

Suicide Prevention Toolkit for Media Professionals

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Table of Contents

<u>ABOUT EUREGENAS</u>	4
<u>EXECUTIVE SUMMARY</u>	7
<u>INTRODUCTION</u>	8
<u>KEY FACTS ON SUICIDAL BEHAVIOUR</u>	10
1. Epidemiology	10
2. Common Myths	11
3. Understanding Suicidal Behaviour	12
<u>REPORTING ON SUICIDE: OPPORTUNITIES AND RISKS</u>	14
Do's	16
Don'ts	18
Checklist	20
Bad Practice	21
Good Practice	22
<u>LITERATURE</u>	23

ABOUT EUREGENAS

The **Euregenas project** aims at contributing to the prevention of suicidal thoughts and behaviour in Europe through the development and implementation of strategies for suicide prevention at regional levels which can be of use to the European Union as examples of good practice. The project brings together **15 European partners**, representing 11 European Regions with diverse experiences in suicide prevention (see Figure 1).

Figure 1: The Euregenas regions

- University Hospital Verona (AOUI-VR) – Italy
- Flemish Agency for Care and Health (VAZG) – Belgium
- Region Västra Götaland (VGR) - Sweden
- Romtens Foundation (ROMTENS) - Romania
- National Institute for Health and Welfare (THL) - Finland
- Unit for Suicide Research, University Ghent (UGENT) – Belgium
- Fundación Intras (INTRAS) – Spain
- Servicio Andaluz de Salud (SAS) – Spain
- Fundación Pública Andaluza Progreso Y Salud (FPS) - Spain
- Mikkeli University of Applied Sciences (MAMK) - Finland
- Technische Universität Dresden (TUD) – Germany
- Regional Public Health Institute Maribor (RPHI MB) – Slovenia
- West Sweden (WS) – Sweden
- De Leo Fund (DELEOFUND) – Italy
- Cumbria County Council (CCC) - United Kingdom





In line with the '*Second Programme of Community Action in the Field of Health*' (*European Commission, 2008-2013, see <http://ec.europa.eu/health/programme/policy/2008-2013/>*), the project promotes the use of regional cluster management as innovative method to improve the existing services.

By encouraging regional interventions and campaigns dedicated to both target groups and non-health stakeholders, **the project aims at implementing the Mental Health Pact** in relation to:

- 1) Prevention of suicide
- 2) De-stigmatization of mental health disorders
- 3) Promoting health in youth

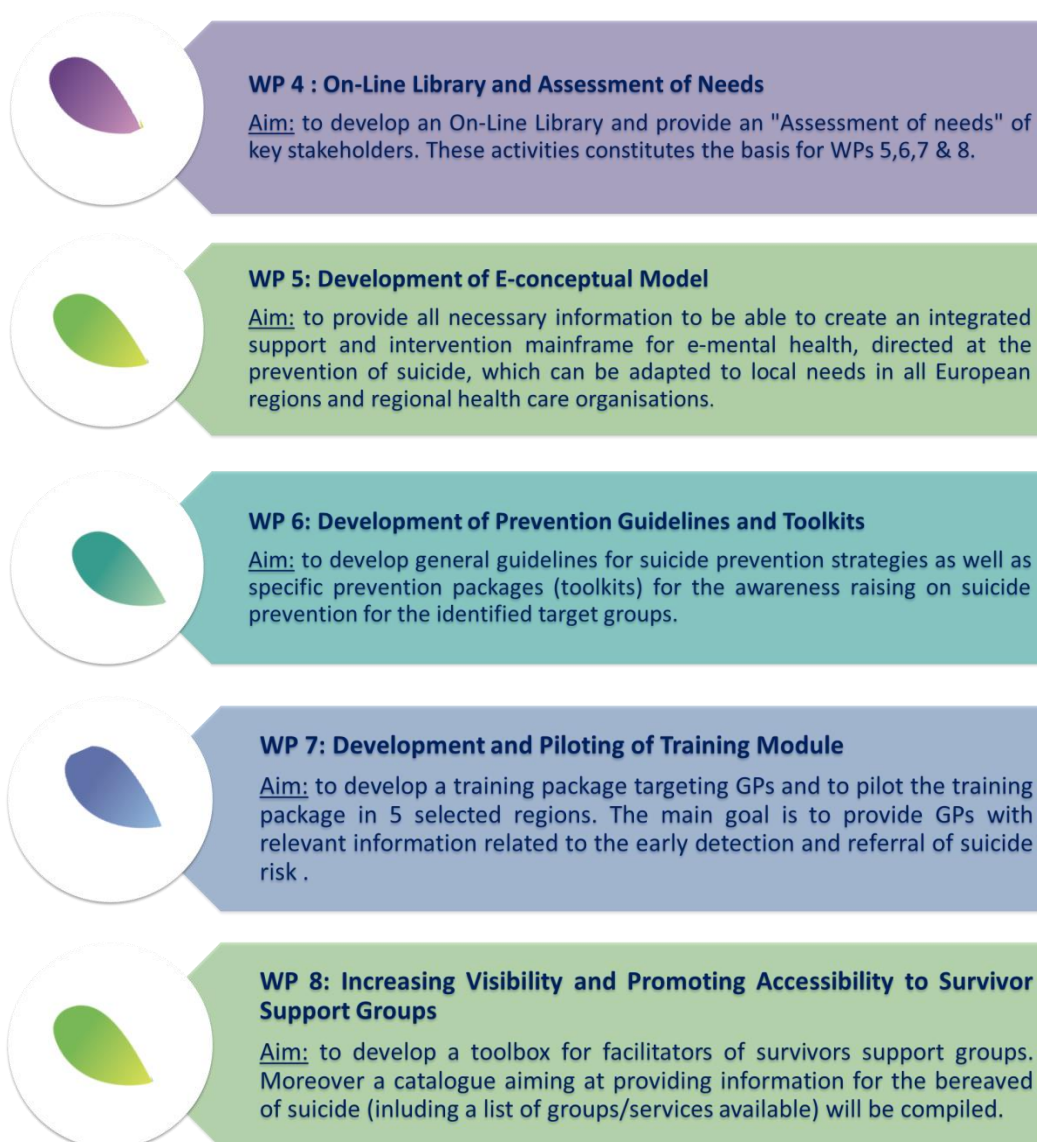
The **specific objectives** of the Euregenas project are the following:

- To identify and catalogue good practices of existing actions and strategies on suicide prevention at a regional and local level;
- To carry out a stakeholders` needs analysis;
- To develop and disseminate guidelines and toolkits on suicide prevention and awareness raising strategies;
- To develop the technical specifications for an integrated model for e-mental healthcare oriented at suicide prevention;
- To improve knowledge and capabilities among local and regional professionals (i.e. psychologists, psychiatrists, GPs).



The Euregenas project aims at meeting its specific objectives by a **series of Work Packages (WP)**. The project includes eight work packages: 3 horizontal work packages, respectively on coordination, dissemination and evaluation and 5 vertical core work packages (see Figure 2).

Figure 2: the Euregenas core work packages





EXECUTIVE SUMMARY

This resource aims at providing guidelines for media professionals on how to report suicide and suicidal behaviour in a safe manner.

The document includes four main sections:

- The **introduction**, which includes the background of this toolkit.
- **Key facts on suicidal behaviour** such as epidemiological data, common myths and an explanatory model of suicidal behaviour.
- A review of **opportunities and risks in reporting suicidal behaviour**, based on recent research, concluding with a practical **checklist**.
- Examples of **good and bad practices** in suicide news reporting.

Acknowledgements

This document has been developed by the Unit for Suicide Research at Ghent University (lead partner of Work Package 6 of the Euregenas project), with the valuable collaboration of the other Euregenas Associated Partners, the Scientific Board of the Eurgenas project, the association 'Werkgroep Verder' (Flanders), local experts on suicide prevention and journalists, who have been invited to provide their comments and feedback.



INTRODUCTION

Suicide Prevention in the Media

Suicide is a major public health issue in Europe accounting for an average suicide prevalence rate of 11.8 per 100000 (Eurostat, 2010). As suicide prevention demands a multi-sectorial approach, it can be an important issue not only within the health sector, but also in non-health sectors such as the media.

From a message on Facebook, to an article in the local newspaper or to a news item on television, reporting on suicide is challenging. Some media professionals do not report about suicide due to fear of saying something wrong. Others take the risk and report on suicide not being fully aware of the impact the news item may have on others, in particular on vulnerable groups in society. By not reporting on suicidal behaviour, the potential of a powerful tool to raise awareness on sensitive issues as suicide is missed and the taboo may increase. However, in order to report in a safe manner, specific knowledge on how to deal with these issues and stories in the media is needed.

Toolkit for Media Professionals

Media guidelines have proven to have an impact on the quality of media reporting on suicidal behaviour (Niederkrotenthaler & Sonneck, 2007). Therefore a toolkit for media professionals was developed, as part of work package 6 of the Euregenas project.

The toolkit in this document targets journalists and other media professionals and aims at offering background information on suicidal behaviour and do's and don'ts on how to report in a safe manner on suicide or suicidal behaviour. As such, the toolkit provides guidelines for media professionals on how they can contribute to the prevention of suicide within their work.

The media guidelines are available in five languages and can be downloaded from www.euregenas.eu



The following toolkit is **based on** a review of recent literature on the effects of reporting on suicide in the media (using Web of Science, 2000-2013) and a review of existing media guidelines.

The toolkit builds further on:

- International Media Guidelines, developed by the **World Health Organization**:
http://www.who.int/mental_health/prevention/suicide/resource_media.pdf
- Media Guidelines of the **UK**, developed by 'The Samaritans' (2013):
<http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide>
- Media Guidelines of **Flanders**, developed by 'Werkgroep Verder' (2012):
<http://www.werkgroepverder.be>

Feedback on the toolkit was collected from:

- The association 'Werkgroep Verder', an association experienced in the development of media guidelines on suicide prevention in Flanders.
- Local experts and stakeholders in suicide prevention and journalists (via regional networks that have been established in five participating Euregenas-regions).
- The partners of the Euregenas project, all experts on the field of suicide prevention, ranging from policy makers to researchers to mental health care professionals.
- The Scientific Board of the Euregenas project.

In addition to this document, it may be useful to consult regional and national guidelines on suicide prevention. A number of countries have developed resources for journalists. For a complete list, visit the website of the International Association for Suicide Prevention:

http://www.iasp.info/resources/Suicide_and_the_Media



KEY FACTS ON SUICIDAL BEHAVIOUR

Suicidal thoughts and behaviour can be defined as a complex process that can range from suicidal ideation, through planning of suicide, to attempting suicide and ending in suicide. Suicidal behaviour is the consequence of interacting biological, genetic, psychological, social, environmental and situational factors (Hawton & van Heeringen, 2009).

1. Epidemiology

Suicide is a significant public health issue in Europe accounting for an average suicide prevalence rate of 11.8 per 100000 inhabitants (Eurostat, 2010). Suicide affects people of all ages, cultures and population groups. Men are almost 5 times more likely to commit suicides than women, in all countries of the European Region (World Health Organization).

Suicide attempts are much more common than suicides. Studies show that nonfatal suicidal acts occur at least 10 times more frequently than fatal suicides. Unlike fatal suicidal acts, non-fatal suicidal behaviours are most common among adolescents and decrease with age (Nock et al., 2008).

Every suicide and suicide attempt directly or indirectly also affects other people. A death by suicide has a severe impact on the **survivors**, such as spouses, parents, children, family, friends, co-workers, and peers who are left behind, both immediately and in the long-term. It is estimated that each suicide directly affects about six to fourteen family members and friends (Clark & Goldney, 2000; Jordan & McIntosh, 2011).



2. Common myths

There are many misconceptions about suicidal behaviour. In the list below the most common myths are tackled.

Suicide cannot be prevented

One of the most common myths about suicidal behaviour is that it cannot be prevented. However, most people who are suicidal have mixed feelings about death. Even the most severely depressed people experience doubt, until the very last moment, and are divided between wanting to live and wanting to end their pain. Moreover, there is scientific evidence for a preventive effect of a substantial number of interventions.

Talking about suicide with someone increases the risk of suicidal behaviour

When a person expresses suicidal thoughts, this should not be considered as merely a cry for attention, but as a cry of pain, which indicates that the person is desperate and feels strong emotional pain. Talking face-to-face in person about suicidal thoughts and plans does not increase suicidal intent or hopelessness. On the contrary, openly discussing suicidal ideation in a personal setting can be an effective preventive method, and talking about suicide can save a life by encouraging help seeking. However, for openly talking about suicide in the media, please follow the guidelines in this toolkit.

Suicide is a normal reaction to an abnormal situation

Suicide is not a normal adequate reaction to e.g. extreme stressors in life. Suicide is an unusual and inadequate reaction to a rather normal situation. In life, everyone has to deal with stressful situations or negative life events, which often occur, but only few will develop suicidal thoughts and plans.

People who talk about suicide will not complete or attempt suicide

The majority of suicide attempters and suicide victims communicated their suicidal thoughts prior to the suicidal act. It is therefore of great importance to take any expression of suicidal thoughts seriously and encourage help seeking.



3. Understanding suicidal behaviour

Research has clearly shown that suicidal behaviour constitutes a complex multi-factorial problem. Suicidal behaviour never has one single cause and always develops due to an interaction between risk factors in combination with a lack of protective factors.

Risk factors include characteristics which increase the likelihood that an individual will consider, attempt, or commit suicide. Risk factors include: a psychiatric disease (e.g. depressive disorder, substance use disorder), a somatic disease (e.g. medical conditions causing chronic pain), early negative life experiences (e.g. losing a parent at an early age, abuse), personal characteristics (e.g. hopelessness, impulsiveness), and previous suicidal behaviour. Risk factors are not static during the life.

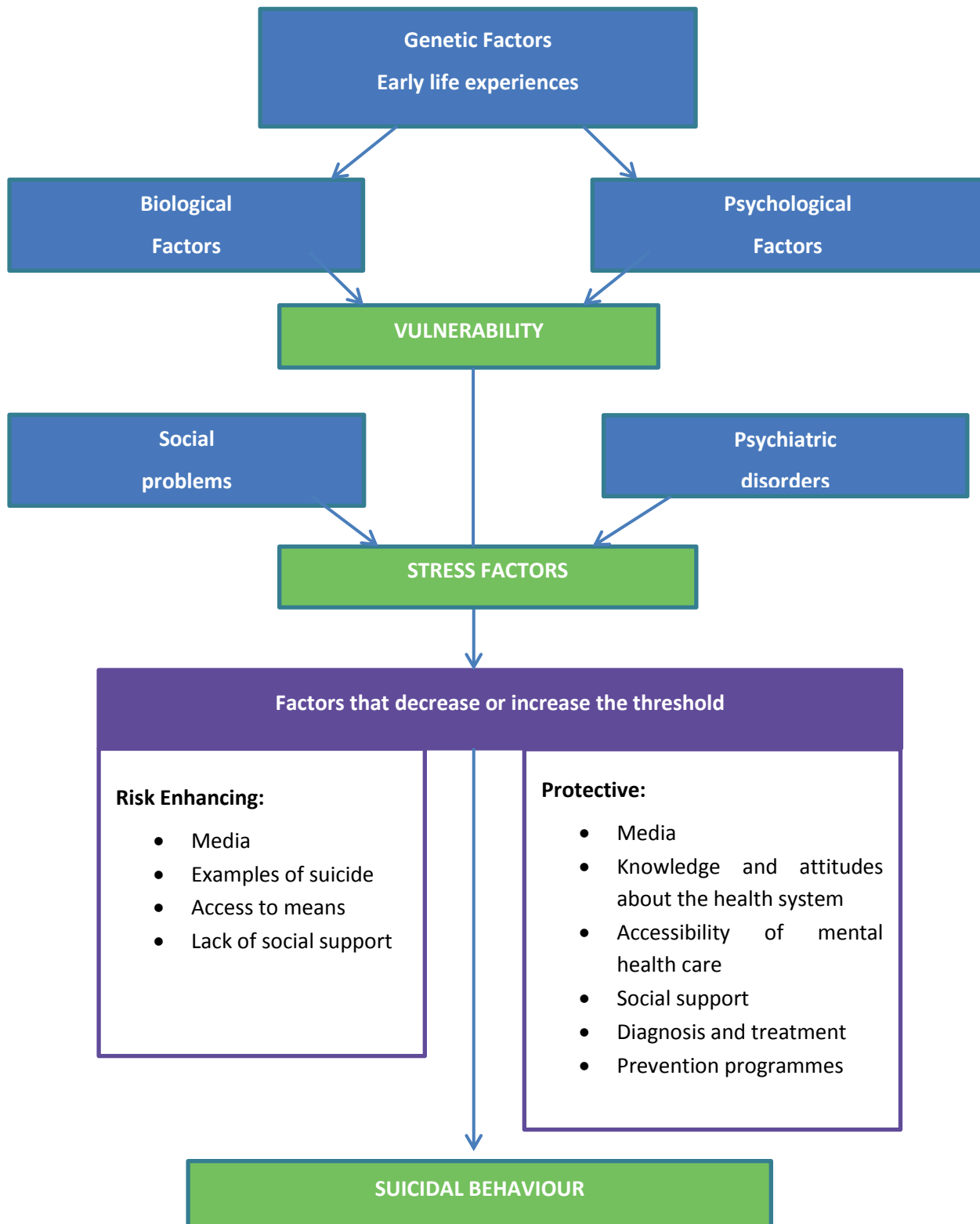
Protective factors include characteristics which make it less likely that individuals will consider, attempt, or complete suicide. Examples of potential protective factors are: positive self-image, appropriate help-seeking behaviour, and social support.

The **model** described in Figure 3 shows an integrated model. It is based on the impact that biological, psychological, psychiatric and social risk factors may have on the development of suicidal behaviour. The model focuses on three key factors:

- **Trait-dependent factors** such as genetic, biological and psychological factors (e.g. serotonin, personality and cognitive psychological dysfunctions);
- **State-dependent characteristics**, such as depression and hopelessness, influenced by stressors in life (e.g. economic crisis, social problems, domestic violence) or by a psychiatric disorder;
- **Threshold factors**, which may have a risk enhancing or protective effect. For example, some media reports on suicide can decrease the threshold to suicidal behaviour, while other media reports which stress protective factors, can keep persons from developing suicidal behaviour.



Figure 3: An explanatory model of suicidal behaviour (van Heeringen, 2001)



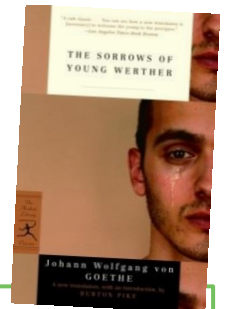


REPORTING ON SUICIDE: OPPORTUNITIES AND RISKS

Reporting on suicide in the media entails a huge risk, increasing the likelihood that people will develop suicidal behaviour. Reviews and meta-analyses of research have clearly shown that reporting on suicide has the possibility to increase suicides in the population (Pirkis and Blood, 2001; Sisask and Värnik, 2012; Stack, 2000; Stack, 2005). The greater the amount in media coverage on suicide, the greater the increase in suicide rates (Chen et al., 2011; Pirkis et al., 2006; Stack, 2000).

The term **“WERTHER effect”*** is used to describe the effect that reporting on suicide may have on vulnerable groups in society. For those persons, who already are in a suicidal process, a suicide report may function as a trigger for engaging in suicidal behaviour (see the explanatory model on p. 12).

More specific, especially when disclosing the method, the news report enhances the risk that people will use this method. Furthermore, when reporting on a suicide of a celebrity, it increases the risk of copycat behaviour even more, especially when the subject identifies himself or herself with the celebrity.



***Werther** refers to the main character in the book ‘The Sorrows of Young Werther’ of Goethe (1774). The publication of the book correlated clearly with an increase of suicidal behaviour, with people copying the suicide of Werther and even referring to the book in suicide notes. Therefore, in the 18th century, the book got banned in many countries.

CHARACTERISTICS OF THE COPYCAT EFFECT

- Copycat behaviour is more common when the suicide victim is a celebrity or a woman (Stack, 2005).
- Younger people appear to be most vulnerable for copycat behaviour (Huh et al., 2009).
- Strong copycat effects are found in depressed patients (Cheng et al., 2007).
- Copycat effect is more likely to take place when people identify with the suicide victim and share the same characteristics as e.g. gender and age (Yip et al., 2006).



However, reporting on suicide in the media can also have a protective effect, keeping people from engaging in suicidal behaviour, often referred to as the “**PAPAGENO effect**”*



Research shows that when focusing on the story of people who survived a suicidal crisis, describing positive coping skills, this is positively correlated with the decrease of suicide rates (Niederkrötenhaler et al., 2010).

***Papageno** refers to the character ‘Papageno’ in the opera ‘The Magic Flute’ of Mozart. In the story Papageno overcomes a suicidal crisis thanks to the help of friends.

[Photo by Ken Howard]

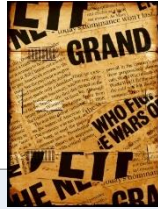
CONSIDERING THE HARMFUL RISK EFFECTS AND LIMITED PROTECTIVE EFFECTS OF SUICIDE NEWS REPORTS:

- First, think twice: does this item has a news value?
 - Always include protective aspects in the news item (see do’s on p.17).
 - When the news item solely focuses on the suicidal act and nothing more, avoid reporting it.
 - Ask yourself: is it really worth the risk to report it? What are the negative consequences when you don’t report on it?
-

DO's

✔ Place the news item not in a prominent place

Avoid placing the news on the front page of a paper or on top of a website. In case of television and radio, don't report it as the first news item. For any news item, in any medium, especially when reporting online in e.g. social networks as Facebook or Twitter, **avoid putting the word 'suicide' in the title.**



✔ Provide the right numbers and stay with the facts

- When reporting figures or numbers, use reliable sources and **put the numbers in the right context.**
- For **country reports and international stats** and graphs, visit the website of the WHO:
<http://www.who.int/topics/suicide/en/>
- To avoid misinterpretation or confusion, make a clear **distinction between suicide numbers and numbers of attempted suicides.**
- Numbers should be described **factual.** Avoid dramatic language as 'epidemic', 'strong increase', etc. Just stay with the facts.
- Check with regional/national experts and websites on suicide prevention to make sure you use the **right terminology.***



* Survivors may be sensitive to certain terminology, such as when describing a completed suicide as 'successful' or 'succeeded' (if it resulted in death), or as 'unsuccessful' or 'failed' (if it didn't result in death). It is better to talk about fatal and non-fatal suicidal behaviour.

Image courtesy of Janaka Dharmasena and Gualberto107 at FreeDigitalPhotos.net

DO's

✔ Stress that suicide is multifactorial

Reporting on suicide gives you the chance to educate the public about the complexity of suicide. Suicide has many causes and it is incorrect to say someone attempted suicide because of one single reason. Emphasize the difference between causes and triggers (see explanatory model on p. 13).

✔ Respect the feelings of the people bereaved by suicide

Always consider the effect the news item may have on the people who lost a relative due to suicide. Suicide loss survivors experience a complex range of feelings of shame, ignorance and guilt. Moreover, they are at higher risk of developing suicidal behaviour themselves. It is therefore highly recommended to protect this vulnerable group and to respect their wishes and privacy and the privacy of their relatives.

✔ Stress that suicide can be preventable

Include a positive message. Highlighting protective factors and focusing on how people can overcome a crisis, may serve a protective effect (see p. 15). You can ask for the opinion of a mental health professional on how suicide prevention and prevention of mental health problems is possible. If possible, refer to mental health programmes and suicide prevention initiatives within your region or country.

✔ Dispel myths

Try to dispel myths such as “suicide cannot be prevented” and “people who talk about suicide will not attempt suicide” (see page 11 for more myths).

✔ Refer to support services

Encourage people to take care of themselves and talk about their problems. Provide information on support services. Make sure you always refer to a (suicide prevention) helpline, website or help center for people in need.

DON'Ts

⊠ Avoid disclosing the method and location of the (attempted) suicide

Although it is not an easy task, reporting on suicide without mentioning the suicide method and without referring to the location, it is not impossible. And considering the risk, it is worth the effort.

Research has shown clearly that reporting on the **METHOD**, e.g. by giving a step-by-step description or by giving the name or detailed descriptions of dosage of drugs, encourages suicidal persons to engage in suicidal behaviour. Especially, when the method is easily accessible, but also when the method is rather 'new' and unusual.

The same accounts for the suicide **LOCATION**.

It lowers the threshold for vulnerable persons to engage in suicidal behaviour. In this regard, especially avoid labelling places as suicide hot spots. Research in Germany and Switzerland showed that after media coverage of respectively a railway suicide and a suicide by jumping the use of the reported suicide method increased significantly (Kunrath et al.. 2011: Reisch & Michel. 2005).

EXTRA CAUTION is needed when reporting on the suicide of a **CELEBRITY**

When a celebrity like a famous entertainer, musician, actor or sportsperson dies by suicide the public interest is high. Unfortunately, research from all over the world (Europe, Asia, USA) has consistently shown that reporting on the suicide of a celebrity has a **very strong impact**, increasing the risk of copycat effects (Fu & Yip, 2009; Niederkrotenthaler et al., 2012). Celebrity suicides even may have a long-term negative effect on suicidal ideation, both in vulnerable and non-vulnerable persons (Fu & Yip, 2007; Hegerl et al., 2013).

Try to control the damage by taking the do's of this resource into account and by avoiding repetitive reporting of the same suicide.

DON'Ts

⊗ Avoid using (explicit) pictures



The use of (sensational) pictures makes the news report easier to identify with. In particular, avoid using pictures of the location of the suicide (attempt) and of the suicide method (any method). Additionally, avoid publishing suicide notes and pictures of the suicide victim (or significant others or eyewitnesses).

⊗ Avoid normalizing and dramatizing suicide

Avoid **NORMALIZING** suicide. When presenting suicide as a normal and understandable solution to stressful life events, people will assume it is a potential way of dealing with difficulties in life and it will enhance the risk that people will engage in suicidal behaviour themselves. Always stress that suicide is not a solution, and that prevention is possible and essential.

Avoid **DRAMATIZING** suicide. Speaking of an increase in suicides or worse, speaking of an epidemic, enhances the risk of copycat behaviour. Also avoid describing suicide as a heroic or romantic act. Research showed that the number of suicides increased, if the media romanticized and dramatized the description of suicidal deaths (Sudak & Sudak, 2005).

EXTRA CAUTION is needed when reporting on an UNUSUAL suicide

Although unusual suicides, such as those making use of a new method, suicides on an unusual location or suicide by a very young person, may seem interesting and newsworthy, reporting them can have a **very strong impact**. In Korea the reporting of unusual accidental deaths and specific suicide methods (e.g. charcoal burning) was followed by a series of imitative suicidal acts by young people (Huh et al., 2009).

Again journalists are faced with a difficult balance between what is 'news' and what is 'safe reporting'. Try to control the damage by questioning the safety of the report and by avoiding repetitive reporting.

Image courtesy of Kromkrathog at FreeDigitalPhotos.net

CHECKLIST

BEFORE GETTING STARTED

- 1. Think twice and balance the newsworthiness against the risk of copycat behaviour
- 2. Feelings of suicide loss survivors are considered and respected

VISIBILITY

- 3. The news is NOT placed in a PROMINENT position and 'suicide' is not in the title.
- 4. No sensational pictures (of suicide method/location/victim) are used.

CONTENT

- 5. The suicide METHOD and LOCATION are not mentioned.
- 6. Suicide is NOT NORMALIZED NOR DRAMATIZED.
- 7. The news includes the message that suicide is MULTIFACTORIAL and PREVENTABLE.
- 8. The news refers to a SUPPORT SERVICE (and prevention programme if possible)

BAD PRACTICE

ANOTHER SUICIDE IN THE CANAL



Yesterday another young woman took her own life. During the last months, the bridge next to the Market Square became a hot spot for suicides.

©Photo by Herlinde Noppe

After drinking 4 glasses of scotch in the pub 'Foley's', Jenny Smith (26) went home to her apartment and took 20 pills of paracetamol. She took her bike and drove to the bridge near the market square where she jumped in an act of despair from the bridge and drowned. In her suicide note (see next page) she describes her miserable life, referring to her recent dramatic break-up with her boyfriend and her terrible bullying problems at work (she was a teacher). Her death is a tragedy for the family and friends she leaves behind, but it seemed the only solution to the unbearable life she had to go through.

Why this is a bad practice:

1. Suicide is mentioned in the title.
2. An explicit picture of the location is shown + a publication of the suicide note.
3. Too detailed description: step-by-step description of the suicidal act, including the method and location and mentioning the name, age and workplace of the victim.
4. Suicide is dramatized by using words as 'another', 'hot spot', 'miserable', 'dramatic', 'terrible', 'tragedy'.
5. It includes a detailed description of life circumstances (enhances identification), not stressing that suicide is multi-factorial.
6. No helplines included.
7. Concludes with a dramatized hopeless message, as if suicide is not preventable and was in this case the only solution.

GOOD PRACTICE

ALL HANDS ON PREVENTION

Yesterday an old man took his life in a residential care home. Recent research shows the elderly are at higher risk for suicide than other age groups. The government is faced with a difficult challenge: how to promote mental health and prevent suicide in older people?

The new prevention program of the government 'All hands on prevention' focuses on this vulnerable group in society. New initiatives will be taken to improve the detection of suicidal thoughts and behaviours in the elderly and to set up specific support networks for the elderly. **Carla Debrowsky**, psychologist experienced in working with the elderly, points out the difficulties in this matter: *"We often underestimate the complex range of feelings the elderly experience. The problem is not only that older people don't talk much about their depressive and suicidal thoughts, it's also us who consider it to be normal that elderly people are feeling*

depressed. It is time to take every sign seriously. Listen carefully, talk with them about their thoughts and feelings and don't trivialize the suicidal thoughts they may have."

On the next page you can read testimonials of elderly people who talk about their coping skills in dealing with the loneliness and health problems in their lives. If you feel suicidal or want to talk about how to deal with a relative in need you can call the national suicide helpline: 02 649 95 55. For more information on the prevention program of the government, go to www.allhandsonprevention.com

Why this is a good practice:

1. Suicide is not mentioned in the title.
2. No (sensational) pictures are included.
3. There is only a short report of the facts, without mentioning the method. The context of the location is mentioned, but not specified.
4. The suicide is neither dramatized nor normalized.
5. The news includes the message that suicide is preventable.
6. The news includes positive (protective) testimonials and an expert opinion.
7. The news refers to a helpline and prevention programme.

MEDIA AWARDS!

In addition to media guidelines, some countries (e.g. Australia, Belgium and Denmark) organize media awards to honour journalists for responsible reporting on suicide. Check if your country organizes media awards, find more good practices and go for it!



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