends on the context and quote - sometimes you can’t do anything except quote the police verbatim”. There was no correlation between those who specified alternative terms to describe suicide and those with experience of suicide.

### Preferences for guidance about problematic/traumatic coverage

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.

There was no correlation between having previously covered such a story and interest in attending a seminar, nor was there a correlation between having personal experience of suicides or suicidal behaviour and attending a seminar.

## C Summary conclusions

Insofar as it is possible to draw firm conclusions from such a sample survey, it is clear that the subject is more likely to interest those who either have had experience of covering suicide stories and thus have been confronted with ethical or emotional dilemmas, or those who have had contact with people who have taken their own lives or displayed suicidal behaviour.

It is evident that the topic has not been considered significant enough to merit specific mention during vocational training. This may be because it is relatively rare for reporters to have to deal with suicide stories, and when they do they are often reprocessing material supplied by an agency that covers inquests. However, the new sub-clause in the Editor's Code of Conduct may help to ensure that suicide coverage appears in pre- and post-entry training curricula.

The message the results offer on the matter of guidelines is more straightforward. Few are aware of their existence, whatever the source, yet those who have had access to them found them helpful. There is a need for new forms of promotion to ensure that journalists have easier access to them, particularly in newsrooms and on the Internet.

Similar questions were put in the subsequent interviews with journalists, but neither interviewer nor interviewees had sight of the survey results. The intention was to gain a qualitative element to the research, particularly with respect to how the important messages of such guidelines could be better communicated.

# 2 Interviews with journalists

## a Methodology

While the survey was taking place, and the result analysed, during May and June 2006, a similar set of questions (see Appendix III) were devised for face to face and telephone interviews with working journalists. One additional purpose of the interviews was to gather perceptions about changes in media representation of suicide over recent years to provide a qualitative element to the research.

In addition, journalists and trainers working with MediaWise, who have taken a particular interest in the problems associated with covering suicide, also discussed the issues, and a separate informal consultation was held with members of the NUJ Ethics Council at its May meeting.

### Requests for interviews were sent to 45 journalists and editors at:

- national broadsheet and tabloid newspapers,
- regional and local newspapers,
- commercial TV and radio,
- BBC national and local TV and radio,
- women's magazines,
- gay magazines, and
- Black and minority ethnic (BME) newspapers.

Invitations to take part were also sent to a selection of crime correspondents on national newspapers and TV, and freelance journalists working for all sectors of the media.

In total 15 agreed to be interviewed in person or by phone. The interviews were conducted by freelance journalist Rich Cookson during late May and June 2006; interviewees were told in advance there would be anonymous but direct quotes used in the final report. As a largely self-selected group their responses should be regarded as indicative rather than representative of journalists generally.

**The 15 interviewees had a wide range of experience, and were:**

- a news editor at a weekly BME newspaper
- a freelance journalist working for national newspapers
- a local news reporter on commercial TV
- a local news reporter on BBC TV
- the women's editor of a regional newspaper
- a recently qualified reporter on a local newspaper
- a news editor on a national, weekly current affairs magazine
- an assistant editor of a large, local newspaper
- an assistant producer at an independent TV production company
- a former staff member of broadsheet newspapers, now freelance
- a freelance news and features writer for local and regional newspapers
- a researcher/producer for a BBC Radio current affairs programme
- a crime correspondent for a national broadsheet
- a Home Affairs correspondent on national TV news, and
- a Social Affairs correspondent on national TV news

Ten of the interviewees were male, five were female. Unfortunately, no-one from a tabloid newspaper or a gay publication agreed to take part.

## b Summary of responses

### Sources for suicide stories

Most of those interviewed (12) had covered individual cases of suicide. Two had only covered suicide as 'an issue', while one had never covered a suicide story. 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).

**Most said that stories about suicide are infrequent.**

*"We don't do a lot, but when we do it's usually from the police."*

*"They are rare now."*

*"We probably cover it every six months"*

*"I've covered it but not regularly."*

*"We've only run a small number of stories that make reference to suicide, this year."*

Those that had covered individual stories emphasised that the stories selected for publication usually contained a wider public interest issue. Typical comments included: "We don't cover inquests as a matter of course. Often, if we're aware of a case involving an ordinary member of the public, we wouldn't cover it. There'd need to be a public interest in the kind of suicide it is, or that the people involved are in the public eye," and "If there's a history of bullying, or on remand in prison it's newsworthy. Has to be a public interest."

Two respondents said they had covered suicide as an 'issue' without reporting on individual cases. One said: "We did something on suicide hotspots."



One respondent highlighted the difficulty of working with friends and families of someone who had taken their own life: “The most memorable story I worked on was an investigation. A council worker committed suicide and there were rumours of institutional bullying. The coroner came back with an open verdict. But we never had enough evidence to publish something, and the widow eventually asked us to drop it. It’s a nightmare: you’re asking someone who’s just lost a loved one to go into the reasons for their suicide in great detail”.

*“It’s important to stress that we are aware of the problems relatives will face from reading inquest reports, and we take account of that. So far this year, we’ve only carried three inquest reports that mentioned suicide and I know for a fact that there have been others that that we haven’t mentioned. One case involved an asylum-seeker who took his own life because he was facing deportation. In another case, the Coroner criticised a local council for not offering care to a man who killed himself. If that hadn’t happened, the story would have only made a few lines, but because of this it was a page lead.”*

*“The media has an extremely valuable role in reporting suicide and helping those left behind to understand what has happened. I think the inquest system often doesn’t provide any satisfactory answers to the big questions that a suicide raises.”*

*“To be fair, there have been instances when the press has withdrawn from a tragic incident. That happened in Dunblane, for example. But there are wider issues to discuss about how the media responds to sudden tragedy.”*

*“Most journalists go through their careers without having to cover one of these stories.”*

## Editorial policies on suicide coverage

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. One said: “As far as I know, if you want to speak to families connected to the story you can only approach them once. If they say no, you have to accept it. There also has to be a clear public interest.”

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’.

*“I’ve always told journalists working on suicide stories that they should avoid any unnecessary detail that doesn’t add to the story – the gory and precise stuff – and to pay attention to the feelings of those left behind. There’s no written policy, so that’s just my advice”*

Editor

## Routine publication of helpline contact details

Opinion was firmly divided about whether helpline contact details should be published as a matter of course: 8 said yes, 7 said no. Reasons for not including contact details included: “We’re not a publicity machine.”, “Every single organisation you mention can ask for that. It’s a favour to publish details, not automatic.” and “I don’t think TV alters people’s behaviour, so if someone sees a story it doesn’t mean they are going to have a go at it.”

Among those who said yes, several highlighted the difficulties of doing so in short news articles and features which mention suicide. One editor said: “Suicide stories are also usually short: they only tend to be 6-7 sentences unless there’s a major public interest.”

A freelance journalist and former news editor said: “I’m not sure how well that would work in practice. Contact details at the bottom of a story are likely to be the first thing that gets cut in the editing process.”

## Alternatives terms to ‘committing’ suicide

Suicide and attempted suicide ceased to be crimes in England and Wales following passage of the Suicide Act 1961, under which assisted suicide, as distinct from euthanasia and suicide pacts, became a separate offence. For some, particularly among faith groups, it remains morally repugnant. Given that use of the term ‘commit’ might still imply a crime or a sin, interviewees were asked whether terms like ‘to kill oneself’ or ‘to take or end one’s own life’ might be more appropriate.

*“...suicide has not been an offence in this country for many years. To use the language of crime in relation to what is a personal tragedy is further to stigmatise the event. It also causes additional distress to the family. I have made the mistake myself plenty of times (and will no doubt do it again). If we are to make progress in tackling depression, we all need to mind our language.” Newsnight presenter Jeremy Paxman, in a letter to The Daily Telegraph, 7 July 2001, objecting to use of the term ‘committing suicide’.*

Only one respondent agreed that the other terms were preferable. One said that all three terms are problematic.

Among those who said they would prefer not to use ‘committing’ suicide, four thought ‘kill yourself’ is too harsh, while three said that the other terms were too euphemistic. Four said that ‘commit suicide’ is acceptable.

Two respondents were very disparaging about the use of alternative expressions. “Rubbish,” commented one. The other said it was: “Ridiculous political correctness. You need to vary the wording to keep readers interested”.

Some drew attention to the fact that ‘suicide’ is a precise, legal term.

*“Suicide is a technical term, so it’s more appropriate to use sometimes.”*

*“I’m not sure of the level of offence that [commit suicide] gives to family members and others.”*

*“If you’re doing it before an inquest, you need to be careful with the term ‘suicide.’”*

*“The problem with suicide is that it’s a legal term, so on occasion you can’t avoid it. The verdict at an inquest isn’t ‘take one’s life’.”*

One experienced journalist commented: “These days people know suicide is not a criminal offence, so I’m not sure it makes much difference” – but two others asked if suicide was still illegal.

## The link between media coverage of suicide and behaviour

Eight respondents had not heard of the international research that suggests a link between media coverage and imitative behaviour. Seven have heard of it, though only two had detailed knowledge. Of the rest, one described it as a ‘view’ while the remaining four said they did not know much about it.

One of those who had come across the research said: “There’s an unwritten rule that we don’t cover suicides from two large bridges here for fear of encouraging suicides.”

Other comments include: “I did a suicide story for The Guardian a few years ago and they advise to give readers as few details as possible.”

All of the respondents said they would not specify the name of a pill or amount taken. But one experienced TV journalist added: “In some cases you need to describe how it’s done – for example that recent case when someone cut the cords on their parachute. There was a case in which a man tied himself to a chair and set himself on fire – again, the family wanted that explained because it showed how desperate he was after being refused NHS treatment.”

### Problematic examples

Most could not recall specific examples of coverage they considered problematic. Of those who could, two mentioned recent coverage of the woman who killed herself and her son by jumping off the Humber Bridge. Three mentioned the photographs of the female lawyer who jumped from a hotel in London earlier in the year.

### Advice about covering suicide issues

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. One commented: “I recently went on the NUJ website to find some advice on suicide, and couldn’t find any.”

### The value of guidelines

Only one journalist said he had come across guidelines, “The ones put out by MediaWise, having read about them in one of the trade papers” and could describe what they say: “The key messages were about sensitive use of language, avoiding unnecessary details and not apportioning blame.”

One (wrongly at the time) said there was something about suicide in the Editors’ Code of Practice policed by the PCC; while another said he had heard of guidelines but had “not digested” what they say.

Overall, it is fair to say that 14 of the 15 respondents had no detailed knowledge of existing guidelines. One commented: “For the press as a whole, there’s a case for (guidelines). Most newspapers probably haven’t thought about this. I’d wonder how closely they’d be read by the average journalist.”

Another said: “We tend to look at these things when we work on the story. For the one recent story I did which involved suicide, I had to ensure when I did the interview that the bloke had a friend with him as he was liable to get very depressed afterwards, and we didn’t really ask him about the suicide directly – rather, we asked him ‘Is this very difficult for you to talk about’. Perhaps I should have consulted the guidelines then, but I didn’t feel the need to”.

*“Anything you produce needs to recognise that journalists need to do the story where it’s in the public interest.”*

*“There’s no point in issuing guidelines unless they’re going to have an impact. If they are diluted because there are so many factors to do with the individual story that they do not apply, I would question their value.”*

*“It’s not a question of who it’s from but what it says. I don’t think the format makes much difference.”*

*“MediaWise says that media should approach the family involved in suicides, but it’s often clear that doing so simply makes things worse. So I don’t think we should be criticised for not making an approach when it’s clear that doing so would only cause more upset.”*

## Guidelines in the workplace

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.

## Suicide and mental illness

Ten interviewees said they would go to mental health charities for advice about stories involving mental illness, with four specifying MIND and three SANE. Four said their first port of call would be the news editor, one simply said ‘colleagues’ and another cited the local hospital.

Nine interviewees said there should be separate guidelines about suicide and other mental health issues.

Significantly, those favouring separate editions added: “Mental health stories tend to be covered by health correspondents, but suicide stories tend to be covered by more general reporters”.

“Mental illness needs to be handled separately. Suicide is a lot rarer and although it might be linked, it’s another league,” and “They are separate issues, although related”.

Five said they could be run together, and one suggested “Combine them, with separate summaries of both”.

Those in favour of combining them added: “Journalists’ lack of time means that they’ll only look at one. Keep them as short as possible,” and “Together: because they are related”.

One senior journalist said: “Produce one pack, and do it through the PCC or the Newspaper Society or Guild of Editors.”

*“It would be worth talking to a group of editors about these concerns, rather than sending a pack out to newspapers in the hope it will be taken up – because it won’t. There’s a constant deluge of material coming in – but if you want to make change you need to do it from the top. If editors take it seriously, everyone else will take it seriously. Have a launch, do a campaign, get it into the media pages. It needs to be concerted; just putting media packs round to news desks won’t do it.”*

Senior journalist

## Training about suicide coverage

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 ten said they would welcome specialist training about coverage of topics such as suicidal behaviour, and mental illness. Two more-experienced journalists said it would depend exactly on what the training offered, while a third said it would depend on the cost, “If free, yes”.

One of the freelances expressed a view that is common among generalist reporters when asked about specialist training: “Probably not - because of both time and cost. I probably don’t work on suicide enough to justify spending a day at a course.”

*“Pre-career training is better than mid. The tabloids handle it a lot worse than others, so they need targeting more.”*

*“Training is really important at journalism college and university. A lot of journalists come from middle-class, white backgrounds and can be naïve going into the workplace.”*

*“It’s training new journalists that’s key – and it also needs endorsement from government agencies to prove to editors that it’s not just a charity’s agenda.”*

### Company counselling

All staff members said their company would provide counselling or support for those covering distressing stories. This is a relatively new and welcome development. Since events like Dunblane, Lockerbie, ‘9/11’ and the increasing danger faced by journalists covering war zones and disasters, there is a greater appreciation among management about the need to consider the mental health of staff. Only one local paper journalist said such support was unlikely to be provided.

### Credible sources of advice

Interviewees were asked to rank the credibility of sources they would turn to for advice about coverage of suicide and mental health issues. Two refused to answer the questions, saying that it was not the source or format that matters, but the content. The responses, however, indicate that the voluntary sector rates much higher than ‘official sources’.

#### Credibility of sources for advice and guidance (ranked by average rating)

1. Registered charities	8.23
2. Mental health service users groups	8
3. Media practitioners/professional bodies	7
4. Media regulators	7
5. Official health bodies	6.46

### Influencing practice

Equally interesting are responses about effective methods of influencing media practice. If issues are considered important enough to be included in vocational training, they are more likely to be taken seriously.

The value of websites were underlined, along with personal contacts. Journalists thrive on and prefer to trust contacts they can meet and get to know. They tend to form judgements based on the reliability of information supplied in this way.

#### The most effective means of providing guidance and information for media professionals (ranked by average rating)

1. Pre-career training	8.5
2. Website	8.25
3. Mid-career/in-service training	8.1
4. Personal contact	8.08
5. Leaflets	7.3
6. Posters	6.0
7. Small booklet	5.91
8. A4-File or manual	5.6



## C MediaWise trainers and the NUJ Ethics Council

Experienced journalists and trainers working with MediaWise, who have taken a particular interest in the problems associated with covering suicide, also discussed the issues, and informal discussion were held with members of the NUJ Ethics Council. They focussed specifically on the value of Guidelines generally, and the best way of 'getting the message across'.

The Ethics Council provides advice to NUJ members on ethical dilemmas, considers complaints about allegations of unethical behaviour that might bring the NUJ into disrepute, organises discussions and events about issues of concern to members, and devises guidelines to assist NUJ members in their handling of problematic topics. It is currently reviewing the NUJ Code of Conduct which goes back to 1936. The last major overhaul was 30 years ago.

What are known as the 'MediaWise guidelines' on reporting suicide were produced in consultation with the Ethics Council and distributed widely to the union's membership. They offer succinct guidance, a bit of background, and perhaps most importantly contact sources for journalists to conduct their own research and find authoritative quotes.

Those present acknowledged that such guidelines are helpful, although 'they are never there when you need them'. The nature of much journalism means a passing interest in a wide range of topics, and it is always helpful to have suggestions upon which to reflect when constructing a story, but the messages do not always sink in.

There are so many problematic topics that news rooms could be full of guidelines, and one problem is that they often come from groups with a vested interest and so are regarded with some scepticism by journalists for whom independence of thought is a byword of freedom of expression.

As with public relations there is always a sneaking suspicion that someone somewhere is trying to persuade you to think their way or wants to prevent you from reporting something, or wants to promote their organisation at the expense of another. For that reason, guidelines are most effective if they have been produced with the benefit of expert advice on a topic but in the context of a real understanding of what journalists do and how they operate.

Problematic issues need to be flagged up during early training; that way 'alarm bells' automatically go off when faced with stories and dilemmas later in a journalist's career. There is something to refer back to, and awareness of guidelines then becomes relevant. Introducing the topic in mid-career training is more likely to attract people with a specialist interest (health correspondents, for example, or those that have run into difficulties when covering a suicide).

The NUJ itself runs subsidised training courses for its members but these are more concerned with career development and updating skills than with ethical issues. It is not known whether members would be willing to devote the time and money to attend specific courses on topics like reporting suicide.

The most important thing is for journalists to 'know where to go' for reliable information and advice about a particular topic. Having the right people in your 'Contacts Book' is essential, or knowing that there is a handbook somewhere that will refer you to knowledgeable people.

Most agreed that having personal contact with 'someone who knows' makes all the difference. A trustworthy source can refer you to someone they believe to be reliable – that is how your Contact Book expands.

Of course there remains the problem that journalists are often not aware that there may be problems 'down the line' over some types of coverage; concern with consequences is not a journalistic priority – unless they 'move the story on'.

In an era of 24-hour rolling news it is these nuanced developments that may 'make the next story', but it is the story rather than the personal impact of publication that preoccupies the news journalist.

Journalists are unlikely to carry around a stack of credit-card sized reminders of how to deal with different topics, but having an accessible handbook in every newsroom with authoritative background information, statistics and contact details, along with guidelines, would be a more useful reference point. Displaying a simple poster outlining key messages may also be helpful. The PCC poster simply outlining the Editor's Code of Practice, which is now backed up by an Editor's Codebook explaining 'case law' is a good example.

One problem mentioned by many journalists is that postbags and email boxes are flooded with material, much of which is binned simply because of pressures of space and time. Even useful material, like guidelines, simply disappear in paper-filled newsrooms, especially with the prevalence of 'hot-desking' and constant changeovers of staff.

It would probably be helpful to devise materials that have the endorsement of media bodies (management, regulators and unions and professional associations) as well as mental health groups and the Department of Health, to avoid unnecessary duplication and conflicts over which is the more authoritative.

Each party would then have a vested interest in ensuring that the messages get across, so they are more likely to be mentioned in editorial and staff meetings, and in gathering of union members.

Several other problems were mentioned by Ethics Council members and MediaWise trainers. Suicide is a very specific topic, and journalists do not necessarily automatically link it to mental health issues. It may be more helpful to have a handbook specifically devoted to reporting suicide, rather than incorporate it into a larger volume covering other mental health topics.

The constant need to update information which can quickly go out of date. A website would be the obvious solution, but gives rise to the second problem – the wide variety of interest groups and organisations sometimes promoting conflicting theories. Whose website do you go to, and how are journalists to know whether by following guidance from one group would put them in conflict with another.

Journalists appreciate that issues are complex, but part of their job is to simplify matters for ease of communication. Any handbook that was produced would need to highlight 'differences of approach', in much the same way that a handbook on health remedies would need to explain the background sometimes conflicting claims made by mainstream medical practitioners, pharmaceutical companies and supporters of the alternative medicine'.

In the field of mental health, for example, the attitudes of mental health service users sometimes, the medical and psychiatric professions and mental health charities can appear to be at odds with each other, and journalists may need to appreciate the subtleties and nuances involved. Obtaining consensus on content may be problematic, but seeking as broad a range of endorsement as possible is vital if journalists are to take such information seriously.

## d Summary conclusions

The interviews confirm much of the findings from the survey of journalists. Since some of those interviewed directly held quite senior staff positions, this may explain why they were more aware of the availability of counselling services for staff.

The conventional reticence among journalists about being handed advice from outside the industry is evident. Awareness of guidelines was poor, again pointing to the need for more effective promotion. The importance of easy access to simple and relevant guidance, on the rare occasions when it might be useful, came across throughout.

The value of including suicide coverage in pre-entry training was also emphasised, even though few journalists are likely to cover such stories very frequently.

Pressure on time and deadlines with the increasing pace of news-gathering and limited resources also illustrates the difficulty of providing even short course mid-career training, however there appears to be recognition that such training would be beneficial.

The voluntary sector is highly regarded as a source of reliable information, and the value of personal contacts was stressed, but journalists will need guidance to appreciate the nuances.

It would appear that there is no one-stop solution to awareness-raising. It needs to be a continuous process, without bombarding journalists with material that is quickly discarded. The value of a single, regularly update website with a variety of carefully sign-posted links, is evident, but the primary aim must be to ensure the journalists 'know there is a problem'; and that they can be 'part of the solution'.

# 3 Voluntary sector responses

## a Methodology

Journalist Terry Williams, who runs Media in Mind, an agency devoted to improving coverage of mental health issues in the media, conducted semi-structured interviews with representatives of suicide prevention and mental health agencies during May and June. He also chaired two Roundtable discussions originally designed to bring media practitioners and mental health agencies together. In the event journalists and the NUJ were conspicuous by their absence.

The first Roundtable was scheduled to take place at Bournemouth University on 14 June in conjunction with the School of Journalism under the aegis of the Wessex Media Group which holds regular well-attended sessions for media practitioners from throughout the South West England on topics of professional interest. The event was well signposted as an early evening informal gathering, but response to invitations was patchy. The topic did not excite enough interest for people to travel and, two days before the Roundtable, a fresh round of apologies reduced the likely attendance to three. The meeting was cancelled.

Thirty people were invited to the next Roundtable to be held in London on 16 June. Only three of those invited turned up, all from the voluntary sector (Paul Corry, Director of Public Affairs for Rethink, Mike Cobbs, Samaritans PR Manager (Tactical) and Robert Westwood, Communications Manager for Shift but this time the meeting went ahead.

A similar number were invited to the third Roundtable in Manchester on 26 June. Once again only three people attended, all from the voluntary sector (Daniel Madge of Manchester Mental Health Partnerships Manager, Caroline Nuttall of the Self Help Services and National

Phobics Society, and Mark Coupe from Manchester Having a Voice service users group). A promised representative from the NUJ Disability Council failed to appear.

## *b* Summary of interview results

Interviews were conducted with representatives from:

- the Campaign Against Living Miserably (CALM), set up in 1997 to reduce the high rate of suicide among young men in Manchester and on Merseyside and now a charity operating throughout the UK;
- the Having a Voice Media Group (HVMG) a service-user led organisation in Manchester with around 140 members, which runs a media project that has made a film on suicide and is producing another on the impact of stigma;
- Leeds Media Minders (LMM) a group of mental health service users who monitor local and national media, and has been working for over three years with Leeds North West Primary Care Trust to promote more intelligent, informative media coverage of mental health;
- MIND, the UK's main mental health charity;
- Papyrus, a UK charity committed to suicide prevention among all age groups but focusing predominantly on the emotional well-being of children, teenagers and young adults and offering the general public and professionals resources and support specifically to help prevent youth suicide;
- the Rethink Carers Group (RCG) in Birmingham, one of the longest established branches of Rethink, a major mental health charity dealing with various forms of severe mental illness and with a strong track record of working with carers. Four members of the interview group are from an African-Caribbean heritage.

## Suicide coverage

The general view was that the bulk of coverage of suicide and inquests appears in the local media with only the more dramatic cases getting into the national media - stories revolving around bizarre methods of suicide or the death of a celebrity.

CALM is of the view that the present system of reporting inquests causes unnecessary stress to relatives and close friends and would prefer the media to be prevented from attending inquests unless a matter of public interest is at stake. RCG members would also welcome restrictions on the reporting inquests, although it was recognised that sometimes the media has a vital role to play in exposing bad practice in mental health hospitals and organisations. They felt that restricted access might encourage journalists to take a wider look at the reason why people take their own lives.

LMM have been monitoring the local media – mainly the Yorkshire Post and Yorkshire Evening Post – for three years and has noted over 100 reports of suicide. They were critical of The Yorkshire Post's long-running campaign – the Dark Side of the Web – about the impact of the web on suicide. Although Papyrus has been quoted in at least one article, LMM members had never been approached about the campaign, and considered that such campaigns are more about increasing sales than bringing about change.

MIND believes that media coverage of suicide has improved over the past ten years as a result of campaign work by mental health and suicide prevention organisations. This is demonstrated by the fact that insensitive reporting – usually in the national print media – is now more likely to spark off public debate, and in the case of the photograph of a suicide leap from a London hotel which appeared in the Evening Standard and several national newspapers.

*“We should all be encouraged by the overall reduction in the numbers of people who take their own lives and this in part has been helped by improved media coverage.”*

Paul Farmer, Director MIND

MIND accepts that suicide is one small part of media coverage of mental health – although understandably significant to many people – but it needs to be set in the wider context. Messages about coverage of suicide have much in common with those of mental health campaigns, and much could be learned from the successes of organisations such as the Mental Health Alliance.

However, HVMG remain critical of coverage, especially on television, which they say has done much to create and sustain a distorted view of mental health issues. They maintain that 70% of TV characters with mental health issues are portrayed as violent.

Both LMM and HVMG expressed concern that ‘compassion and kindness’ were usually missing from media reporting of suicide. Journalists put too many details into a story without thinking of the distress caused to relatives and close friends. In their view reporting the method of suicide could lead to someone with suicidal thoughts to contemplate using that method.

CALM shares the view that the media may contribute to copycat suicides by describing suicide methods, and questions why such details are included. It is particularly concerned about the impact on vulnerable young people of the reporting of ‘celebrity’ suicides. However CALM and HVMG acknowledged that details of suicide methods are available on the Internet.

*“The media never reports the high levels of suicide and attempted suicide amongst carers who spend their lives looking after loved ones and daily experience all the pain and rejection that goes with the illness.”*

Birmingham carer of a son with schizophrenia.

RCG members asked why the media never seems to cover suicide or attempted suicide among carers. They believe that there is a higher than average rate of suicide and attempted suicide among carers as the result of the stress of looking after loved ones experiencing mental illness.

CALM and HVMG would like the media to focus on why suicide is such a big killer among young men. There are usually good reasons presented as to why people kill themselves, but less analysis about why men in the same position did not do so 40 years ago.

*“We need a debate about why suicide is the second biggest killer of young men. It is not just an issue about such things as poverty or racism. It is about Society and the attitudes and assumptions put on young men.”*

Jane Powell

National Development Co-ordinator, CALM

Papyrus would like to see more coverage given to the serious harm done to many people who try unsuccessfully to take their own lives (i.e. injuries on rail tracks), since this might help to act as a deterrent.

Papyrus would also like to see email ‘flashes’ being sent to all media when a story about suicide breaks, to promote responsible coverage and give contacts for organisations which could comment on the story. Such a service might be particularly helpful when there is a sudden rush of stories around issues such as debt (e.g. after an increase in interest rates) or school/college/university exam times.



CALM, HVMG and Papyrus all believe that information about (especially local) help-lines should always be printed alongside stories about suicide and attempted suicide, to help reduce the risk of 'Copycat' behaviour

## Contact with journalists, and training

Members of LMM raise concerns about mental health coverage with News Desks and contribute to sessions for trainee journalists to help them learn how to report mental health and suicide stories in a fair and accurate way.

They say they are hardly ever approached by journalists wanting guidance in covering a story about mental illness or suicide, but they do provide service users to talk to trainee journalists taking part in media courses at Leeds University about the need for sensitive reporting. Members believe it is important to both engage with editorial departments and to get involved with the training of young journalists in order to bring about improvements in media coverage of suicide. Personal contact between service users and journalists usually produce the best results.

MIND offers media training to both journalists and mental health workers and service users.

As a small organisation with limited resources, Papyrus does what it can to help journalists wanting to write stories about suicide and attempted suicide, but is concerned that the work it does with young reporters is often undermined by attitudes on News Desks, Subs tables and in Editors' chairs.

*“When the media dinosaurs retire and younger journalist start to take over News Rooms, perhaps we will start to see more sensitive reporting,”*

**Tony Cox**  
Co-ordinator of Papyrus

The charity believes that significant changes will only happen when key messages are taken directly to editors and programme makers by organisations that have credibility within the media.

Meanwhile Papyrus has started to make good use of newspaper Letters Pages where its messages are far less like to be changed, diluted or misrepresented by journalists.

*“Why don't journalists have to undergo special training before they are allowed to cover such a painful and sensitive story as suicide?”*

**Mental health service user.**

Members of the RCG felt that journalists should be given more specialist training in sensitive coverage of suicide, the same as HVMG members. One suggested that journalists should only be allowed to cover inquests once they had a certificate indicating they had received the appropriate training.

Although few members of HVMG had experience of direct contact with journalists or media interviews, they felt the best way of influencing journalists was through direct contact with mental health service-users, since person-to-person contact was much more effective than media guidelines.

*“When service users talk face to face with journalists, the journalists do tend to take on board the messages of better reporting. Mental health professionals could not get through to the media in the same way.”*

**Pauline Bispham**, co-ordinator  
Leeds Media Minders.

Both HVMG and RCG members felt they would benefit from use-of-the-media training in order to help them work with journalists to tell their stories, and increase public understanding of why people take their own lives. Equally, everyone was nervous about taking this step but the majority felt such action was necessary in order to reduce stigma and improve coverage.

## Guidelines

The RCG were not aware of any media guidelines, even the ones produced by Rethink itself. Similarly the majority of the HVMG group were unaware of the existence of formal guidelines, although two had heard of the Samaritans booklet.

CALM usually refers media contacts to the Samaritans guidelines, which they believe could be shortened and simplified, but had never heard of the MediaWise guidelines. LMM refer journalists to the MediaWise guidelines.

Papyrus refers journalists to media guidelines produced by MediaWise and the Samaritans, and has its own version for members on working with the media and handling interviews. It has only once been approached specifically for guidelines on media coverage of suicide – from a person working with a TV ‘soap’.

MIND has its own media guidelines, and is aware that a number of media outlets now have their own in-house versions (eg. The Guardian and BBC). It believes that some media guidelines are too long, and favours a credit card sized edition containing a few key points, and a reference to a website where journalists can get detailed guidance and a list of contacts. CALM also supports the idea of a one-stop website.

Papyrus believes that it is the responsibility of the Department of Health to communicate the message that suicide is preventable, and would like to see the Department devoting more of its promotional budget to pay for space to spell out this message in the media.

## Use of language

Concerns were expressed about the language used in media reports of suicide particularly ‘inflammatory’ headlines.

Some had no objections to the use of ‘committing suicide’: HVMG members thought the term clearly indicated a person’s determination to go through with it.

The RCG regarded use of the term ‘committing suicide’ as hurtful but no less so than alternatives such as ‘killed him/herself’.

However Papyrus felt the expression ‘committed suicide’ has the connotation of a criminal act, and would rather the media used ‘took his/her own life’ or ‘killed her/himself’. This view was backed up by MIND who share the Samaritans’ view that the media should be encouraged not to use ‘committed suicide’ because of the stigma attached to the term.

## C Roundtable discussions

The views of journalists interviewed as part of the study conducted as part of the study were fed into the Roundtable discussions in London and Manchester attended by voluntary sector representatives. Participants also heard about results from face-to-face meetings with mental health service users and carers, telephone interviews with senior people working in mental health or with suicide prevention agencies, and discussions with the Coroners’ Division about how the proposed new law might affect media coverage of inquests.

The study took place at a time when there was considerable debate about media coverage of suicide. Almost everyone involved in mental health and suicide prevention believes there are serious problems with such coverage which need to be addressed yet it would seem that most journalists do not believe there is anything wrong with reporting of suicide.

Provisions in the proposed new Coroners Bill to make the inquest process more family friendly, including the proposal to hold inquests behind closed doors when the Coroner decides there is no public interest in a public hearing, has generated heated debate about freedom of expression within media circles. The NUJ had already expressed opposition to any limits being placed on the coverage of inquests by the time of the London Roundtable. This opposition was broadly supported by all those present, but they saw it as an opportunity to negotiate with the media for improvements in coverage.

They wanted 'sensitive not censored' coverage of suicide and suggested that an alliance should be formed with organisations such as the NUJ, the PCC and Society of Editors, to campaign for open inquests alongside a voluntary code of conduct about the way in which all media cover suicide and inquests.

Both sets of Roundtable participants believed this should be combined with a new programme of training for both trainee and working journalists. They felt that a journalist's view of a story rarely related to the impact on the people involved – nor indeed in the case of inquests took into account the possibility that a description of suicide methods might result in 'copycat' behaviour.

Samaritans have put together strong evidence of how media reports of the method of suicide have resulted in copycat deaths. The general view in the media in the past has been to reject the notion of casual links. Mental health professionals felt that evidence about imitative suicidal behaviour should be used as a campaign as it sent out the strongest possible message to journalists. If reporters understood that their works could result in the unnecessary loss of life, they might be more sensitive in their coverage. MediaWise has always maintained that promoting the reverse message – that sensitive reporting can save lives – is a more effective means of 'winning hearts and minds'.

Almost everyone in mental health and suicide prevention interviewed as part of the study agreed that journalists needed to think about the impact of the stories they produced rather than simply arguing there was nothing unlawful about their coverage. Service users in particular called for journalists to show compassion, but felt that this could only be achieved through programmes of training and awareness-raising for journalists.

Young journalists soon become 'dinosaurs' unless they get the right training, information and support. They need to have a section about the need for sensitive reporting of suicide and inquests built into their basic training.

Working journalists need to be approached in a different way. Training and awareness-raising sessions for them would need to be short, sharp and preferably on-line. News desks were unlikely to give journalists time off to attend any training event lasting more than two hours.

Both Roundtables thought that training modules such as the one produced by MediaWise should be shortened and possibly put on-line so that more journalists would be prepared to access them.

There was general agreement that there were already a sufficient number of guidelines available. The main problem appears to be that most journalists don't get to see them. Another problem seems to be that the guidelines are too detailed. Credit card-sized guides with a few key points and a web site address for further information might help, especially as it would be easier for journalists to carry it with them.

The Roundtables also endorsed the suggestion that a rolling email contact list of journalists should be established to whom email 'flashes' could be sent when a significant story about suicide broke in the media, or a cluster of stories appeared around school or college exam pressures, or the impact of interest rate rises on personal debt, linked to debt. These emails would offer key messages about sensitive reporting of suicides, and contact details of organisations who could help the journalists, or whose services might help people affected by the stories. It was felt that this 'drip, drip' effect might be more on changing media attitudes as well as helping journalists do their job.

Three members of the National Shift Stigma Media Sub-Group who submitted comments regarded voluntary sector groups as the most reliable sources of advice for journalists, and rated media regulators low in their list of organisations offering credible guidance on the reporting of suicidal behaviour.

*“I have to be honest, I am a bit cynical. At the end of the day it is a very competitive world and journalists are after selling a story. Unless it is part of a Code of Practice, guidelines are ineffectual.”*

Voluntary sector National  
Communications Director

There was considerable concern about where any campaign to improve media coverage should be pitched. It was felt that young journalists were willing to be more sensitive in reporting but that News Editors and Sub Editors kept changing copy and insisting on what amounted to ‘insensitive’ reporting.

The Roundtables agreed that to be successful any campaign on this issue must be directed at the level of editors and organisations which might influence them, such as the PCC and Society of Editors.

It was also felt that if celebrities could be encouraged to come forward to speak to the media about their own experiences of suicidal behaviour, the media would get ‘good stories’ and the public would listen to what was being said.

## *d* Summary conclusions

Disappointing attendance levels, especially in terms of journalistic representation despite plenty of advance notice, is perhaps indicative of two significant problems when dealing with journalists – chasing stories takes precedence over everything else, and there is some reluctance to engage in self-criticism.

It could be added that suicide is seldom regarded as a compelling topic for discussion, and that even with the best will in the world deadlines come first. If time and energy are to be expended, they are more likely to be devoted to bringing in a story even at the last minute than discussing journalism practice, especially when staff are stretched as they are increasingly in newsrooms everywhere.

It is clear that a gulf exists between people committed to improving services and facilities for people at risk of suicide and the journalists who report about people who take their own lives.

There is perception among the former that journalists don’t really ‘care’ about the people and problems they write about. More contact between journalists and mental health and suicide prevention groups might help. Journalists could explain about the constraints under which they work and learn about the experience, purpose and concerns of those directly involved in suicide prevention.

Use-of-the-media training for voluntary sector individuals willing to work with journalists might also help to bridge the gulf.

Antipathy or anxiety towards the media is only likely to be overcome if there is some evidence that the media is prepared to change – for instance, to routinely publish helpline contact details, and to consider the personal and societal impact of sensational or intrusive coverage. Journalists themselves are not immune to the pressures that drive people to suicide or bring on depression, and they too have personal experience of the distress caused by sudden death. The pity is that media professionals seem to isolate themselves from their audiences, as if unwilling to acknowledge a correlation between their life experiences and their work. There are many lessons here for the trainers of the next generation of journalists.

At the same time it is important that the common key messages of guidelines should be more accessible to and better known among journalists.

# 4 Recent media coverage

## a Methodology

The purpose of reviewing recent coverage was to reflect upon the nature of the stories and how far they tallied with the perceptions of journalists and mental health/suicide prevention agencies about coverage, as well as considering the extent to which they complied with guidelines about responsible coverage.

This was not an academic exercise in media monitoring but rather an overview built around a dialogue between two experienced journalists. For the purpose of this study MediaWise reviewed cuttings about suicide coverage in the UK from its own files, along with a selection supplied by SHIFT from a monitoring exercise during March 2006 conducted by the Romeike cuttings agency, and several supplied by suicide prevention and local monitoring groups.

It was decided not to focus on historic examples from the extensive files assembled by MediaWise, but to concentrate on stories that ‘made the headlines’ during 2006. In all over 100 articles from a mixture of broadsheet, tabloid and middle-market national newspapers, and local and regional papers were reviewed, along with one problematic radio broadcast.

Coverage from the selection of stories published in March 2006 included some good examples of stories about suicide, and four articles that did not reflect the best practice urged by the published guidelines.

## b Review

One of the most remarked upon examples of coverage occurred in January 2006 when the PCC received five complaints about three national newspapers which had published pictures of a suicide leap in full public view in a west London street. The shocking images of a distressed woman at the point of death brought criticism from a variety of quarters. The Times received nearly 40 complaints from readers after running the pictures, supplied by an agency photographer who was passing the hotel at the time.

### Headlines

#### 4 Jan 2006

The Sun	<i>‘Hotel death leap’</i>
Evening Standard	<i>‘Woman in death plunge from hotel window’</i>

#### 5 Jan 2006

The Sun	<i>‘Lawyer in death fall’</i>
Evening Standard	<i>‘City lawyer booked fourth floor room ‘ready for death leap’</i>
The Times	<i>‘Mystery of leading lawyer’s suicide leap from hotel’</i>

Although many newspapers initially used the distressing pictures of people jumping from the World Trade Centre during the ‘9/11 atrocity’, by general consensus within the media these images have rarely been repeated. This may have heightened the reaction of shock to publication of the hotel suicide photographs, even though some of the pictures were used in ways that made it difficult to identify the woman.



In March the PCC announced that it would not uphold the complaints, in part on the grounds that:

*“editors are best placed to decide what their readers will find acceptable in terms of taste and decency – something that will vary between different sorts of publication, and something that is therefore unsuited to being subject to national, industry-wide rules.”*

The event had taken place in a public place, and although individual members of the Commission shared the view that the images were likely to offend and upset readers as well as causing additional distress to friends of the deceased, the PCC did not consider there was a breach of the newspapers’ obligation ‘to handle publication sensitively’ at a time of grief and shock.

While accepting that this would to some extent inevitably be a subjective judgement, (the Commission) concluded that there was no breach of the Code on this point, because

*‘the simple fact of publishing photographs of what was a public incident did not, in itself, constitute a failure to be sensitive. The Commission considered that it should be slow to restrict the right of newspapers to report newsworthy events that take place in public. This includes the right to publish photographs. This tragic case concerned an unusual death, which had taken place in public. As such, it was a newsworthy event.’*

Having rejected complaints against the first publication of the pictures in The Sun, the Commission applied the notion of precedent when considering complaints against the Evening Standard and The Times, and found similarly. However it singled out the Evening Standard for particular criticism for not ascertaining whether relatives of the deceased had been informed before publishing the pictures.

*‘(The Evening Standard) had seemingly not made specific checks, but rather assumed from the fact that the police were aware of the woman’s identity that the family must have known. In the event, the fact that publication did not lead to identification seemed to the Commission to be more a matter of luck than judgement. Greater steps should have been taken to verify the position before the decision to publish such a clear picture was made.’*

Three months later, in June, The Sun ran a sequence of pictures showing police trying to coax a man down from a hotel window in York, and then the man’s leap. This time, thankfully, the man did not die and The Sun obscured his identity.

The pictures had originally appeared in The Press of York, which devoted its front page to a picture of the leap under the headline ‘God ... No’. The editor justified his use of the pictures because the man had survived; had the man perished he said his decision would have been ‘vastly different’.

The incident took place just before the announcement of the new sub-clause to the Editors’ Code of Practice. It remains a moot point whether The Press or The Sun would have fallen foul of the sub-clause since the man survived. However, it would be interesting to know whether, in this instance, the PCC would have repeated its earlier adjudication that there had been no breach of the Code because the papers had not included ‘unnecessarily explicit details or presented the photographs in a gratuitously graphic manner’. No reprimand had been forthcoming from the PCC when The Sun published (23 April 2003) a detailed illustration of a contraption used by one distressed young man to kill himself.

In April 2006, MediaWise was prompted to contact BBC Radio 4 about a programme in the series ‘Me and my Poison’. The edition of 11 April looked at the widespread use of the yellow oleander plant among suicides in Sri Lanka and described in detail how to prepare a lethal dose.

Ironically, as the programme mentioned, the spread of this suicide method on the island, which has one of the highest suicide rates in the world, was directly attributed to media reports of one of the early recorded instances. MediaWise has been working with the Centre for Policy Alternatives in Colombo on improving media coverage in Sri Lanka where reports are often detailed and sensational.

The response of the producer was revealing:

*“The yellow oleander problem is already very well-known throughout the island and any damage done from media coverage was done many years ago ... the benefits of suggesting to people that they should cut down yellow oleander outweigh the dangers of alerting them to the method. The programme was in a ny case not broadcast there. Here the yellow oleander may be available but I don’t think it’s grown in gardens and it’s certainly not as widespread as it is in Sri Lanka . I honestly don’t think my programme would have encouraged any Radio 4 listeners to self-harm using this method.”*

This may be a fair and honest response, even if it begs a few questions. However it did not address a central criticism that the programme was in breach of the BBC Producer Guidelines, which read:

***‘Suicide, attempted suicide and self-harm should be portrayed with great sensitivity, whether in drama or in factual programmes. Care must be taken to avoid describing or showing methods in any great detail and content. Producers should be alert to the dangers of making such behaviour attractive to the vulnerable. Both the on air and online factual reporting and fictional portrayal of suicide, attempted suicide and self-harm may encourage others.’***

In the same week, the suicide of a woman who jumped to her death from the Humber Bridge with her autistic son received generally sensitive and sympathetic coverage.

‘How the mother in bridge leap was let down by the system’ ran one piece in the Daily Mail a week later (20 Aug 2006), explaining her circumstances, quoting friends and the National Autistic Society and referring back to a similar tragedy five years earlier. It did not carry contact numbers for those who might face similar problems but, in common with many newspapers nowadays, it gave the email address of the reporter.

Broadcasters have long used support services to assist viewers and listeners affected by issues covered in radio and TV programmes, but this approach is far from standard in the print media.

Inquests are by far the most common source of suicide stories, yet only ten of the 100 article supplied by Shift originated from inquest verdicts.

Celebrity status, however remote, appears to govern the notion of newsworthiness. One report (‘Actor’s son gun suicide’, Brighton Evening Argus, 4 March) appeared to have been included on the basis that the man who killed himself was the ‘eldest son of veteran actor Richard Todd... the Dam Busters star’. Another detailed how ‘the mum of troubled soap star Elaine Lordan killed herself by leaping in front of a tube train’ (Lordan’s mum rail suicide, Daily Mirror, 9 March).

Four suicide stories appeared on newspaper problem pages which frequently deal with suicide-related issues. Dr Tanya Byron’s column in The Times T2 offered advice to a reader who was feeling suicidal (‘Death of my best friend has made life unbearable’, 20 March). The Mirror’s ‘Dear Miriam’ column advised a reader whose partner is suicidal (‘I’m hostage to a suicidal lover’, 16 March). Both provided contact numbers for charities. Miriam also advised another reader whose daughter was feeling suicidal (‘Failures drive teen to despair’, 22 March), though did not offer a helpline number.

The Sun’s ‘Dear Deidre’ offered advice to a woman whose husband was suicidal (Husband is suicidal’, 23 March) – but, again, without a helpline number (though she said she would email the reader a leaflet on help for depression).

Coverage of the inquest into the death of the woman who leapt from the London hotel room was generally restrained. Only the Scottish Daily Express pictured her on the ledge outside her hotel room, about to jump ('Suicide lawyer: I don't want help', 23 March).

The Scottish Daily Express was also the one paper to carry a story about an advertisement for Sony sited by the Forth Road Bridge which read: 'Take a running jump here.' ('Sony blasted over suicide spot picture', 10 March). It was a good example of the difficulties journalists can face when writing about suicide: the story only makes sense if the reader understands that the bridge has been the site of many suicides.

The paper quoted a spokesman for the Forth Estuary Transport Authority as saying: "We often find that when a suicide is reported in the press, another soon follows after. For this reason, local papers don't report suicides. This poster could act in the same way."

On 12 March The People published an article combining both celebrity and a suicide recipe. Headlined "I crushed 40 painkillers and was ready to die... only my mum saved my life," it reported on Big Brother contestant Lesley Sanderson's attempt to take her life with a 'lethal cocktail' of pills. It quoted her giving a detailed description of the method she used: "I crushed packets of painkillers with the back of my hairbrush on a bedside table and planned to swallow them in a glass of water... there were nearly 40 tablets."

The Guardian carried a long feature about the number of female prisoners who try to kill themselves ('A death foretold', 1 April). Although this kind of investigative report into the background of suicides is important, the article contained (and repeated) unnecessary details of the methods used, she died as a result of taking a lethal quantity of (named) tablets she died having swallowed 120 antidepressants'; 'she tried to suffocate herself with a plastic bag over her head'; 'she had been stockpiling her antidepressant drug, (named) she took 120 tablets on the Saturday and was found dead by the evening'). The feature did not contain any helpline numbers.

An article in The Observer about the psychological impact of war on soldiers (The Iraq Effect', 19 March) also contained unnecessary detail ('the

father-of-four attached a hosepipe to the exhaust and unfurled it inside the family's navy-blue Rover'). It did not offer a helpline number.

There were several exemplary items published during March. The Daily Mirror ran an article about an individual suicide, which did not describe the method used, carried a number for the Samaritans and was produced with the co-operation of the family. It contained practical advice on spotting depression in others and what people can do about it ('A horrible empty sense of waste: a family's story', 29 March).

Similarly The Times' response to a new Childline campaign to highlight the problem of suicidal children was 'text book' ('Depths of despair: when a child wants to end it all', 21 March). It offered two helpline numbers, adequate context from an independent expert, and was written with the consent of the family of a child featured in the piece. However, it did name the drug on which the child had overdosed.

The Sunday Independent (Ireland) carried an investigation into why so many young men kill themselves, which is also to be commended ('Suicide isn't painless, it's death forever', 26 March).

## C Summary conclusions

Suicide stories appear in the paper more often than journalists imagine, and in a greater variety of genres than simply inquest verdicts.

The provision of helpline details is not commonplace, and there is some evidence throughout that even the most basic guidance on responsible reporting has been ignored or at least not taken full into account.

The 'shock' and 'celebrity' factor appears to count higher in rating the newsworthiness of a suicidal event than broader issues (debt, depression, despair) that may have a greater resonance with readers/audiences lives.

At the same time it is evident that media coverage of suicide and suicidal behaviour can and does highlight important social and societal issues, especially where time and space is given to examining context and considering policy implications.

# The way forward

It is clear that suicide features more widely in the media than is appreciated by media professional – in news stories, features, advice columns, documentaries, drama, soaps, etc. It is important therefore that journalists, editors, programme producers, should have access to reliable information and advice when covering suicide stories. All partner agencies will need to consider how this can be achieved and sustained over time.

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. The Report also highlights the lack of knowledge within the media of existing guidelines and it is clear better promotion of such guidelines could be undertaken quite simply.

This Report outlines several areas for action that will support and help sustain improved reporting of suicide and suicidal behaviour in the media.

## 1 Training

- Suicide coverage should be included in vocational training for media professionals and should provide the opportunity for regular short-course mid-service training.
- Media organisations should liaise with suicide prevention and mental health agencies about the content of training courses on suicide coverage and mental health coverage
- Where possible training should include access to relatives or survivors of suicide attempts and representatives of support groups

## 2 Guidelines, Information and Advice for the Media

- Guidelines need to be succinct, comprehensible, relevant to the practice of journalism, and eminently accessible.
- Ideally guidelines should receive endorsement from as wide a range of interest groups as possible, including media organisations and suicide prevention and mental health agencies as well as journalists and public figures (including ‘celebrities’) who have had personal experience of suicide or suicidal behaviour.
- Consideration should be given to production of a simple poster for newsrooms and credit-card sized reminders for journalist with key message about sensitive coverage and useful contacts
- Consideration should be given to production of a one-stop website to provide media professionals with information, statistics and guidelines about suicide coverage and the link with mental health, with information on useful contacts and other websites.

### 3 Joint action

- It is important for media, suicide prevention and mental health agencies to work together when there are issues of mutual concern. The consultation on the Draft Coroner Reform Bill provides an important opportunity for all partner agencies to work together to help media adhere to the new ruling whilst at the same time avoiding unnecessary restrictions being placed on the freedom of the press to report issues.
- Following the introduction of a new sub-clause into the Editors' Code of Practice on deterring the risk of suicides, the PCC will need to work with editors to limit breaches of the new sub-clause. Meanwhile suicide prevention and mental health agencies should monitor and consider challenging suspected breaches of the Code in print publications, and seek direct contact with print and broadcast editors and regulators where appropriate.
- Copies of this report and its recommendations should be distributed as widely as possible among media organisations, associations and regulators, journalism training institutions, suicide prevention and mental health agencies.
- Finally, it is clear that more effective partnership working by the relevant agencies will help in taking forward the findings from this report and to bring about more sensitive coverage of suicide and suicidal behaviour which will help to discourage suicides and therefore save lives.



# Sensitive Coverage Saves Lives

Improving media portrayal of suicidal behaviour

<b>Editor</b>	<b>Mike Jempson</b> <i>(Director, The MediaWise Trust) Visiting Professor in Media Ethics, Lincoln University</i>
<b>Interviews</b>	<b>Rich Cookson</b> <i>(Freelance journalist)</i> <b>Terry Williams</b> <i>(Media in Mind)</i>
<b>Survey analysis</b>	<b>Einar Thorsen</b> <i>(PhD scholar, School of Cultural Studies, University of West of England)</i>
<b>Media analysis</b>	<b>Rich Cookson &amp; Mike Jempson</b>
<b>Additional research</b>	<b>Amadu Khan &amp; Pearl Thevanayagam</b> <i>(Freelance journalists)</i>
<b>Advisory Panel</b>	<b>Dr Franklin Apfel</b> <i>(World Health Communication Associates)</i> <b>Mike Cobb</b> <i>(Samaritans)</i> <b>Charlotte Barry</b> <i>(Journalism lecturer, University College Falmouth)</i> <b>Keith Foster</b> <i>(Suicide Prevention Strategy Implementation Lead, National Institute for Mental Health in England)</i> <b>Robert Westhead</b> <i>(Shift stigma Programme)</i>



