

# Reporting suicide: interpreting media guidelines

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## **Abstract**

*Numerous international studies have shown that media reporting of suicide can encourage copycat acts. Australia, like other countries, has developed guidelines (referred to as Reporting Suicide and Mental Illness) to encourage responsible reporting of suicide and to avoid imitative behaviour. These guidelines have been well-received by media professionals. Some, however, have indicated that the guidelines are not always easy to interpret. This study explored the interpretability of the Australian guidelines. Three trained independent reviewers coded 197 newspaper articles (relating to 28 suicides) for quality against nine criteria from the Australian guidelines. The level of inter-rater agreement was “good” or “very good” for all of the questions except one. Excluding this question, the overall percentage agreement was 78.93 per cent. Agreement was poorest when the questions required subjective judgments. In particular, independent reviewers had difficulty agreeing on whether individual articles provided simplistic or more contextualised views of suicide. The study suggests that the guidelines’ meaning is generally understood. Interpreting the more nuanced recommendations is not always straightforward. Future revisions to Reporting Suicide and Mental Illness may need to consider opportunities to clarify them and to test this with journalists.*

## **Introduction**

Numerous international studies have shown that media reporting of suicide can encourage copycat acts (see, for example, Pirkis & Blood, 2001; Stack, 2000; 2005). The majority of these studies provide support for a copycat effect and suggest that particular types of reporting are likely to have a negative impact, such as those that include prominent or repeated reports (see, for example, Etzersdorfer, Voracek & Sonneck, 2001; Etzersdorfer, Voracek & Sonneck, 2004; Has-san, 1995; Niederkrotenthaler et al., 2010a; 2010b); reports about “celebrity suicides” (see, for example, Cheng, Hawton, Chen et al., 2007; Cheng, Hawton, Lee et al., 2007; Fu & Yip, 2009; Stack, 1987); and reports which explicitly describe the method and/or location of the suicide (see, for example, Ashton & Donnan, 1981; Etzersdorfer et al., 2001; Etzersdorfer et al., 2004;

Fu & Yip, 2009; Veysey, Kamanyire & Volans, 1999). This has led many countries to introduce guidelines to assist journalists in making judgements about when and how to report suicides (Pirkis, Blood, Beautrais et al., 2006). These guidelines are not about censorship. They recognise that there will be occasions when an individual's suicide will be newsworthy, and offer evidence-informed suggestions as to how to report such deaths in a way that raises public awareness about the issue of suicide without leading to a risk of imitation.

Australia is recognised as a leader in this field. The guidelines, which go by the title *Reporting Suicide and Mental Illness* (Department of Health and Ageing, 2011), were originally developed by consultants for the Department of Health and Ageing as part of the Mindframe National Media Initiative, with input from media professionals and suicide prevention experts. Ten years ago, the Hunter Institute of Mental Health was charged with the task of disseminating the guidelines, and it has done this through a multi-pronged approach. It has held briefings with print and broadcast editors and journalists from across the country, developed a range of readily accessible web-based resources to complement the guidelines, influenced media codes of practice and editorial policies, and influenced the curricula of all journalism schools nationally. At various points, the Hunter Institute has reviewed and updated the guidelines, always taking into account the views and experiences of journalists and the status of the evidence. A series of stakeholder consultations was held recently to inform an update and redevelopment of the current guidelines (Hunter Institute of Mental Health, 2012).

*Reporting Suicide and Mental Illness* makes a series of suggestions about how best to report suicide. These are consistent with other guidelines from around the world and include: avoiding sensationalising or glamorising suicide, or giving it undue prominence (for example, printing a newspaper story on the front page); avoiding specific details about the suicide (for example, the method used or location); recognising the importance of role models (for example, the influence of celebrities); taking the opportunity to educate the public (for example, about the complexity of risk factors underlying suicide); providing information about sources of help and support; and considering the impact suicide has (for example, respecting the privacy of the bereaved) (Pirkis et al., 2006).

Some of these recommendations derive from the research evidence. For example, the suggestion that journalists should refrain from describing the method of suicide is based on the consistent finding that doing so can lead to increases in suicides by the same method (Ashton & Donnan, 1979; 1981; Etzersdorfer, Voracek & Sonneck, 2001; Fu & Yip, 2009; Veysey, Kamanyire & Volans, 1999), and the words of caution about reporting celebrity suicides are underpinned by studies which show that reports of suicides by public figures (especially entertainers) are particularly likely to lead to copycat acts (Niederkröthenthaler et al., in press; Stack, 1987). Other recommendations are based more on commonsense. For example, including helpline information would seem to be a useful thing to do, but there is not yet any published research evidence that this encourages vulnerable individuals to seek help.

Awareness, use and opinion of the guidelines implemented in different countries have varied (Bohanna & Wang, 2012). For example, a review of a representative sample of US newspaper reports on individual suicide observed that there was relatively good acceptance of guidelines concerning story placement (that is, not on the front page), extended discussion of celebrity suicides and use of inappropriate images. There was, however, less adherence to guidelines concerning discussion of warning signs or an association with some mental illnesses, nor reference to information services (Tatum, Canetto, & Slater, 2010). A comparison of Hong Kong, Taiwan and Guangzhou newspapers identified that reports seldom featured on the front page of a publication; however, the majority of suicide media reports featured a photo, with more than 80 per cent of headings mentioning the suicide method and more than 40 per cent identifying a problem encountered by the person who suicided, while 85 per cent or more neglected to mention preventative advice such as helpline information (Fu, Chan & Yip, 2011; Fu & Yip, 2008).

In general terms, Australia's guidelines have been well accepted by media professionals (Skehan et al., 2006). However, they are not without their critics. At the most extreme end, some media and mental health professionals have argued that the guidelines are too restrictive, and put journalists in the position where they feel they cannot report on suicide or contribute to educating the community about it as an issue (McGorry, 2011). This argument does not hold up in the light of our own evidence that media reporting of suicide has increased in terms of both quantity and quality during the life of the guidelines (Pirkis, Dare, Blood et al., 2009). A more moderate view, expressed by some journalists in the stakeholder consultations mentioned above, is that the guidelines are not always easy to interpret or to apply to every story (Hunter Institute of Mental Health, 2012).

The current paper explores issues concerning the interpretability of the guidelines. The work is timely, given current efforts to review and update the guidelines.

## **Method**

From our Media Monitoring Project, we identified a pool of newspaper articles that reported on the suicide of an individual. This project has been described in detail elsewhere (Pirkis et al., 2009). The Media Monitoring Project retrieved articles that mentioned suicide from all national daily newspapers and a representative sample of suburban and regional papers published between September 1, 2006, and August 31, 2007 (as well as television and radio segments broadcast during the same period). For the purposes of the current study, we selected only those newspaper articles that made reference to an individual's suicide and excluded all others (such as those which presented suicide statistics or discussed policy and program initiatives related to suicide prevention). In total, we identified 197 articles; these related to 28 suicides (Machlin, Pirkis & Spittal, in press).

We created a web-based data entry tool which allowed each of the 197 articles to be rated for quality according to the criteria included in *Reporting Suicide and Mental Illness*. The tool presented a scanned version of each article, and asked a series of nine questions about it. Each question was followed by a fixed response field (yes, no, don't know/not applicable) and a free-text field in which raters could comment on their decision-making process. Table 1 details the nine questions, and provides the rationale on which they are based.

**Table 1:** Operationalisation of and rationale for criteria in Reporting Suicide and Mental Illness

Question	Rationale
1. Are the bereaved interviewed?	The privacy of those who have been bereaved by suicide should be protected. The bereaved may themselves be particularly vulnerable immediately after the suicide of a family member or friend.
2. Is there a reference to the fact that the person who died by suicide was a celebrity?	Vulnerable individuals may be particularly likely to be influenced by celebrities they revere, particularly if the celebrity's death is glamorised in some way.
3. Is the word 'suicide' used in the headline?	Use of the word 'suicide' in the headline should be avoided, in order to minimise the risk of sensationalising the act.
4. Does the article include details of any available help services?	Opportunities should be taken to promote help-seeking behaviour among vulnerable individuals, and specific options should be provided.
5. Does the article have any examples of inappropriate language?	Language which suggests suicide is a desirable outcome (e.g., 'failed suicide attempt') should be avoided, as should language which sensationalises suicide (e.g., 'suicide epidemic') or associates it with crime (e.g., 'committed suicide').
6. Is the article appropriately located?	Front page articles may give the suicide undue prominence.
7. Is there a detailed discussion of the method used?	Vulnerable individuals may be influenced to imitate the method if detail is provided.
8. Is suicide portrayed as 'merely a social phenomenon' as opposed to being 'related to a mental disorder'?	This question's intent relates to the fact that there is sometimes a tendency for media reports to present simplistic accounts of the precipitating events that lead to a suicide, suggesting that suicide is an unpremeditated response to immediate stressors like relationship break-ups or exam failure. Impulsive suicides like this occur relatively infrequently; the causes of suicide are typically much more complex and often include a range of distal factors like underlying mental health problems.
9. Is a photograph/diagram depicting the suicide scene, precise location or method used with the article?	Use of photographs that indicate where or how the suicide occurred may lead to copycat acts by individuals.

Jane Pirkis and Jaelea Skehan trained Melissa Sweet, Alexandra Wake and Justine Fletcher as independent reviewers, with the assistance of Anna Machlin. Our trainers had a long-standing history of working with Australia's media guidelines (Jane Pirkis conducted the Media Monitoring Project and Jaelea Skehan co-ordinates the Mindframe program at the Hunter Institute of Mental Health). Our raters were familiar with the guidelines, but had no prior involvement with their development and distribution or with the Media Monitoring Project. They had not been exposed in any systematic way to the relevant newspaper articles before, although they had incidentally come across some of them. They brought a range of perspectives to the rating task (Melissa Sweet is a health journalist, Alexandra Wake is a journalist and journalism educator and Justine Fletcher is a psychologist). The training took place over a morning. It began with a general discussion of the meaning and intent of each of the questions. Each reviewer then made independent judgements about a series of 10 test newspaper articles, using the web-based data collection tool. These articles and the responses to them were then discussed in detail.

Once the training was completed, each independent reviewer was presented with the 197 newspaper articles in a random order. This strategy was designed to avoid issues such as rating fatigue influencing the results. The rating task took each rater 1-2 days to complete. At its conclusion, each independent reviewer was invited to provide overall comments about the nature of the task and particular difficulties they experienced with it.

The extent of agreement between independent reviewers on the quality ratings was examined using two measures: percentage of agreement and Krippendorff's alpha. The former is a more liberal indicator of agreement that does not account for agreement occurring by chance (thus resulting in an inflated level of agreement) or by systematic error; the latter is a more conservative statistic that accounts for agreement by chance and factors in patterns of matches and mismatches (Hayes & Krippendorff, 2007; Krippendorff, 2004; Lombard, Snyder-Duch et al., 2002). The advantages of Krippendorff's alpha (over other indices of reliability) are the ability to use data from more than two raters, consideration of different levels of measurement, no minimum sample size and the ability to use it validly with incomplete or missing data. Unlike percentage agreement, Krippendorff's alpha calculates disagreements among raters instead of percentage of agreement, and thus the two measures produce different results (Hayes & Krippendorff, 2007). For example, in instances where two reviewers have consistently given the same result (such as answering yes) but the third reviewer has varied their response (such as sometimes saying no), the percentage agreement would be overall very high, but the Krippendorff's alpha would be lower, reflecting this disagreement. In instances where there are substantial differences in reviewer responses beyond that predicted by chance, Krippendorff's alpha would be a negative number, indicating systematic error. In a similar situation, percentage agreement would be very low (less than 50 per cent). We chose to use both of these measures of agreement to create a more complete picture of rater agreement than that afforded by use of one measure.

The free text responses to each question were examined for themes, as were the overall comments made by reviewers about the rating task.

## **Results**

### ***Overall degree of inter-rater agreement***

Table 2 shows the percentage of inter-rater agreement and Krippendorff's alpha for each question across the 197 newspaper articles. In general terms, the level of agreement was "good" or "very good". For all but one of the questions, the percentage of inter-rater agreement ranged from 54.82 per cent to 94.92 per cent and Krippendorff's alpha ranged from 0.1522 to 0.8706. The outlier question was Question 8. This had a percentage of inter-rater agreement of only 14.72 per cent and a Krippendorff's alpha of -0.853. With Question 8 included, the overall percentage of inter-rater agreement was 71.80. Removing Question 8 brought this figure up to 78.93 per cent.

**Table 2:** Inter-rater agreement by question

Question	% of inter-rater agreement	Krippendorff's $\alpha$
1. Are the bereaved interviewed?	54.82	0.357
2. Is there reference to the fact that the person who died by suicide was a celebrity?	78.17	0.293
3. Is the word 'suicide' used in the headline?	91.88	0.869
4. Does the item include details of any available help services?	91.88	0.871
5. Does the item have any examples of inappropriate language?	58.38	0.222
6. Is the item inappropriately located?	90.86	0.369
7. Is there a detailed discussion of the method used?	70.56	0.395
8. Is suicide portrayed as 'merely a social phenomenon' as opposed to being 'related to a mental disorder'?	14.72	-0.853
9. Is a photograph/diagram depicting the suicide scene, precise location or method used with item?	94.92	0.152
Mean agreement (all questions)	71.80	
Mean agreement (Question 8 excluded)	78.93	

### ***Issues with interpreting quality against specific criteria***

The reviewers' comments give insights into the issues they faced in answering specific questions. Each of the nine questions is considered in turn, below.

#### **Question 1: Are the bereaved interviewed?**

The independent reviewers noted that at times it was difficult to tell whether a quotation attributed to a bereaved person was elicited via an interview or taken from a secondary source. When it was possible to make this distinction, reviewers sometimes felt that the alternative sources were worse than an interview (such as a grief-stricken relative's mobile phone conversation which was overheard and reported).

In some instances, reviewers had difficulty in determining the relationship between the interviewed individual and the deceased person (for example, when colleagues were interviewed), and were therefore unsure whether the former could accurately be described as "bereaved". They also indicated that bereaved individuals at times appeared to have instigated contact with the media (for example, by writing a letter to the editor or by authoring a book and seeking publicity on a current affairs show).

Reviewers also pointed out that it could not always be assumed that someone had not been interviewed just because they were not directly quoted. They indicated journalists may not directly attribute quotations to people who have provided general background for or informed a story, particularly if the article is quite long and draws from a number of sources.

#### **Question 2: Is there reference to the fact that the person who died by suicide was a celebrity?**

The independent reviewers noted that classifying an individual as a celebrity sometimes introduced a subjective component to their decision-making. This issue frequently arose in the case of figures who were well known in their local communities through a particular role, but did not have public recognition beyond this. It also emerged in the case of individuals who had achieved a level of notoriety for negative reasons. Reviewers also commented that sometimes individuals gained celebrity status as a result of the suicide, which made it difficult to interpret the question.

### **Question 3: Is the word “suicide” used in the headline?**

In the main, reviewers found it easy to make a judgement about this question. However, on the odd occasion they noted that although the word “suicide” was not used in the headline itself, it appeared in a sub-heading or in the initial (highlighted) paragraph of the article. They also questioned whether some other terms used in headlines – for example, “took his own life” – might also serve to sensationalise suicide.

### **Question 4: Does the item include details of any available help services?**

Again, reviewers found it relatively easy to make a judgement about this question because of its objective nature. However, they commented that the information was not always optimally presented (for example, in cases where inappropriate organisations were mentioned, or where appropriate ones were identified but no contact details were provided) and they were not sure how to deal with this. They also questioned whether mentioning help services was relevant in all cases (such as in a news brief, letter to the editor or obituary).

### **Question 5: Does the item have any examples of inappropriate language?**

The independent reviewers were generally consistent in their identification of inappropriate language, picking up on terms mentioned in *Reporting Suicide and Mental Illness* (Department of Health and Ageing, 2011), like “commit suicide”, which carries with it the inference that suicide is a crime or a sin; and “suicide epidemic”, which sensationalises the issue. They noted, however, that word length restrictions may have been a contributing factor in some articles using inappropriate terminology.

Reviewers also noted that even when the wording of articles did not directly contravene the recommendations made in *Reporting Suicide and Mental Illness*, the tone was sometimes inappropriate. They cited examples where the tone was voyeuristic (for example, when excessive detail was given about the suicide location or how an individual may have been identified), when family members were blamed for a relative’s death, and when death was described as inevitable.

### **Question 6: Is the item inappropriately located?**

Very few of the 197 newspaper articles were inappropriately located, but a few appeared on the front page (n=8). The guidelines suggest this may give undue prominence to a suicide. Although two of these reports also focused on an individual who held a prominent community position, in the majority of these instances the context of the report was usually a wider issue than the individual’s suicide. This led reviewers to question whether it might sometimes be appropriate to give prominence to an article making reference to an individual’s suicide, if the broader issue constituted a major news story.

### **Question 7: Is there a detailed discussion of the method used?**

Instances of disagreement on this question related to the level of detail and whether reviewers felt that providing some information about the method was essential for setting the scene. They were sometimes more forgiving of this sort of detail if the article focused on a wider issue, such as deaths of patients in care. They felt the issue was more clear-cut when it appeared that the journalist had used the description to provide “good colour”.

### **Question 8: Is suicide portrayed as “merely a social phenomenon” as opposed to being “related to a mental disorder”?**

This question appeared to be the most challenging for raters to answer and they suggested that it may need reconsidering. Reviewers interpreted this question as being about whether the article gave reasons for the suicide, and then felt they were not always in a position to determine whether these reasons were appropriate. They experienced particular difficulty when articles mentioned social/personal sources of stress, although they commented that there were often instances when the suicide was not contextualised and no indication of potential risk factors was given.

### **Question 9: Is a photograph/ diagram depicting the suicide scene, precise location or method used with item?**

In the main, reviewers found it fairly easy to determine whether photographs or diagrams were included with the article. However, on some occasions they were unsure how to deal with photographs depicting the aftermath of the suicide (such as a grieving family or a funeral).

## **Discussion**

Overall, there was reasonable consensus between our reviewers about interpreting the criteria in *Reporting Suicide and Mental Illness*. This suggests that those who produce and consume news have a fairly clear idea of what constitutes responsible reporting of suicide. This is encouraging, given the body of evidence that suggests that certain ways of reporting can lead to copycat acts. It affirms the considerable effort that has gone into developing and disseminating Australia’s guidelines.

It must be acknowledged, however, that there were exceptions. Not surprisingly, these exceptions occurred when the criteria in *Reporting Suicide and Mental Illness* required subjective judgements. Notably, our reviewers had difficulty agreeing on question eight, which focused on whether individual articles provided simplistic or more contextualised views of suicide through reference to underlying risk factors of suicide such as mental illness (when present in the specific case under consideration) to help promote a better understanding of suicide. Even when the criteria were apparently more objective, there were sometimes nuances that led our reviewers’ views to diverge.

There may be several reasons for this. First, we are dealing with an inexact science. There is good evidence that particular types of reporting may cause harm, but the evidence surrounding other types is more limited. Second, there has been considerable debate about the extent and nature of what should be reported, and, as groups, both media professionals and mental health professionals have been divided in their views. Some are comfortable that the correct approach is one of caution, where the risk of any copycat behaviour is minimised, whereas others believe that the public interest argument carries greater weight and that broader media discussion is necessary to raise community awareness. Third, even those who argue for caution cannot always agree about what constitutes responsible reporting. For instance, there are examples of media awards being given for articles that present sensitive and informative stories about suicide but do not adhere strictly to the accepted recommendations (Dare, Andriessen, Nordentoft et al., 2011). Finally, the guidance offered in *Reporting Suicide and Mental Illness*, and in other guidelines from around the world, tends to be about how to minimise risk, rather than explaining what could be included in media stories about suicide. The training that forms part of Mindframe workshops how journalists (and journalism students) could cover the issue of suicide, but this material has not been included in the printed resources. This area has generally been under-researched and so there has been a reluctance to include specific advice within the official guidelines. This may



mean that judgements about what is included in an article may be more difficult to make than judgements about what is excluded from it.

What should be done about this degree of uncertainty in interpreting the guidelines? We would argue that some uncertainty is inevitable and possibly even desirable because overly prescriptive guidelines would be unlikely to be well received by journalists. It would seem to make sense to focus on the elements of the guidelines which have an evidence base (for example, not reporting the method in detail); are consistent with journalists' own codes of ethics (for example, respecting people's privacy); or are straightforward to implement (such as including helpline information). This is not to say that other elements of the guidelines should be ignored, but more work may be required to tease out the essence of them and communicate it in a way that is universally understood. The imperatives operating on a journalist when he or she is preparing a story (for example, a focus on the public interest) must be factored in, and revisions to the current guidelines might include more comprehensive advice or examples to explain some of the more subjective recommendations. One option suggested by journalists would be the provision of examples of articles where some of the more nuanced considerations are taken into account (Hunter Institute of Mental Health, 2012). There is a model for this within the resources for journalism students. In addition, further research is required to strengthen the evidence base regarding the impact of particular types of reporting, and particularly reporting that may have a positive impact on help-seeking (Niederkrötenhaler, Voracek, Herberth et al., 2010b).

The current study is the first to have taken a systematic look at the way in which media guidelines on reporting of suicide are interpreted. It had a number of strengths, including the diverse group of reviewers, the consistent training of these reviewers and the large number of articles they were required to rate. It also had some limitations, however, and these should be considered in interpreting the findings. The study was restricted to newspaper articles, and stories broadcast on television or radio may have been more difficult to rate. On a related note, it was beyond the scope of the study to consider social media, although we acknowledge that this is an emerging area of journalistic practice and merits future consideration. It is acknowledged, however, that television, radio and social media may exert a powerful influence. The three reviewers were deliberately chosen because of their diverse roles in journalism and psychology, but it is acknowledged that the two journalists had a particular interest in the area. Other journalists may have interpreted the guidelines differently. Other media professionals (for example, newsroom managers/editors) may have, too; and arguably the latter group may have much more influence over many of the issues covered by the guidelines than journalists (for example, article placement, use of headlines, and inclusion of helpline information).

In addition to these limitations, there are some lessons about the process of conducting the study that we would like to pass on. In particular, these relate to supporting the raters. We offered extensive training, and also made sure there were opportunities for informal debriefing about individual articles or about the broader activity. Despite this, the raters commented that it was difficult to view such a large number of articles about suicide in a relatively short space of time. If others are considering conducting similar studies, we would recommend staggering the process and offering more formal debriefing sessions. Consideration might also be given to exploring raters' own personal experiences with suicide and gauging the impact of this.

Notwithstanding these limitations, the current study provides evidence that the intent and meaning behind the suggestions in *Reporting Suicide and Mental Illness* generally seem to make sense. Having said this, the study also indicates that interpreting some of the more nuanced recommendations is not always a black and white exercise. If this is so for three trained reviewers, it is likely to be even more the case for journalists trying to meet deadlines in busy newsrooms. Future revisions to *Reporting Suicide and Mental Illness* may need to consider options to clarify them and to test these with journalists.

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