

## Guidance for covering suicide and self-harm in documentaries

### Background

**Suicide and self-harm are major public health concerns and are therefore very much in the public interest, both topics feature in factual TV and documentaries.**

Due to the sensitivities and risks associated with covering these topics in the media, care needs to be taken with how they are approached. Viewers who may be vulnerable can closely identify with the circumstances and characteristics of those who are featured in relation to suicide and self-harm, which can increase the risk of suicide contagion.

Media coverage can influence how people behave in a crisis and their beliefs about the options open to them. Research shows that certain types of media depictions, such as explicitly describing a method, sensational and excessive reporting, can lead to imitational suicidal behaviour among vulnerable people. This is known as the Werther effect.

Another smaller body of evidence has shown that sensitive portrayals of suicide, focusing on someone overcoming a crisis, can have a protective influence. This is known as the Papageno effect. Coverage describing a person seeking help and coming through a difficult time can serve as a powerful testimony to others that this is possible. This type of coverage can encourage people to seek help and has been linked to falls in suicide rates.

This guidance provides useful information for documentary researchers and producers when creating programmes which cover the issues of suicide and self-harm.

### Suicide facts

- In the UK approximately 6,000 people die by suicide each year and many more will make a suicide attempt. Men are three times more likely to die by suicide than women. In areas of significant deprivation men are up to 10 times more likely to die by suicide than those who are less deprived. Suicide remains the biggest killer of people under the age of 50.
  - Suicidal behaviour is extremely complex and can rarely, if ever, be attributed to a single cause. This complexity should be reflected in portrayals of suicide. For example, the suggestion that suicidal behaviour occurred following an isolated incident, such as the loss of a job or a relationship breakdown should be avoided.
  - There are numerous risk factors for suicide and often people are in more than one 'at-risk' group. Risk factors can include economic factors (such as a recession), living in disadvantaged communities, mental health problems, alcohol and drug abuse, exposure to suicide or self-harm (family, friends), and a history of trauma or abuse.
  - Suicide is an extreme and potentially preventable act. It is best to avoid any suggestion of a person taking their life as a natural, understandable or inevitable response to everyday crises.
  - The World Health Organisation estimates that for every person across the world who dies by suicide, there may be 20 others who will make an attempt to end their life.
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## Self-harm facts

- There are multiple definitions of self-harm. Researchers, clinicians, charities and media might define self-harm differently. In these guidelines we define self-harm as any deliberate act of self-poisoning or self-injury without suicidal intent. This excludes accidents, substance misuse and eating disorders.
- Self-harm rates are increasing, particularly among young people. In England we have seen increases in the number of people reporting they have self-harmed since 2000. Self-harm is much more common among young people than other age groups, and is particularly common among young women. More than a quarter of women aged 16-24 in England have self-harmed at some point.
- Self-harm is a sign of serious emotional distress and is a strong risk factor for suicide.
- While most people who self-harm will not go on to take their own life, longer term it is associated with developing suicidal thoughts.
- It is possible that the increase in self-harm among young people could lead to it being seen as a normal or 'typical' response by those who are struggling within this age group, and to it becoming a long-term response to emotional distress. Portraying self-harm in media may contribute to this 'normalisation', particularly with young audiences. To protect people who may be susceptible to this behaviour, it is important to consider the details that are included and how this is covered, including avoiding repeated or excessive coverage.

## The Werther effect

A significant body of research, conducted across the world over the last six decades, links certain types of media depictions of suicide with increases in suicide rates.

According to this research evidence, people may identify with characters who are portrayed to die by suicide, or make a suicide attempt, especially if they are charismatic/glamorous/romantic and can be idealised. This phenomenon is known as 'social contagion', where a depicted suicide can serve as a model for imitative behaviour. This contagious effect is caused by a combination of grief, suicide ideation and over-identification with the person or character who has died and/or the circumstances under which they took their life or made a suicide attempt.

The earliest known example of suicide contagion caused by media relates to a German novel titled 'The Sorrows of Young Werther', written by Johann Wolfgang von Goethe and first published in 1774. The

novel is a story of unrequited love in which the main character, Werther, takes the decision to end his life. Following publication of the novel there was evidence of imitational suicides observed in Germany. Many of the deaths were men of a similar age to 'Werther' and even dressed in similar style to the character. This resulted in the book being banned in Germany, Denmark and Italy.

The main risk areas highlighted in the research evidence include detailed descriptions of suicidal acts – specifically those which describe suicide methods, content which romanticises or inadvertently glorifies suicidal behaviour and excessive coverage of suicide.

Those who are most susceptible to this contagion effect through media portrayals of suicide include people who suffer with mental health problems, young people, and people who are bereaved, particularly those who are bereaved by suicide.

## The Papageno effect

Another smaller body of evidence shows that sensitive portrayals of suicide, focusing on someone overcoming a crisis, can have a protective influence. This is known as the Papageno effect. Coverage describing a person or character seeking help and

coming through a difficult time can serve as a powerful testimony to others that this is possible. This type of coverage can encourage people to seek help and has been linked to falls in suicide rates.

Samaritans' work in this area is guided by the research and focuses on supporting safe and informed coverage of suicide. What we understand from the research evidence is that it's not that suicide shouldn't be covered in the media, what's important is how it is covered.

The aim of this guidance is to provide evidence-based, relevant information to help drama producers avoid creating content which could be harmful to some viewers.

## General considerations for covering suicide and self-harm

In terms of age, gender and socio-economic status, the group most at risk of suicide in the UK are less well-off, middle-aged men. In the UK men are three times more likely to die by suicide than women. More information on the issues affecting men can be found on [our website](#).

For up-to-date suicide statistics you can visit [our website](#).

There are a range of psychological, situational, societal and individual background factors that can impact on a person's suicide risk. It is helpful to convey this complexity where possible in suicide-related content and avoid simplistic explanations which attribute a suicide attempt or death to a single cause.

Sensitive depictions showing a person overcoming a crisis and demonstrating hopeful recovery can help to encourage people, who may be suffering in silence, to reach out for help. They can serve as reassurance that suicidal feelings can be worked through and will pass, particularly if the person seeks help and chooses to live.

It is risky to indicate any 'reward' following a suicide death or attempt. This can inadvertently promote the

idea of achieving something through death which is not perceived to be possible in life. Examples include a separated couple reuniting following a suicide attempt, or the suggestion that people will be held to account for their actions, such as bullies being shamed for their behaviour. Similarly, a death by suicide should never be described as a release, setting a person free from their troubles in life, or delivering peace. This can romanticise the idea of suicide and could lead to a vulnerable person believing a death by suicide could resolve the problems they face.

Young people are more susceptible to media influence and are more likely to imitate suicidal behaviour. It is advisable to avoid overly dramatising a suicide, as this can romanticise or glorify the behaviour and inadvertently promote it to people who may be vulnerable.

For facts about suicide, visit [our website](#).

## Coverage of suicide methods

In any portrayal of a suicide or suicide attempt, it is better to give as little detail as possible about the method used. For example, if a person has taken an overdose it is advisable not to name or show the type or quantity of tablets that have been consumed.

It is also advisable to avoid giving details of how the means of suicide (eg, the instrument or drugs) were obtained, for example describing a certain instrument as being easily and cheaply obtained online.

Research shows that portraying a suicide as quick, easy, peaceful and/or pain-free can influence a person's decision to make a suicide attempt.

Avoid introducing new or uncommon methods of suicide or self-harm into the public consciousness. Evidence shows that such portrayals can result in increases in the use of new methods. It is better to avoid depiction of novel or unusual, or particularly lethal suicide methods.

Care should be taken to avoid the suggestion of a suicide attempt being something that can be quickly recovered from, for example showing someone return to normal life within hours or days.

Please also apply these considerations and level of care to any depiction of self-harm.

## Language

The terms and phrases used when describing suicidal behaviour are important, as some terms can perpetuate stigma and discourage people from speaking out and seeking help.

**With this in mind, we recommend the following:**

### ➤ Phrases to use:

A suicide  
Suicide attempt  
Attempted suicide  
Taken his/her own life  
Ended his/her/their own life  
Die by/death by suicide  
Person at risk of suicide

### ➤ Phrases to avoid:

Commit suicide  
Cry for help  
A 'successful', 'unsuccessful' or failed suicide  
Suicide victim  
Suicide 'epidemic', 'wave', 'iconic site', 'hot spot'  
Suicide-prone  
Suicide tourist or 'jumper'

## Additional points for consideration

- It is advisable to consider how a documentary that includes suicide or self-harm will be promoted. Please ensure those who are responsible for publicity are aware of **Samaritans' Media Guidelines for Reporting Suicide**.
- Consideration should also be given to any images used in publicity materials. For example, it is not safe to show suicide methods or locations. Avoiding these will help to limit any risk to vulnerable viewers.
- It is helpful to signpost viewers to appropriate sources of support, such as Samaritans' helpline, at the end of programmes to encourage help-seeking. This could be included in any publicity materials promoting the documentary.
- It can also be helpful to include trigger warnings at the start of programmes. While this is not a complete fail-safe, alerting viewers to any suicide and self-harm content allows them to make the choice of whether it is suitable for them to watch. This can be particularly important for viewers who have been affected by the issues (eg, those who have been bereaved and those who have experience of suicidal feelings or past attempts).
- Young people are a particularly vulnerable audience in relation to the topics of suicide and self-harm. Self-harm is much more common among young people than other age groups, and particularly among young women. Young people are more susceptible to suicide contagion, they are more influenced by what they see and hear in the media than other age groups, and their behaviour is often more spontaneous – more emotionally charged. Young people may not fully appreciate or comprehend the permanency of suicide.



## How Samaritans can help you

Samaritans' Media Advisory team works closely with researchers, producers and directors, providing expert advice on covering the topics of suicide and self-harm in factual programmes. The team can be reached at [mediaadvice@samaritans.org](mailto:mediaadvice@samaritans.org)

For general advice and best practice consult [Samaritans' Media Guidelines for Reporting Suicide](#) on our website.

When covering the topic of suicide or self-harm please encourage help-seeking by including sources of support, such as Samaritans' helpline:

*When life is difficult, Samaritans are here – day or night, 365 days a year. You can call them for free on 116 123, email them at [jo@samaritans.org](mailto:jo@samaritans.org), or visit [www.samaritans.org](http://www.samaritans.org) to find your nearest branch.*