



Reporting Suicide Sensitively

Lancashire & South Cumbria ICS 18th November 2019





Deputy Director ICS Mental Health



Welcome, Introduction & Housekeeping





- Language we use: no euphemisms for 'suicide'
- This is a safe zone where stigma DOES NOT EXIST
- Respect each others opinions
- Subject matter can be sensitive & emotive
- Photography & filming on the day please let us know if you would not like to be involved
- Chatham House Rules any reporting not to be identifiable
- Consent if capturing information in any way today speak to Julia beforehand
- Join the conversation at #reportingsuicide











Reporting Suicide Sensitively

Crossgate Church, Preston - Monday 18 November, from 10am AGENDA

10am	Welcome - tea and coffee	
10.30am	Setting the scene	Paul Hopley, Deputy Director – ICS Mental Health
10.45am	Samaritans presentation	Samaritans
11.45am	Q&A	Samaritans
12.15pm	Networking lunch	
1pm	Personal experience	Tony Harrison, Papyrus Trustee
1.45pm	Q&A	Tony Harrison, Papyrus Trustee
2pm	Workshop	Lyndsey Shorrock / Julia Taylor
2.45pm	Closing	Louise Thomas, Clinical Network Programme Manager

Book at: tinyurl.com/reportingsuicide







The Self-Harm and Suicide across Lancashire & South Cumbria





Lancashire & South Cumbria Integrated Care System (ICS)

- 1.7 million people
- 5 ICPs
- A BIG footprint
- Provides opportunities and barriers
- Invest all partners at the same time
- Working with Lancashire & South Cumbria partners to achieve the three main aims







Lancashire & South Cumbria (L&SC) Integrated Care System (ICS)















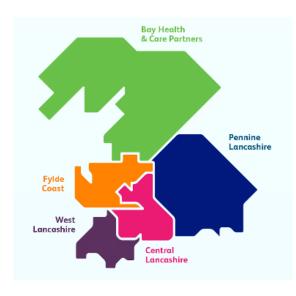








Voluntary/ Community Sector





Lancashire & South Cumbria suicide prevention model

Three main aims:

- Reduction in suicides
- Reduction in self-harm
- Improve outcomes for those affected & bereaved by suicide





Why did we receive national funding?

- We have a high incidence/rate of suicide as well as self-harm across Lancashire & South Cumbria
- There is a link between self-harm & suicide BUT it doesn't mean everyone who self harms will go on to take their own life OR that everyone who takes their own life has previously self-harmed
- Therefore, we are 1 of 8 ICS's across England that have received funding to increase our support for those that self-harm and to help prevent suicides in Lancashire & South Cumbria



Lancashire & South Cumbria statistics

- 1,828 deaths by suicide (2006 2016)
- 76% of these were men
- In 2017 there were 5,821 suicides registered in the UK (ONS data)
- Ranked 3rd nationally for the rate of suicide
- Ranked 4th for male suicides, 4th for female suicides (2015-17 data)
- Blackpool, Hyndburn, Preston & Barrow are worst affected areas
- Some areas appear to be showing an increasing rate



- Since April 2018 Lancashire & South Cumbria have received over £1.2 million from NHSE. We were one of 8 areas across England to receive this transformation funding due to the high level of suicide rates
- The Five Year Forward Year set the target to reduce suicide rates by 10% by 2021 (based on 2016 suicide ONS figures).



It is estimated that for every suicide it costs the local economy around £1.7million, therefore based on current suicide rate for Lancashire and South Cumbria of 371 for 2016- 2018 (ONS data), the negative impact to the ICS economy is estimated to cost in the region of £631 million



Understanding Suicide

- Not every person who takes there life has a mental health diagnosis
- Our most recent data shows over 60% were in some type of employment
- Many people are 'completely unknown to services'
- AWARENESS: Suicide is not confirmed until the Coroner's inquest
- LANGUAGE: People don't 'commit' suicide it is not a crime; the current accepted terminology is 'complete suicide' or 'died by suicide'
- Suicide is often "a final solution to a temporary issue" and can often be prevented with the right help and support

Lancashire & South Cumbria Suicide Prevention Team

- why we want to work in partnership with the media





SUICIDE PREVENTION IS EVERYONE'S BUSINESS

- Someone in the world dies by suicide every 40 seconds
- Deaths by suicide attract media attention
- It is a complex topic and presents a distinct set of challenges for journalists
- There are a range of factors including what is in the public interest and the risk of encouraging imitative behaviour
- Must guard against intrusion into the grief and shock of the bereaved while considering industry regulation and codes of practice



Rachel Adamec & Lorna Fraser Samaritans Media Guidelines



Suicide in the Media

Systematic review evidence links certain types of media depiction of suicide with increases in suicide rates:

- several suicides in a limited time span and/or geographic location/or institution
- increase in use of particular methods.

Why do imitative suicides/suicide clusters occur?

- social contagion: spread by the media, online and face-to-face communication
- caused by: combination of grief, over-identification and suicide ideation
- Most vulnerable: people with mental health problems, bereaved and young people.

Responsible media coverage is also linked to falls in suicide rates:

• 'Papageno' effect: a smaller body of research has linked some coverage of suicide with falls in suicide rates - hopeful stories of recovery which demonstrate mastery over a suicidal crisis.

Reporting suicide: key issues

- → 5+% of the population make a suicide attempt at some point in their lives
- → Most people who survive do not go on to kill themselves.
- → Methods vary in their lethality
- → Media reports highlighting specific methods increase cognitive availability
- → Ease of access (physical/cognitive) to high lethality methods can influence the outcome of suicide attempts
- → Complex interaction of several factors in each individuals circumstances- no single cause.



Protective effects of news reporting: the 'Papageno effect'

BJPsych

The British Journal of Psychiatry (2010) 197, 234–243, doi: 10.1192/bip.bp.109.074633

Role of media reports in completed and prevented suicide: Werther *v.* Papageno effects

Thomas Niederkrotenthaler, Martin Voracek, Arno Herberth, Benedikt Till, Markus Strauss, Elmar Etzersdorfer, Brigitte Eisenwort and Gernot Sonneck

Background

Media reporting of suicide has repeatedly been shown to trigger suicidal behavour. Few studies have investigated the associations between specific media content and suicide rates. Even less is known about the possible preventive effects of suicide-related media content.

Aims

To test the hypotheses that certain media content is associated with an increase in suidde, suggesting a so-called Werther effect, and that other content is associated with a decrease in suicide, conceptualised as a Papageno effect. Further, to identify desses of media articles with similar reporting profiles and to test for associations between these classes and suicide.

Method

Content analysis and latent class analysis (LCA) of 497 suicide-related print media reports published in Austria between 1 January and 30 June 2005. Ecological study to identify associations between media item content and shortterm changes in suicide rates.

Results

Repetitive reporting of the same suicide and the reporting of suicide myths were positively associated with suicide rates. Coverage of individual suicidal ideation not accompanied by suicidal behaviour was negatively associated with suicide rates. The LCA yielded four classes of media reports, of which the mastery of crisis class (articles on individuals who adopted coping strategies other than suicidal behaviour in adverse circumstances) was negatively associated with suicide, whereas the expert opinion class and the epidemiological facts class were positively associated with suicide.

Conclusions 5 4 1

The impact of suicide reporting may not be restricted to harmful effects; rather, coverage of positive coping in adverse circumstances, as covered in media items about suicidal ideation, may have protective effects.

Declaration of interest

None.

Reports describing recovery from suicidal thoughts / demonstrating mastery over a crisis is possible – have been associated with falls in suicide



Samaritans' 'behind the scenes' work with media

- → Media Guidelines for Reporting Suicide
- → Media advisory service
- → 'Suicide in the Media' training
- → Monitor & assess press reporting daily
- → Work with academic experts
- → Work with regulators & editorial policy
- → Work with programme makers advising on content





Suicide reporting – priority concerns

- → Youth suicides
- → Suicide clusters
- → Novel/high lethality suicide methods
- → Inquests
- → High profile suicides
- → Public locations
- → Social media/online environment





Do's & Don'ts

- Encourage help-seeking behaviour
- Include contact details for sources of support
- Aim for non-sensationalising, sensitive coverage
- Take extra care with the use of comments from witnesses
- Convey the permanency of suicide and that it is preventable
- Consider carefully the placement and illustration of reports and footage

- Avoid giving explicit details of a suicide method
- Avoid simplistic explanations or speculation for a suicide
- Avoid brushing over the complex realities of a suicide
- Don't overemphasise 'positive' results of a suicide
- Avoid disclosing the contents of any suicide note
- Discourage the use of permanent memorials



Questions & Answers





NETWORKING LUNCH







Papyrus Trustee & father bereaved by suicide



STIGMA

O Tony Harrison

• O A parent bereaved by suicide

O Trustee - PAPYRUS Prevention of Young Suicide

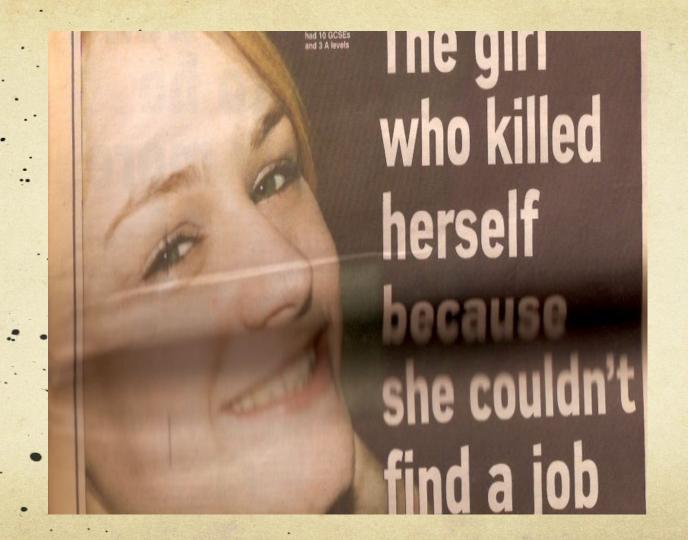
SUICIDE I C US DIE

Never ever underéstimate the power of stigma

- **O**Shame
- OTaboo
- **I**solation
- OGuilt
- **OM**yths
- OAnxiety

o 959 A.D. OKING EDGAR

Never ever underéstimate the power of stigma



Report Responsibly.

OHelp To Reduce Suicide



20-year-old left computer log of his depression

A 20-YEAR-OLD took hi life after breathing in he lium left over from a kid party an inquest heard. Joshua Green was de

Joshua Green was described by the coroner as the most 'troubled soul' he had dealt with in his 22year career.

After the hearing his family described Joshua
CONTINUED 2

• Report Responsibly.

OTogether we can make a difference



Questions & Answers







Lyndsey Shorrock & Julia Taylor







WORKSHOP

- Read through the article on your table.
- Talk about what you have read with people on your table.
- Think about what you have heard earlier today.
 - What about the article works well?
 - What could be done better?
- Feed back to the group.





Clinical Network Programme Manager



- High rates of suicide in Lancashire & South Cumbria
- It is a complex topic
- Media guidelines are available for reporting responsibly on suicide
- Never underestimate the power of stigma

Suicide prevention is everyone's business

The Lancashire & South Cumbria Suicide Prevention Team are working on:

Suicide prevention training

Male suicide anti-stigma campaign

Local community innovation projects

Support for those bereaved by suicide

To find out more, speak to Emily today or email: emily.mccurrie1@nhs.net





Lancashire Suicide Prevention & Self-Harm Reduction Steering Group

Cumbria Suicide Prevention Leadership Group



Find out more on our website

www.healthierlsc.co.uk

Join in the conversation on Twitter @HealthierLSC