

IPSO consultation to the Editors' Code of Practice.

Comments from Professor David Gunnell, University of Bristol.

Thank you for the opportunity to comment on the Editors' Code of Practice Review. By way of background I am a medical practitioner and researcher with a longstanding interest in suicide prevention. One key component of my work over the last decade has been studying the influence of the media (print and digital) on the incidence of suicide and suicide clusters. In recent years I have been invited to advise both the World Health Organisation and the UK Government on their suicide prevention strategies.

Comments re-item 5. Reporting suicide: "When reporting suicide, to prevent simulative acts care should be taken to avoid excessive detail of the method used, while taking into account the media's right to report legal proceedings."

My research, and studies by international experts, have documented that news reporting may lead to the introduction of "novel" methods of suicide into communities and influence an individual's choice of suicide method with disastrous consequences. For high-lethality methods this can lead to many hundreds of deaths that may not otherwise have occurred.

An individual's choice of suicide method influences the likelihood that a suicide attempt will result in death. Most suicide attempts occur in the context of short-lived life crises and most people who survive a suicide attempt receive appropriate mental health treatment and do not go on to make a repeat attempt. Those who use high-lethality methods don't get a second chance. [sources: *Chen YY et al Archives of Suicide Research 2014; Thomas K et al. BMC Public Health 2011; Biddle et al J Affective Disorders 2011*].

In view of this, I would strongly recommend the wording of the Code is revised and the word "excessive" is removed. Any detail may be enough to influence choice. Mention, for example, of the use of a specific gas, may facilitate a curious and potentially vulnerable person to research the method on-line. Mention of a specific site ("high risk location") to jump from may result in someone choosing that location. Likewise, photographs and videos of a particular site or method may highlight a location from which suicide is possible or provide information about a method. In technical terms, reporting and illustrations accompanying reports increase "cognitive access" to methods [source: *Florentine and Crane; Soc Sci Med 2010*]

Recommendation 1: the wording of the guidance is rephrased to remove the phrase "excessive" and should add that such detail might include photographs of the site/method.

Particular care should be taken in other aspects of reporting. New research indicates that suicide reporting can precipitate and contribute to the occurrence of clusters of suicides [Gould, *Lancet Psychiatry*, 2014]. Young people are particularly vulnerable to the contagion that may arise following the death by suicide of someone in their social group. Several story characteristics, including front-page placement, headlines containing the word suicide or a description of the method used, and detailed descriptions of the suicidal individual and act, are important.

Recommendation 2: the wording of the guidance should be extended to include the need to avoid front page reporting; avoid dramatic headlines and avoid romanticising the death of the individual or simplifying the usually very complex causes of suicide.

For those individuals who are upset by reading an article about suicide, it would be extremely helpful if editors could recommend sources of help and further information. I've worked closely with the Bristol Post over several years and they often use the following wording at the end of articles about suicide:

"Most people who are thinking of taking their own life have shown warning signs beforehand.

These can include becoming depressed, showing sudden changes in behaviour, talking about wanting to die and feelings of hopelessness. These feelings do improve and can be treated.

If you are concerned about someone, or need help yourself, please contact the Samaritans on 116 123." see <http://www.bristolpost.co.uk/three-first-year-students-at-bristol-university-have-committed-suicide-in-the-last-few-weeks/story-29926008-detail/story.html>

This is an example of good practice, and if this could be highlighted in the guidance, it may help save lives.

Lastly, in relation to clause 5, it should be remembered that whilst coroners inquests are legal proceedings, their status as such is somewhat unusual insofar as suicide was decriminalised in 1961. For this reason the statement in clause 5 re "taking into account the media's right to report legal proceedings" may be seen as outdated.

Comment re-clause 2 - Privacy

The publication of photographs of the person who died and the location of the scene of death may cause considerable upset to friends and family members of the deceased. This particularly seems to occur when there has been a cluster of suicide deaths. Photographs of those who have previously died are often repeatedly published following each new death. The photos are often obtained via social media without the consent of family members. This may trigger/re-awaken memories of events that close friends and relatives were coming to terms with, adding to their grief.

Recommendation 3: Publication of photographs of the individual who has died, without the permission of next of kin, should be avoided. Even when permission has been obtained, repeated publication is unhelpful. Such photographs may add to the distress of friends and families at a time when they are vulnerable.