Casper

Community Action on Suicide Prevention Education & Research

Submission on

Reporting Suicide: A resource for the media Prepared for the Ministerial Committee on Suicide Prevention

2011

Introduction

Casper is a registered Charitable Trust. Established on 12 August 2010 by two mothers who lost children to suicide, the organisation currently has over 1490 members.

Casper's objects and purposes are to:

(a) To support families who are suffering bereavement from suicide

(b) To develop and run programmes, seminars, workshops and other activities that educate the community about the causes and effects of suicide

(c) To provide assistance to families affected by suicide at inquests and other inquiries

(d) To gather and analyse national and international information on suicide and its prevention.

(e) To educate the community about the causes and effects of suicide upon families and the community.

(f) To educate opinon leaders and politicians about the causes and effects of suicide, and to advise on, and promote, changes to legislation, policy and practice

Drivers of the Guideline Review

Our understanding is that this review arose from a request from the Prime Minister for the Ministerial Committee on Suicide Preventon to

- Examine evidence about the impact of media reporting on suicide to identify whether the details of such events can be made public without significant risk to public safety
- review considering whether the restrictions on publishing details of suicide deaths in the Coroners Act 2006
- considering whether it is necessary to update the 1999 guidelines on media reporting of suicide.

This request was made following comments from the Chief Coroner that given New Zealand has both the most restrictive media reporting of suicide regime and highest rate of youth suicide internationally, it may be time to review our approach. It also

followed the decision of the Chief Coroner in the Inquest into the death of Cloudy Julz Williams, to break with tradition and allow full reporting on the inquest.

The Ministerial Committee provided a report to the Prime Minister appeared to reject the need for changes to the Coroner's Act on the grounds that the risks and benefits of reporting had been considered prior to the enactment of the Coroner's Act 2006. It acknowledged that the Ministry's media guidelines had not been reviewed for 11 years and recommended they be updated. We note that the views of families bereaved by suicide, a key stakeholder group in this discussion, were not mentioned in this report.

It is our strongly held view that in addition to a review of the guidelines, changes to s71 of the Coroner's Act are necessary and should be explored. We reject the notion that consideration of the issues around open discussion of suicide prior to the 2006 changes to the Act is sufficient reason not to conduct such a review.

We submit that the evidence on which the provisions of the Act relating to publication of the particulars of individual suicides was outdated and presented in a manner that was misleading. We submit that the recent upward trend in suicide rates, the strong desire of families to have suicides reported as a suicide prevention measure and the alarming rate of NZ suicides by international comparison, require that the government re-open consideration of the risks and benefits of the current legislation. We support a change to a presumption in favour of open reporting of suicide deaths with provisions for suppression where necessary. We attach the submission we made to the Chief Coroner during the Cloudy Williams inquest on this matter.

Consultation with Families Bereaved by Suicide

In early 2011 CASPER learned that the minister of Suicide Prevention intended to convene a meeting to review media guidelines on suicide reporting. In line with the recommendation of the Ministerial Committee on Suicide Prevention that the "Ministry of Health work collaboratively with the media, mental health professionals and other interested parties to revise the guidelines" we requested that families bereaved by suicide be represented and offered perform that function on the working group established to develop draft guidelines.

This request was declined and we were advised that the working group would not include any representation of families bereaved by suicide. We note that the Ministry of Youth Development estimates the population of those bereaved by suicide over the past 25 years at 65,000 using the conservative estimate of 6 persons bereaved by each death. We also note the disproportionate rate of Maori suicide in New Zealand and submit that Maori generally and Maori families bereaved by suicide in particular had a right under the Treaty to be represented on this Working Party.

The desire of families to be involved at the earliest stages of this review is explained by a recent research project1 which expores the frustration of a person bereaved by suicide with those who "speak of my experience as some sort of exhibit in a glass jar to be pointed at." It cites studies which detail the strong resistance of those bereaved

[1] Holland, K. 2009 Suicide and the media: identifying some blind spots. ANZCA Communication, Creativity and Global Citizenship, Brisbane.

by suicide to having their experiences dicussed by those with no experience of them and to their experiences of suicide being "seen as abnormal, as a manifestation of some form of pathology, rather than being recognised and validated as legitimate human experiences" and the way in which this may "result in assumptions they lack insight or are particularly vulnerable and may create a tendency for the media to priviledge sources who speak about them, without them."

While we appreciate the opportunity to make comment on the guidelines drafted by the group we do not understand why families with direct experience of the suicide of a loved one would be considered less interested parties than others included on the working group. We are disappointed to have been denied the opportunity to contribute fully to this important project.

Does a Review of the Media Reporting Guidelines Address the Issues Raised by Stakeholders?

A review in 2010 on the quality and safety of the NZ media's reporting of suicide found "most items, portrayed suicide in an appropriate manner, according to the Ministry of Health guidelines."[2]

Our understanding is that both the provisions of s71 of the Coroner's Act and the 1999 Media Reporting Guidelines are based on the interpretation of the Ministry of Health of the literature on 'suicide contagion/copycat suicide.' This interpretation, and the policy it has generated have been challenged by the media, families bereaved by suicide, researchers, the Chief Coroner and others. These groups have expressed concern that the restrictive reporting regime generated by the Ministry's position is linked with New Zealand having the highest rate of youth suicide in the OECD, a rate twice that of the US and Australia. They have questioned the reliability and validity of the evidence presented by the Ministry to support current policy.

In our view, the Ministry must conduct a first principles review of current suicide reporting policy. Conducting such a review will determine whether the fundamental assumptions on which the Coroner's Act and the Media Reporting Guidelines are sound and whether change is indicated.

The Ministry has provided no information on who participated in the review or what review process was employed. We can only assume from the document produced however that it did not involve an in-depth analysis of the evidence underpinning current policy and of the concerns that have been expressed by a range of stakeholders about its validity.

Focus on media reporting guidelines

[2] Brian McKenna, Katey Thom, Gareth Edwards, Ray Nairn, Anthony O'Brien & Ingrid Leary. 2010. *Reporting of New Zealand Media – Content and case study analysis*. Centre for Mental Health Research, The University of Auckland (2010), Auckland: Te Pou

To date, the focus of the Ministry of Health and other government funded agencies appears to have been on compliance with the guidelines rather than the quality of the guidelines themselves. Recent studies on the impact and relevance of media reporting guidelines have noted that

> People can easily obtain information about suicide, including detailed methods, and voice their suicidal tendencies on the internet. 3
>
> There is no evidence to support a relationship between reporting guidelines, quality of reporting and suicide rates.4

A review of media compliance with the guidelines in NZ showed compliance levels to be high.

We are disappointed then that the focus of this review does not appear to have been a robust review of the literature underpinning the guidelines and an assessment of the impact of media reporting on suicides rates. We note the recent comments of the Chief Coroner that the way in which New Zealanders get information has changed and that this suggests a change in the impact of suicide stories in the media and a need to re-think our approach.5

Proposed Changes

In conducting a comparative analysis of the 1999 Guidelines and the proposed 2011 guidelines on media reporting of suicide, it is clear that there is little to distinguish the two documents.

The key messages in both are almost identical differing only in wording in most respects. Two new messages have been added, while four of the 1999 messages have been dropped. The items dropped from the guidelines are those around celebrity suicides, the need to present positive role models, the prohibition on reporting 'how to' descriptions of suicide and the advice on the placement of suicide stories in newspapers. Those added are suggestions reporters not assume cultural knowledge or understanding of the experience of bereavement by suicide.

Overall, the new guidelines could not be said to represent substantive change in the guidance given to those reporting suicide but rather to reject change in favour of the status quo.

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[3] Biddle, L, Donovan, J., Hawton K., Gunnell D. 2008 Suicide and the Internet, British Medical Journal 336, 800-802

[4] Holland, K. 2009 Suicide and the media: identifying some blind spots. ANZCA Communication, Creativity and Global Citizenship, Brisbane.

[5] http://www.country99tv.co.nz/news/latest-news/2011/6/23/enough-is-enough-suicide-part-3

We note that the most obvious difference between the proposed and 1999 guidelines is the complete absence of any references to supporting evidence for the guidelines. The 1999 guidelines cited sources in the body of the document and provided a list of references at the end. No sources are cited nor references provided in the draft guidelines.

Table 1: Key Messages 1999 and 2011

1999 Guidelines	2011 Guidelines
Avoid inadvertently glorifying suicide or those who commit suicide.	Avoid language, images or presentation that glorify, trivialize or romanticise suicide
Take particular care when reporting the suicides of celebrities	Nil
Acknowledge the deceased person's problems as well as their positive aspects.	Don't just focus on the person's positive characteristics.
Present positive role models	Nil
Never report 'how to' descriptions of suicide	Nil
Provide information on where to go for help	Promote online help and information services
Beware that people bereaved by suicide are themselves at higher risk	People (families and friends) bereaved by suicide can also be at greater risk of suicide or self-harm. One suicide might lead to others in a community (clustering, copycat or contagion suicides).
Consider the effect of placement of the story in the newspaper on at risk people who may read the story	Nil
Avoid the word suicide in the headline	Think about the headline. Avoid sensationalism and graphic photographs and consider carefully the impact of eye-witness accounts
Refrain from using photographs and visuals with suicide stories	Avoid sensationalism and graphic photographs and consider carefully the impact of eye-witness accounts
Promote awareness of the strong relationship between mental health problems, especially depression and suicide risk.	Explore the risk factors associated with suicide such as mental illness, alcohol and drug abuse and social deprivation.
Consult cultural experts when assessing the portrayal of Maori or Pacific deaths by suicide.	Seek advice about the cultural/religious implications of the story.
Media organisations must weigh up for themselves the balancing of freedom of the press with the need to minimise risks of suicide.	Consider how a newsworthy suicide should be treated as a story
The factors that lead to a person wanting to end their life are complex.	Don't simplify the cause of death. The causes of suicide are usually complex.

Try to include reliable information and knowledgeable commentators when you do report on suicide	• Report suicide in a straightforward manner by providing concise and factual information • Provide a balanced report and consult reputable sources
Nil	Identify with the person you are interviewing and suggest that you know how they feel because you have experienced the death of a relative or friend.
The growth in sites that provide detailed guidance on how to commit suicide, detailed accounts of celebrity suicide and visuals of people who have died by suicide are of major concern.	Don't blame suicide on texting or Facebook etc. It is too simplistic when the reasons for suicide are invariably much more complex.
Nil	Assume that you have knowledge of cultural and religious values and attitudes; these can change.
Be mindful of the provisions of the Coroner's Act.	Understand your legal obligations under the Coroners Act.

Definition of Suicide

The guidelines provide definitions of the terms suicide, suicidal behaviour and suicidal contagion/clusters/copycat behaviour. It does not provide a definition of self-inflicted death which is the type of death s71 of the Coroner's Act requires restrictions on reporting. The term self-inflicted death is used throughout the Coroner's Act with only s13 of the Act which identifies those deaths which must be reported to the police, using the term suicide.

The definition of suicide provided in the guidelines clearly involves mens rea and therefore appears to be a subset of the deaths referred to in s71 of the Coroner's Act. In our experience some clearly self-inflicted deaths are not determined to be suicide by the Coroner due to doubts about the ability to form intent as the result of prescription psychotropic drugs. We assume that the Ministry intends reporting of these deaths to be covered by these guidelines and submit therefore that it would be useful to make this explicit.

The guide defines suicidal behaviour as including the range of behaviours related to suicide and self-harm including acute self-harming behaviours not aimed at causing death and suicide attempts. It notes that "some commentators also include deliberate risk-taking behaviours as suicidal behaviours."

We assume this definition is provided for the purposes of clarifying the term suicidal behaviour in the guidelines not because the guide is intended to cover media reporting of self harm, suicide attempts and risk taking behaviour. Clarification of the Working Party's intent on this issue would be helpful.

Some families experience distress at the impact of use of the term suicide contagion. Research shows that families bereaved by suicide experience rejection and isolation and some consider that the notion that suicide is 'catching' further stigmatises them and prompts avoidance by family, friends and community members.

There is strong resistance to the use of the term 'commit suicide' by our families. This term reflects the criminalisation of suicide in the past and causes unnecessary pain and distress to many bereaved families. We ask that the Working Party replace the term 'commit suicide' with the term 'die by suicide' or another term that does not suggest suicide is a criminal act.

Suicide and Intentional Self Harm

In the section on context no data is provided on the comparative rates of suicide between Maori and non-Maori. Given the magnitude of difference we consider this a significant omission.

We are unsure why the rate of involvement of those who die by suicide in mental health services is mentioned. We assume this is intended as a signal that mental illness is associated with suicide but would appreciate clarification of this. It could also be interpreted as a reflection of the failure of mental health services to prevent suicide or a signal that mental health service intervention is a risk factor for suicide. We wonder why prevalence rates for relationship break ups are not included, given the Chief Coroner is on record as saying that this is the most common cause of suicide.

We consider there is a lack of balance in the advice to "Explore the risk factors associated with suicide such as mental illness, alcohol and drug abuse and social deprivation." It is our view that the well documented associations between stressful life events and circumstances and suicide should also be explored. In our experience, constant messages that suicide is linked with mental illness and deprivation result in a large proportion of families ignoring suicide risks on the basis that their loved ones do not fit the profile presented. An awareness of the role of stressful life events in completed suicide would increase their vigilance and help seeking behaviour and prevent the sense of betrayal they report at what they perceive as misinformation.

We are bemused by the advice that the media should 'provide a balanced report and consult reputable sources.' This would seem to be advice on how to practice journalism in general rather than being specific to suicide reporting. We think the guidelines should be explicit about their definition of 'reputable' as opposed to sources which are not 'reputable. We would like to be assured that the Ministry does not consider families bereaved by suicide as not being reputable sources of information.

The guidelines exhort the media to "Report suicide in a straightforward manner by providing concise and factual information that increases public awareness of risk factors, warning signs and possible actions to help a suicidal person." We suggest that in respect of this guideline, the Ministry of Health and other 'experts' need to model this approach themselves.

We note that the WHO and the developers of other guidelines on media reporting of suicide are far clearer about the contradictory nature of the evidence on these issues and the methodological flaws in research which underpins the information often presented by the Ministry as 'the facts.' Ignoring for example that randomised controlled trials, the 'gold standard of research' have shown antidepressants to double the risk of suicide while far less rigorous research methodology has produced data on the prevalence of mental illness in suicide victims smacks of an approach which is agenda rather than evidence driven.

In this section of the guidelines, reporters and commentators are urged to "think about the language you choose – avoid language, images or presentation that glorify, trivialise or romanticise suicide or persons who commit suicide, particularly in media that target or are likely to be available to young people. We repeat that the Ministry's use of the term 'commit suicide' is highly offensive to those bereaved by suicide and suggest they too think about the language they use.

We think this guideline is unclear and unhelpful. The Ministry fails to define what constitutes images or presentation that glorifies, trivialises or romanticises suicide or those who die from suicide. We note that the researchers who conducted the study on media reporting of suicide for the Ministry of Health in 2010 stated that

> *The current guidelines are suggestive in nature and do not provide specific and practical guidance for journalists writing on suicide…Some suggestions are very general and highly subjective, and there were instances where the project team had difficulty understanding exactly what a reporter should or should not report when considering a suicide event. The guidance to "avoid inadvertently glorifying deaths due to a completed suicide" for instance, is particularly difficult to apply in practice.*[6]

It would be helpful if the Working Party were explicit about what constitutes the glorification, trivialisation or romanticism of suicide.

We note the (presumably unintended) consequences of this ill-defined guideline and its impact on families. The Maori families who have joined our organisation following the suicides of their children and Maori advisers with whom we have met have told us both privately and in public meetings of abuses they and their dead children have suffered as a result of the message that suicide must not be glorified. These include refusal for the body of the suicide victim to be brought to the marae, burial of the

[6] Brian McKenna, Katey Thom, Gareth Edwards, Ray Nairn, Anthony O'Brien & Ingrid Leary. 2010. *Reporting of New Zealand Media – Content and case study analysis*. Centre for Mental Health Research, The University of Auckland (2010), Auckland: Te Pou

victim in remote corners or outside of the urupa and the burial of children standing up so that they are not able to rest in peace. We are advised that these practices are becoming more widespread as the message that displays of disapproval of suicide are suicide prevention measures.

There is no evidence that these actions prevent suicide but much evidence that they increase suicidality in families bereaved by suicide. We consider the Working Party should clearly define the term glorification and be clear that allowing traditional burial rites to suicide victims does not constitute glorification of suicide.

It is interesting to note that studies of media compliance with guidelines were published in both NZ and the US in 2010. The NZ study showed a high level of compliance with guidelines while the US study showed the guidelines were largely ignored. The rate of youth suicide in NZ is twice that of the United States. [7]

A body of research has shown that newspaper reports have an impact on the attitudes of families bereaved by suicide. The strength of negative attitudes towards these families has been shown to strengthen in relation to the age of a child, with the most negative attitudes shown towards the families of the youngest children.

The guidelines advise the media to think about their justification for a suicide story and to be careful in making connections if there have been similar stories recently. The Working Party appears to suggest that in some cases the reporting of suicide is not justified. It would be useful if it made explicit its views on when reporting is not warranted. We are unclear as to why the Working Party considers the making of connections between suicides requires caution given its promotion of the concept of links between suicides as 'suicide contagion.'

Media and commentators and then asked to think about the headline, avoid sensationalism and graphic photographs and consider carefully the impact of eye-witness accounts. Again, the use of subjective terms such as 'sensationalism' and 'graphic' are unhelpful and open to wide variances in interpretation.

We note that the MOH funded research on media reporting of suicide assessed the sensationalism of a story by asking ""Is the word 'suicide' used in the headline?" on the basis of their view that "The guideline suggests that doing this will potentially increase the risk of sensationalising or normalising a suicidal act."

In relation to the use of photographs the researchers assessed whether The fourth quality indicator "photos that the Ministry of Health suggests to avoid, these may include footage depicting the suicide scene, precise location, or method used." They note that "the Ministry of Health give the examples of the use of photos of a funeral,

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[7] Tatum PT, Canetto SS, Slater 2010 Suicide coverage in U.S. newspapers following the publication of the media guidelines. Journal of Suicide and Life Threatening Behavavours. Oct;40(5):524-34.

a rope in a noose, or the specific location in which the suicide took place as inappropriate."

We are unclear whether these are the definitions used by the Working Party and believe it would have been useful if the Working Party had provided examples of the types of headlines and photographs it considers inappropriate.

We disagree that use of the word suicide is 'sensationalist.' We agree that images of nooses or other items depicting the method of suicide are inappropriate, we do not consider photographs of funerals or tangi to be inappropriate and note the distress caused to families of suicide victims at the suggestion that their honouring of the lives of their loved ones should be conducted differently to those for people who have died from other causes and should be hidden.

It is difficult to comment on this and many other guidelines in the draft given the lack of definition and explanation of the advice provided and the evidence that underpins it.

The guidelines then warn reporters and commentators against simplifying the cause of death. We consider that attributing suicide to a single cause, generally mental illness, is a practice of the Ministry of Health and mental health clinicians more frequently than of the media.

The Working Party's next piece of advice is that the media and commentators should not report on the method and location of suicide. We consider that public knowledge of methods and locations of suicides is important information that may contribute to a reduction in completed suicide. Party Hire shops may, for example, screen customers more carefully if they are aware of the growing number of suicides caused by inhalation of helium. Family and friends may be more vigilant in monitoring the stockpiling or adverse effects of prescription drugs and retailers may question young people purchasing ropes, hose pipes and duct tape where they are well informed about these methods.

This section of the draft guidelines advises reporters and commentators that they must not "just focus on the [suicide victim's] positive characteristics." We find this highly offensive. We would like to know what 'negative characteristics' of a suicide victim the Working Party would like the media to report and what evidence there is that maligning the character of those who die from suicide will prevent other suicides. Speaking ill of the dead is culturally inappropriate in many cultures and is an abuse of grieving families. We imagine the furore should the same be said of any other group of New Zealand citizens who have died.

We would like to see the Working Party's evidence that a focus on the 'negative characteristics' of those who die from suicide prevents suicide. We would be happy to provide evidence on the harm this does to those bereaved by suicide.

Approaching bereaved families, friends and communities

This section of the guidelines begins with the statement that "The family and friends of people who have killed themselves are often confused, distressed, feeling guilty and seeking answers to why people have acted as they have."

Those bereaved by suicide are not a homogenous group. Their feelings and responses in the aftermath of a suicide vary according to a range of factors including their relationship with the person who has died, the circumstances leading to the suicide of their loved one, the way in which they learned of the death and the responses of those around them. Generalisations, particularly the assumption that they feel guilt and are confused are unhelpful and often inaccurate.

The guideline goes on to say that "This means that when approached by the media, family and friends might use the interview to try to clarify what happened for them – this vulnerability can mean that they might say things that they later regret. People bereaved by suicide may also use an interview as an opportunity to lay blame on others at a time when they have not really had time to make sense of the tragedy.

We do not understand the assumption that clarifying events equates to vulnerability or that it can result in people saying things they later regret. We would like to know what the evidence of this is. While some of our families are unhappy with the way their comments are reported in the media, none have reported regretting the comments they have made and, as discussed publicly by Coroner's in recent times, families are keen to ensure their stories are told to prevent other families suffering the suicide of a loved one.

The working party note that research shows that families and friends bereaved by suicide can be themselves at greater risk of suicide or self-harm. We agree and note that research also shows that suppressing the freedom of families to speak about their experiences, advice that their loved ones should be portrayed negatively and preventing families connecting with each other in internet based 'virtual communities' contributes to this risk. We would be happy to provide research evidence to support these statements to the Working Party.

The guideline advises that "Public agencies are available for advice. Mental health crisis teams, community mental health services and other support such as telephone help lines can be accessed for support, intervention and advice."

Research shows huge reluctance on behalf of families and friends of suicide victims to engage with mental health services and that the 'support, intervention and advice' they offer are not rated as helpful to those accessing them. Having suicidal thoughts following the death of a loved one to suicide is not a symptom of mental illness. Counselling services for families bereaved by suicide are no longer funded by government and there are significant financial barriers to accessing counselling for

families who are often unable to return to paid work immediately following a family suicide.

The Working Party should be aware that the two forms of support rated most highly by those surveyed in recent research studies are the aftercare provided by funeral directors and internet based, peer support. Given the low uptake rates of the types of support identified by the working party, and the fact that both services are provided free of charge, it would seem sensible to provide details of services more likely to be accessed by families bereaved by suicide.

The guideline advises that journalists and commentators should “Check the facts – this is especially important if the interviewee is not a close relative and may have taken it upon themselves to make comment.” We agree. Mental health ‘experts’ asked to comment on the deaths of those they have never met and about whom they have little or no knowledge often provide incorrect information about the circumstances leading up to a suicide death. Similarly schools, acquaintances and neighbours often have incomplete or inaccurate knowledge about the person who has died and the circumstances of their death. The information they provide should be checked with the family or their designated representative.

We agree wholeheartedly with the advice that the media should ensure they have good support when involved in reporting suicide stories which can be a traumatic experience.

We are not sure who the Working Party refer to when they advise that ongoing distress can be caused by having online pictures of the person who has died or of the bereaved. As the Chief Coroner has commented, increasingly families request that the suicides of their loved ones are reported as a suicide awareness and prevention measure. We are not distressed by pictures of our loved ones. If the Working Party refers to the community being distressed, we suggest that the tragic and preventable death of its members should be distressing and that communities who are distressed about issues are more likely to take action to address them.

We agree that care should be taken in interviewing children and young people who have experienced suicide loss, just as it should interviewing children and youth for any reason, and that this should be done in consultation with the family of the child or youth, who are best placed to provide support.

Finally this section of the guideline advises journalists and commentators not to “Identify with the person you are interviewing and suggest that you know how they feel because you have experienced the death of a relative or friend.” We agree. We note however the inconsistency of the Working Party providing this advice when it purports to understand how families feel and why they behave as they do in the aftermath of a suicide, despite it being our understanding that none of the working party has direct experience of suicide themselves.

Social Media

In this section of the guideline, the Working Party notes that the media sometimes make links between social media and suicide. It advises that concerns exist about the role of social media in suicide and that social media can also discourage suicide and provide information encouraging help seeking.

It then advises that the media should:

- Promote online help and information services.
- Encourage parents to talk to their children about the risks of social networking.
- Promote the fact that social networking sites can be full of untruths and pretence.
- Inform parents/caregivers that removing technology from young people can be counter -productive as it may discourage conversation about concerns and encourage 'secret' access.

And that they should "think about the online communities that young people are part of, these are often far beyond the immediate school community and neighbourhood so information may be being disseminated widely" and about reporting about memorial sites which can glorify the person who has died by suicide.

We find this one of the most confusing sections of the guideline. We do not understand why the Working Party would consider it appropriate to tell the media what to think about rather than providing evidence based guidelines for reporting. We do not understand how the media informing parents/caregivers against that removing technology from young people has a place in guidelines on the media reporting of suicide.

Cultural and spiritual attitudes to suicide

We agree that that journalists and commentators should seek advice on the cultural and/or religious implications of a suicide story. We agree that no one should assume they have knowledge of cultural or spiritual values and attitudes, that culture and values can change and that their meaning and importance will vary between families and individuals within families. Assumptions about culture and religion should not be made on the basis of ethnicity.

We agree that knowledge of cultural and religious contexts can ensure that reports of a suicide are not offensive to the family, whānau or wider community/cultural grouping.

We note that the community of bereaved families has its own culture and spirituality which arises from the experience of suicide, from exclusion from other

groups, from historic and current religious and legal views on suicide and from the experience of having our right to tell our stories suppressed.

We note the irony that the Working Party encourages journalists and commentators to seek advice on cultural and spiritual attitudes to suicide to avoid offending family, whānau and wider communities/cultural groups but fails to model this behaviour.

Debunking the myths

In this section of the guidelines the Working Party list beliefs they describe as myths and the evidence to counter them.

The first myth listed is that people are not allowed to talk about suicide.

The Working Party argue that "There is no constraint on the media, or anyone else, talking about suicide. The legal limitations in the Coroners Act relate to publishing (including broadcasting) the details of an individual death. This does not prevent the media talking about issues or providing support information."

We consider this a misrepresentation of the reality for those affected by suicide. First, we note that the internet is a common way people, especially those isolated following a tragedy 'talk' to others. This is acknowledged by the working party in other sections of the guidelines.

The use of social media to connect with others who have shared an experience is common and highly valued for a number of reasons. First it allows people who are geographically distant to find each other. Second it does not involve the financial costs associated with travel or use of the telephone and third it is immediately available late at night or in the early hours of the morning.

We wonder how the Working Party considers newly bereaved families, particularly those in rural areas make initial contact with those who share their experience without being able to post that their loved one has died from suicide and they would like to meet other families who have had this experience, if not through public pages on social networking sites, message boards or blogs. We wonder if the Working Party understands that the ability to discuss our experiences and feelings in an online group rather than necessarily one to one can be beneficial.

Given the prohibitions on reporting individual suicides in the media and the scarcity of support groups for those bereaved by suicide we wonder how the Working Party thinks we are able to connect with each other without 'publishing' the fact we have been bereaved by suicide online.

The Working Party contend that "the legal limitations in the Coroner's Act relate to publishing the details of an individual death." It needs to be made clear that these 'details' include the fact that the death was suicide. It is not enough for those

bereaved by suicide to merely say that they have experienced the loss of a child, sibling, spouse or parent and seek support. We need support from others who have experienced this particular type of death and often experience rejection or criticism from those who have lost loved ones to illness, accident or age.

We are people and we are not allowed to talk, using a very prevalent and often preferred method of communication – the internet – about the suicide of our loved one. There are also other situations in which we are prevented from talking in person about suicide. It is not uncommon for children and youth who have lost siblings or parents to be prohibited from being allowed to discuss the issue of suicide in school speeches or projects.

A growing number of New Zealanders belong to 'virtual communities.' Sociological literature supports the notion that these communities are as valid as communities which because of geographic location are able to communicate face to face. Virtual communities are often based on shared interests or experiences and may become the primary communities for those who share statistically rare experiences and who are isolated from other communities. Research shows these virtual communities are often a primary source of support for those bereaved by suicide who frequently experience rejection from other communities. They way in which these communities connect is via public social networking sites and other public forums. With inquests often taking between 1 and 3 years to be heard, s71 of the Coroner's Act prevents families joining and participating in these communities, groups which families bereaved by suicide have said in US based research have saved their lives.

In adopting a narrow definition of 'talk', the Working Party dismisses our experience as a 'myth', and trivialises our needs and reality.

We consider some other myths should be included in this section of the guidelines including the following:

- Over 90% of those who die from suicide have a mental illness

  Research shows that around 70% of those who die from suicide had no diagnosis of mental illness. Studies which show high prevalence of mental disorders in those who die from suicide use the psychological autopsy method which is essentially a mental health assessment on a dead person. The definition of mental illness used in these studies includes binge drinking, being sad or worried and breaking rules or laws as mental illnesses. Many believe that rather than psychiatric disorders, these are normal human moods and behaviours in people exposed to adverse life events or circumstances.

- Those who die from suicide come from disadvantaged backgrounds, have parents with psychiatric illnesses and dysfunctional families

Research funded by the Ministry of Health in 2010 found that "There is ample research to suggest that in all ways there is nothing different and unique about the families of those who attempt and complete suicide. There is no single identifying or mitigating characteristic about families that have experienced the death of a young family member to suicide and those that have not."[8] It further commented that "notes left by the deceased at the time of the suicide…indicated that these people had felt positively about their families." We note that the oft cited research of Beautrais, used being raised by a single parent as a proxy for disadvantage and that it acknowledged serious methodological difficulties with the study and that the findings were impressions only.

Copycat Suicide

As mentioned, we have attached our submission to the Chief Coroner which summarises the literature rebutting claims that media reporting causes 'suicide contagion' or 'copycat' suicides, the studies which show a protective effect of open discussion and reporting of suicide and the harm associated with suppression of reporting of individual suicides both on families and communities.

We are surprised and disappointed that the Working Party has made many statements for which it cites no sources and produces no evidence. We believe this breaches the requirement of consultation to provide the information necessary for submitters to make informed comment.

Information and Support Sites

The information and support sites listed under the heading 'general information sources' are restricted to those which promote a mental health approach to suicide prevention and which are government funded. We consider that other organisations which provide different perspectives, information and support should also be included.

We have the same concerns about the agencies listed under the heading Cultural and Religious Attitudes to Suicide. There are many NGOs able to provide information on these subjects including those who have experience of working in frontline suicide prevention agencies and with families bereaved by suicide.

The section headed 'Support and Help for Individuals' lists only those agencies which provide referrals to mental health services and espouse a medical model of suicide prevention. We consider agencies which provide alternative models of care be included in the list.

[8] John Fitzgerald, Karma Galyer, Gavin Whiu, Philippa Thomas Understanding Suicide Risk, 2010 Te Pou o Te Whakaaro Nui The National Centre of Mental Health Research, Information and Workforce Development.

We do not understand why CASA is listed under the heading ‘Support for Families and Friends’ given they do not provide support to these groups. Given the scarcity of support for family and friends we do not understand why a full range of support services is not listed.