

Preventing Suicide

A Resource for Media Professionals



Department of Mental Health and Substance Abuse
World Health Organization

WHO Library Cataloguing-in-Publication Data

Preventing suicide : a resource for media professionals.

1.Suicide - prevention and control. 2.Suicide, Attempted - prevention and control. 3.Communications media. 4.Information services. I.World Health Organization. Dept. of Mental Health and Substance Abuse.
II.International Association for Suicide Prevention.

ISBN 978 92 4 159707 4

(NLM classification: HV 6545)

© World Health Organization 2008

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed by the WHO Document Production Services, Geneva, Switzerland

CONTENTS

| | |
|--|----|
| Foreword..... | 1 |
| Quick reference for media professionals | 3 |
| Introduction | 5 |
| Evidence for imitation | 6 |
| Responsible reporting..... | 7 |
| Take the opportunity to educate the public about suicide..... | 7 |
| Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems..... | 7 |
| Avoid prominent placement and undue repetition of stories about suicide .. | 8 |
| Avoid explicit description of the method used in a completed or attempted suicide | 8 |
| Avoid providing detailed information about the site of a completed or attempted suicide | 9 |
| Word headlines carefully | 9 |
| Exercise caution in using photographs or video footage | 9 |
| Take particular care in reporting celebrity suicides | 10 |
| Show due consideration for people bereaved by suicide | 10 |
| Provide information about where to seek help | 10 |
| Recognize that media professionals themselves may be affected by stories about suicide..... | 11 |
| Sources of reliable information | 11 |
| Other forms of media..... | 12 |
| Annex 1: An overview of the scientific literature on imitation | 13 |
| References | 16 |

FOREWORD

Suicide is a serious public health problem that demands our attention, but its prevention and control, unfortunately, are no easy task. State-of-the-art research indicates that the prevention of suicide, while feasible, involves a whole series of activities, ranging from the provision of the best possible conditions for bringing up our children and youth, through the effective treatment of mental disorders, to the environmental control of risk factors. Appropriate dissemination of information and awareness-raising are essential elements in the success of suicide prevention programmes.

In 1999 WHO launched SUPRE, its worldwide initiative for the prevention of suicide. This booklet is the revised version of one of a series of resources prepared as part of SUPRE which are addressed to specific social and professional groups that are particularly relevant to the prevention of suicide. The revised booklet is the product of a continuing collaboration between WHO and the International Association for Suicide Prevention (IASP). It represents a link in a long and diversified chain involving a wide range of people and groups, including health professionals, educators, social agencies, governments, legislators, social communicators, law enforcers, families and communities.

We are particularly indebted to Professor Diego de Leo, Griffith University, Brisbane, Queensland, Australia, who produced an earlier version of this booklet. Our gratitude also goes to Dr Lakshmi Vijayakumar, SNEHA, Chennai, India, for her assistance in the technical editing. The text was reviewed by the following members of the WHO International Network for Suicide Prevention, to whom we are grateful:

Dr Sergio Pérez Barrero, Hospital de Bayamo, Granma, Cuba
Dr Annette Beautrais, Christchurch School of Medicine, Christchurch, New Zealand
Dr Ahmed Okasha, Ain Shams University, Cairo, Egypt
Professor Lourens Schlebush, University of Natal, Durban, South Africa
Professor Jean-Pierre Soubrier, Groupe Hospitalier Cochin, Paris, France
Dr Airi Värnik, Tartu University, Tallinn, Estonia
Professor Danuta Wasserman, National Centre for Suicide Research and Control, Stockholm, Sweden
Dr Shutao Zhai, Nanjing Medical University Brain Hospital, Nanjing, China.

The current update and revision of this booklet has been undertaken by the Media Task Force of IASP. We would like to thank the following persons for their contributions to the updated and revised version:

Associate Professor Jane Pirkis, School of Population Health, University of Melbourne, Melbourne, Australia
Mr Karl Andriessen, Suicide Prevention Project of the Flemish Mental Health Centres, Gent, Belgium

Ms Jane Arigho, Headline, Dublin, Ireland
Dr Loraine Barnaby, Department of Community Health and Psychiatry, University of the West Indies, Mona, Jamaica
Associate Professor Annette Beautrais, Canterbury Suicide Project, Christchurch School of Medicine and Health Sciences, University of Otago, Christchurch, New Zealand
Professor R Warwick Blood, School of Professional Communication, University of Canberra, Canberra, Australia
Professor Thomas Bronisch, Max-Planck-Institute of Psychiatry, Munich, Germany
Dr Sunny Collings, Social Psychiatry and Population Mental Health Research Unit, University of Otago, Wellington School of Medicine and Health Sciences, Christchurch, New Zealand
Dr John Connolly, Irish Association of Suicidology, Dublin, Ireland
Mr Nico De fauw, Flemish Working Group on Suicide Survivors, Gent, Belgium
Dr Elmar Etzersdorfer, Furtbachkrankenhaus, Klinik für Psychiatrie und Psychotherapie, Stuttgart, Germany
Mr King-wa Fu, Centre for Suicide Research and Prevention, University of Hong Kong, China, Hong Kong SAR
Dr Gururaj Gopalakrishna, National Institute of Mental Health and Neurosciences, Bangalore, India
Professor Keith Hawton, Centre for Suicide Research, Oxford University, Oxford, United Kingdom
Dr Henning Herrestad, Suicide Research and Prevention Unit, University of Oslo, Oslo, Norway
Dr Karolina Kryszynska, School of Medicine, University of Queensland, Brisbane, Australia
Ms Ann Luce, Cardiff University, Cardiff, United Kingdom
Dr Thomas Niederkrotenthaler, Institute of Medical Psychology, Center for Public Health, Medical University of Vienna, Vienna, Austria
Dr Paul Yip, Centre for Suicide Research and Prevention, University of Hong Kong, China, Hong Kong SAR.

The collaboration of IASP with WHO on its activities related to suicide prevention is greatly appreciated.

The resources are being widely disseminated, in the hope that they will be translated and adapted to local conditions - a prerequisite for their effectiveness. Comments and requests for permission to translate and adapt them will be welcome.

Alexandra Fleischmann, Scientist
José M Bertolote, Coordinator
Management of Mental and Brain Disorders
Department of Mental Health and Substance Abuse

Brian L Mishara
President
International Association
for Suicide Prevention

Quick reference for media professionals

- **Take the opportunity to educate the public about suicide**
- **Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems**
- **Avoid prominent placement and undue repetition of stories about suicide**
- **Avoid explicit description of the method used in a completed or attempted suicide**
- **Avoid providing detailed information about the site of a completed or attempted suicide**
- **Word headlines carefully**
- **Exercise caution in using photographs or video footage**
- **Take particular care in reporting celebrity suicides**
- **Show due consideration for people bereaved by suicide**
- **Provide information about where to seek help**
- **Recognize that media professionals themselves may be affected by stories about suicide**

Introduction

Suicide is a major public health problem, with far-reaching social, emotional and economic consequences. There are approximately one million suicides a year worldwide, and it is estimated that around six people are affected by each death.

The factors contributing to suicide and its prevention are complex and not fully understood, but there is evidence that the media plays a significant role. On the one hand, vulnerable individuals may be influenced to engage in imitative behaviours by reports of suicide, particularly if the coverage is extensive, prominent, sensationalist and/or explicitly describes the method of suicide. On the other hand, responsible reporting may serve to educate the public about suicide, and may encourage those at risk of suicide to seek help.

This resource briefly summarizes the evidence on the impact of media reporting of suicide, and, using this evidence, provides a resource for media professionals about how to report on suicide. It encourages caution in reporting suicide. It recognizes that there are times when a suicide will need to be reported on the grounds of its newsworthiness. It makes suggestions about how best to ensure that such reporting is accurate, responsible and ethical.

The resource acknowledges that reporting of suicide differs within and across countries. There are cultural differences in terms of what is appropriate to report and how information about a given suicide is accessed. This resource is designed to provide general guidance, but media professionals are encouraged to work with their own suicide prevention community and to draw on local guidelines wherever possible.

The resource is designed for media professionals working in newspapers, television radio and the web. The majority of recommendations are relevant to reportage across all media, but some relate specifically to print media only.

Evidence for imitation

Over 50 investigations into imitative suicides have been conducted. Systematic reviews of these studies have consistently drawn the same conclusion: media reporting of suicide can lead to imitative suicidal behaviours. These reviews have also observed that imitation is more evident under some circumstances than others. It varies as a function of time, peaking within the first three days and levelling off by about two weeks, but sometimes lasting longer. It is related to the amount and prominence of coverage, with repeated coverage and ‘high impact’ stories being most strongly associated with imitative behaviours. It is accentuated when the person described in the story and the reader or viewer are similar in some way, or when the person described in the story is a celebrity and is held in high regard by the reader or viewer. Particular subgroups in the population (e.g., young people, people suffering from depression) may be especially vulnerable to engaging in imitative suicidal behaviours. Finally, and probably most importantly, overt description of suicide by a particular method may lead to increases in suicidal behaviour employing that method.

A more detailed overview of this literature is provided in Annex 1.

Responsible reporting

Take the opportunity to educate the public about suicide

There are many misconceptions about suicide, and the media can play a role in dispelling various myths. The factors that lead an individual to suicide are usually multiple and complex, and should not be reported in a simplistic way. Suicide is never the result of a single factor or event. Mental illness is a strong predictor of suicide. Also, impulsiveness plays an important role. Mental disorders, such as depression and substance use disorders may influence a person's ability to cope with various life stressors and interpersonal conflicts. Cultural, genetic and socio-economic factors need to be taken into account as well. Almost always, it will be misleading to attribute a suicide to an individual event like exam failure or relationship breakdown, particularly in circumstances where the death has not yet been fully investigated. Suicide should certainly not be depicted as a means of coping with personal problems. The complexity of the act has a devastating impact for family members and friends, often leaving them searching for causes, wondering whether there had been signs they may have missed, mourning their loss, and feeling guilty, angry, stigmatized or abandoned. Reports of suicide that explore some of these impacts will further serve to educate the public.

Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems

Perhaps more than anyone, media professionals recognize the importance of language in conveying nuanced meanings. Language which conveys that suicide is a significant public health problem will serve to educate the community. Such language should not sensationalize suicide. Terms like 'increasing rates' should be used in preference to hyperbolic phrases like 'suicide epidemic', and caution should be exercised in using the word 'suicide' in headlines. Language

that misinforms the public about suicide or normalizes it should be avoided. Out-of-context use of the word ‘suicide’ – e.g., ‘political suicide’ – may serve to desensitize the community to its gravity. Terms like ‘unsuccessful suicide’ imply that death is a desirable outcome and should not be used; alternative phrases such as ‘non-fatal suicide attempt’ are more accurate and less open to misinterpretation. The phrase ‘committed suicide’ should not be used because it implies criminality, thereby contributing to the stigma experienced by those who have lost a loved one to suicide and discouraging suicidal individuals from seeking help. Rather, one should refer to ‘completed suicide’. Suicide remains a criminal offence in some countries around the world.

Avoid prominent placement and undue repetition of stories about suicide

Prominent placement and undue repetition of stories about suicide are more likely to lead to imitative behaviours than more subtle presentations. Newspaper stories about suicide should ideally be located on the inside pages, towards the bottom of the page, rather than on the front page or at the top of an inside page. Similarly, broadcast stories about suicide should be presented in the second or third break of television news, and further down the order of radio reports, rather than as the lead item. Consideration should be given to the extent to which the original story should be repeated or updated, and caution should be exercised in this regard.

Avoid explicit description of the method used in a completed or attempted suicide

Detailed discussion of the method used in a given completed or attempted suicide should be avoided, because a step-by-step description may prompt vulnerable people to copy the act. For example, in reporting an overdose, it would be unwise to detail the nature, quantity or combination of drugs taken, or how they were procured. Particular

caution should be exercised when the method of suicide is unusual. While this may appear to make the death more newsworthy, reporting the method may trigger other people to use this means.

Avoid providing detailed information about the site of a completed or attempted suicide

Sometimes a location can develop a reputation as a ‘suicide site’ – e.g., a bridge, a tall building, a cliff or a railway station or crossing where fatal or non-fatal suicide attempts have occurred. Particular care should be taken by media professionals not to promote such locations as suicide sites by, for example, using sensationalist language to describe them or overplaying the number of incidents occurring at them.

Word headlines carefully

Headlines are designed to attract the reader’s attention by giving the essence of the story in as few words as possible. Use of the word ‘suicide’ in the headline should be avoided, as should be explicit reference to the method or site of the suicide.

Exercise caution in using photographs or video footage

Photographs or video footage of the scene of a given suicide should not be used, particularly if doing so makes the location or method clear to the reader or viewer. In addition, pictures of an individual who has died by suicide should not be used . If visual images are used, explicit permission must be given by family members. These images should not be prominently placed and should not glamorize the individual. Also, suicide notes should not be published.

Take particular care in reporting celebrity suicides

Celebrity suicides are clearly newsworthy, and reporting them is often regarded as being in the public interest. However, reports of suicides by famous entertainers and political figures are particularly likely to influence the behaviour of vulnerable individuals, because they are revered by the community. Glorifying a celebrity's death may suggest that society honours suicidal behaviour. For this reason, particular care should be taken in reporting celebrity suicides. Reports should not glamorize the suicide, should not describe the method in detail, and should comment on its impact on others. Additionally, care should be taken when reporting a celebrity death where no reason for the death is immediately available. Speculation about suicide on the part of the media can be harmful, and it is preferable to wait for the cause of death.

Show due consideration for people bereaved by suicide

A decision to interview someone who has been bereaved by suicide should not be taken lightly. People who have been bereaved by suicide are at heightened risk of suicide themselves. People who have experienced the death from suicide of a loved one are vulnerable and are working through grief and related issues. Their privacy should be respected at all times.

Provide information about where to seek help

Information about the options for seeking help should be included at the end of a story on suicide. The specific help sources will depend on the context, but might include general physicians, other health professionals, and community resources, as well as telephone helpline services. Listing available help sources will provide

immediate avenues of support for individuals who are distressed or prompted to consider self-harm as a result of the story.

Recognize that media professionals themselves may be affected by stories about suicide

Preparing a story about an individual's suicide can resonate with media professionals' own experiences. The effect can be particularly pronounced in small, close-knit communities, where media professionals have strong local connections. There is an obligation on media organizations to ensure that necessary supports are in place, particularly for more junior staff. Such supports might include debriefing opportunities, mentoring arrangements and so on. Individual media professionals should not feel hesitant to seek help from within or outside the organization if they are adversely affected in any way.

Sources of reliable information

Authentic and reliable sources should be used by media professionals seeking background information about suicide. Also, statistics should be interpreted carefully and correctly.

Government statistical agencies in many countries around the world provide data on their annual suicide rates, usually by age and gender.^a Also, Member States report mortality data, including suicide to the World Health Organization (WHO), in some cases as far back as 1950. The WHO website can be found at <http://www.who.int>.

Many countries have associations that provide general information about suicide. Some of these organizations also have a

^a Some caution should be exercised in making international comparisons of rates, because different countries have different legal imperatives which may influence the way in which deaths are identified and recorded as suicides.

role in suicide prevention activities, offer support to people who are experiencing suicidal thoughts or have been bereaved by suicide, provide advocacy services, and foster research. The International Association for Suicide Prevention (IASP) is the international equivalent of these local associations, and has representation from many countries around the world. The IASP website houses a considerable amount of material which may provide useful background information for media professionals preparing stories on suicide, and can be found at www.iasp.info. Media guidelines on reporting of suicide from over 30 countries have been posted on the IASP website.

Advice from individual experts should also be sought wherever possible. These experts can help to dispel some of the myths surrounding suicide. They can offer advice about suicide prevention in general and recognizing and managing suicide risk in particular.

Other forms of media

This resource is concerned with reporting of suicide in traditional media – newspapers, television and radio. Clearly, newer forms of media, such as the internet, are also worthy of consideration: a growing number of internet sites provide detailed guidance on methods of suicide, facilitate suicide pacts, offer explicit accounts of celebrity suicides, and/or display graphic images of people who have died from suicide. In addition, fictional portrayals of suicide on the big and small screen and on stage may influence the public's views and behaviours. It is beyond the scope of this resource to address those responsible for the content of websites, films, television soap operas or stage plays which are areas warranting further attention. However, this resource may be useful for other forms of media as well.

Annex 1: An overview of the scientific literature on imitation

The earliest evidence of the impact of the media on suicidal behaviour was provided in the late 18th century. In 1774, Goethe published *The Sorrows of Young Werther*, in which the hero shot himself because he fell in love with a woman who was beyond his reach. The novel was implicated in a spate of suicides which occurred across Europe following its release – many of those who died were dressed in a similar fashion to Werther, adopted his method or were found with a copy of the book. As a consequence, the book was banned in several European countries.

The evidence for imitative suicidal behaviours occurring in response to reportage or portrayal of suicide in news or entertainment media remained anecdotal until the 1970s when Phillips¹ published a seminal study which retrospectively compared the number of suicides occurring in the months in which a front-page article on suicide appeared in the United States press with the number occurring in the months in which no such article appeared. During the 20-year study period, there were 33 months in which a relevant front-page article was published, and there was a significant increase in the number of suicides in 26 of those months.

Since Phillips' study, over 50 other investigations into imitative suicides have been conducted. Collectively, these studies have strengthened the body of evidence in a number of ways. First, they have used improved methodologies. For example, Wasserman² and Stack³ both replicated the findings from Phillips' original study when they extended the observation period, used more complex time series regression techniques, and considered rates rather than absolute numbers of suicide. Secondly, these studies have examined different media. For instance, Bollen and Phillips⁴ and Stack⁵ looked at the impact of suicide stories given national coverage on television news in the United States of America and found that there were significant

increases in suicide rates following such broadcasts. Finally, although most of the early studies were conducted in the United States of America and considered completed suicide only, later studies have broadened the scope to Asian and European countries and have included a focus on suicide attempts. For example, recent studies by Cheng et al^{6 7} and Yip et al⁸ demonstrated increases in completed and attempted suicide rates following the reportage of celebrity suicides in China, Province of Taiwan and China, Hong Kong Special Administrative Region, respectively. A study by Etzersdorfer, Voracek and Sonneck^{9 10} reported similar results following coverage of a celebrity suicide in the largest Austrian newspaper, with increases in suicides being more pronounced in regions where distribution of the newspaper was greatest.

Systematic reviews of these studies have consistently drawn the same conclusion: media reporting of suicide can lead to imitative suicidal behaviours.¹¹⁻¹³ These reviews have also observed that imitation is more evident under some circumstances than others. It varies as a function of time, usually peaking within the first three days and levelling off by about two weeks,^{4 14} but sometimes lasting longer.¹⁵ It is related to the amount and prominence of coverage, with repeated coverage and 'high impact' stories being most strongly associated with imitative behaviours.^{9 10 16} It is accentuated when the person described in the story and the reader or viewer are similar in some way,¹⁷ or when the person described in the story is a celebrity and is held in high regard by the reader or viewer.^{2 3 6 8 18} Particular subgroups in the population (e.g., young people, people suffering from depression) may be especially vulnerable to engaging in imitative suicidal behaviours.^{14 19 20} Finally, and probably most importantly, overt description of suicide by a particular method may lead to increases in actual suicidal behaviour employing that method.^{9 10 21-24}

There is also some evidence regarding the potential for the media to exert a positive influence. This comes from a study which considered whether 'best practice' media reporting of suicide could lead to a reduction in completed and attempted suicide rates.

Conducted by Etzersdorfer and colleagues, the study showed that the introduction of media guidelines regarding reporting suicides on the Vienna subway resulted in a reduction in sensationalist reporting of these suicides and, in turn, a 75% decrease in the rate of subway suicides and a 20% decrease in the overall suicide rate in Vienna.²⁵⁻²⁷ Even more importantly, the repeated nationwide distribution of the guidelines was followed by a trend change in national Austrian suicides. This positive impact was more pronounced in regions with strong media collaboration and was largely maintained over time.²⁸

To conclude, there is strong support for the contention that media reporting of suicide can lead to imitative behaviours, as evidenced by statistically significant increases in completed and attempted suicide rates. These increases cannot be explained by suicides that might have occurred anyway being ‘brought forward’, because they are not followed by commensurate decreases in rates. There is an obligation on media professionals to exercise caution in reporting suicide, and to balance imperatives like the public’s ‘right to know’ against the risk of causing harm.

References

1. Phillips DP. The influence of suggestion on suicide: Substantive and theoretical implications of the Werther effect. *American Sociological Review* 1974;39(3):340-354.
2. Wasserman IM. Imitation and suicide: A re-examination of the Werther effect. *American Sociological Review* 1984;49(3):427-436.
3. Stack S. A reanalysis of the impact of non-celebrity suicides: A research note. *Social Psychiatry and Psychiatric Epidemiology* 1990;25(5):269-273.
4. Bollen KA, Phillips DP. Imitative suicides: A national study of the effects of television news stories. *American Sociological Review* 1982;47(6):802-809.
5. Stack S. The effect of publicized mass murders and murder-suicides on lethal violence, 1968-1980: A research note. *Social Psychiatry and Psychiatric Epidemiology* 1989;24(4):202-208.
6. Cheng ATA, Hawton K, Lee CTC, Chen THH. The influence of media reporting of the suicide of a celebrity on suicide rates: a population-based study. *International Journal of Epidemiology* 2007;36(6):1229-34.
7. Cheng ATA, Hawton K, Chen THH, Yen AMF, Chen C-Y, Chen L-C, et al. The influence of media coverage of a celebrity suicide on subsequent suicide attempts. *Journal of Clinical Psychiatry* 2007;68(6):862-6.
8. Yip PSF, Fu KW, Yang KCT, Ip BYT, Chan CLW, Chen EYH, et al. The effects of a celebrity suicide on suicide rates in Hong Kong. *Journal of Affective Disorders* 2006;93(1-3):245-52.
9. Etzersdorfer E, Voracek M, Sonneck G. A dose-response relationship of imitational suicides with newspaper distribution. *Aust N Z J Psychiatry* 2001;35(2):251.
10. Etzersdorfer E, Voracek M, Sonneck G. A dose-response relationship between imitational suicides and newspaper distribution. *Archives of Suicide Research* 2004;8(2):137-145.

11. Pirkis J, Blood RW. Suicide and the media: (1) Reportage in non-fictional media. *Crisis* 2001;22(4):146-154.
12. Stack S. Media impacts on suicide: A quantitative review of 293 findings. *Social Science Quarterly* 2000;81(4):957-972.
13. Stack S. Suicide in the media: a quantitative review of studies based on non-fictional stories. *Suicide and Life Threatening Behavior* 2005;35(2):121-33.
14. Phillips DP, Carstensen LL. Clustering of teenage suicides after television news stories about suicide. *New England Journal of Medicine* 1986;315(11):685-689.
15. Fu KW, Yip PSF. Long-term impact of celebrity suicide on suicidal ideation: Results from a population-based study. *Journal of Epidemiology and Community Health* 2007;61(6):540-546.
16. Hassan R. Effects of newspaper stories on the incidence of suicide in Australia: A research note. *Australian and New Zealand Journal of Psychiatry* 1995;29(3):480-483.
17. Stack S. Audience receptiveness, the media, and aged suicide, 1968-1980. *Journal of Aging Studies* 1990;4(2):195-209.
18. Stack S. Celebrities and suicide: A taxonomy and analysis. *American Sociological Review* 1987;52(3):401-412.
19. Cheng ATA, Hawton K, Chen THH, Yen AMF, Chang J-C, Chong M-Y, et al. The influence of media reporting of a celebrity suicide on suicidal behaviour in patients with a history of depressive disorder. *Journal of Affective Disorders* 2007;103:69-75.
20. Phillips DP, Carstensen LL. The effect of suicide stories on various demographic groups, 1968-1985. *Suicide and Life Threatening Behavior* 1988;18(1):100-114.
21. Ashton JR, Donnan S. Suicide by burning: A current epidemic. *British Medical Journal* 1979;2(6193):769-770.
22. Ashton JR, Donnan S. Suicide by burning as an epidemic phenomenon: An analysis of 82 deaths and inquests in England and Wales in 1978-79. *Psychological Medicine* 1981;11(4):735-739.

23. Veysey MJ, Kamanyire R, Volans GN. Antifreeze poisonings give more insight into copycat behaviour. *British Medical Journal* 1999;319(7217):1131.
24. Hawton K, Simkin S, Deeks J, O'Connor S, Keen A, Altman DG, et al. Effects of a drug overdose in a television drama on presentations to hospital for self poisoning: Time series and questionnaire study. *British Medical Journal* 1996;318(7189):972-977.
25. Etzersdorfer E, Sonneck G. Preventing suicide by influencing mass-media reporting: The Viennese experience 1980-1996. *Archives of Suicide Research* 1998;4(1):64-74.
26. Etzersdorfer E, Sonneck G, Nagel Kuess S. Newspaper reports and suicide. *New England Journal of Medicine* 1992;327(7):502-503.
27. Sonneck G, Etzersdorfer E, Nagel Kuess S. Imitative suicide on the Viennese subway. *Social Science and Medicine* 1994;38(3):453-457.
28. Niederkrotenthaler T, Sonneck G. Assessing the impact of media guidelines for reporting on suicides in Austria: interrupted time series analysis. *Australian and New Zealand Journal of Psychiatry* 2007;41(5):419-428.