



Policy for Reporting Suicide

1 Background

- 1.1 This policy has been prepared by the Management Committee of Eurobodalla Access Radio Incorporated (EAR Inc.), in compliance with Code of 3 of the Community Radio Codes of Practice 2008 (CoP), with regard to the reporting of suicide and mental health issues over radio station 2EAR FM.
- 1.2 Suicide is a prominent public health issue in Australia with over 2,000 people dying by suicide each year.
- 1.3 Code 3.1(d) of the CoP States that Community Broadcasters shall “not glamorise, sensationalise, or present suicide as a solution to life problems”. It states that, in particular, broadcast material should not provide explicit details about the method and/or location of a suicide attempt or death.
- 1.4 Code 3.2 of the CoP states that:

“We (Community Broadcasters) will attempt to avoid censorship where possible. However, in our programming decisions we will consider our community interest, context, degree of explicitness, the possibility of alarming the listener, the potential for distress or shock, prevailing Indigenous laws or community standards and the social importance of the broadcast.”
- 1.5 Some important facts about suicide are:
 - a. Suicide is a prominent public health concern in Australia with about 2000 per year taking their life over the past decade.
 - b. In 2006, 1398 males (13.6 per 100 000) and 401 females (3.8 per 100 000) died by suicide, a total of 1799 deaths (8.6 per 100,000). This represented 1.3% of all deaths for 2006.
 - c. Excluding the group over 85 years, the highest age-specific suicide rate for males in 2006 was observed in the 35-54 year age group (20.2 per 100 000) with the lowest in the 15-19 years age group (8.8 per 100,000).
 - d. While there was little variation, the highest age-specific suicide rate for females in 2006 was observed in the 35-44 years age group (5.4 per 100 000).
 - e. Suicide rates in Australia peaked in 1963 (17.5 per 100 000), declining to 11.3 per 100 000 in 1984, and climbing back to 14.6 per 100 000 in 1997. Rates have declined since then with current (2006) rates at 8.6 per 100 000.
 - f. The overall suicide rate fell by over 30% between 1997 and 2006 and the youth suicide rate fell by almost 50% in the same period.
 - g. Rates of suicide are generally three to four times higher among males than females.
 - h. Many more people attempt than die by suicide. Admissions to hospital for intentional self injury are about 10 times as common as deaths due to suicide.
 - i. Combined data for five states and territories indicates that suicide accounts for 4.3% of deaths for Aboriginal and Torres Strait Islander people compared to 1.5% of deaths for other Australians in those states.
 - j. Migrants in Australia show similar suicide rates to those in their country of origin.



- k. Mental illness is a major risk factor for suicide, with psychological autopsy studies showing that up to 90% of people who suicide may have been experiencing a mental disorder at the time of their death.
 - l. People in any form of custody have a suicide rate three times higher than the general population.
- 1.6 The Mindframe Media and Mental Health (MMMh) project is one of a suite of projects on suicide, mental illness and the media developed as part of the national media strategy. MMMh aims to build a collaborative relationship with the Australian media and mental health systems to enable a more accurate and sensitive portrayal of suicide and mental health issues across all news media in Australia.
- 1.7 A key activity of MMMh is the development of a resource kit for use by media (including Community Broadcasters). It is available from: www.mindframe-media.info
- 1.8 National Helplines include:
- a. Lifeline (24 hours) 13 11 14
 - b. Kids Helpline – (Under 18 years of age) 1800 55 1800
 - c. Just Ask – rural mental health information 1300 13 11 14
 - d. Mensline Australia (24 hours) 1300 78 99 78
 - e. SANE Helpline – mental illness information, support and referral 1800 18 SANE (7263)

2 Purpose

- 2.1 The purpose of this policy is to provide guidance to Staff and Volunteers at 2EAR FM presenting and preparing material for broadcast of guidelines when reporting suicide or mental health issues.

3 Issues to Consider

- 3.1 by 2EAR FM staff or Volunteers shall preparing or broadcasting any material that reports on suicide or mental health shall consider the following issues:
- a. Why run the story? Consider whether the story needs to be run at all, and how many suicide stories you have run recently. A succession of stories can 'normalise' suicidal behaviour as an acceptable option. If you have any doubts about whether the story should be run, it is probably better not to run it at all.
 - b. Language. Use the term 'suicide' sparingly and check the language you use does not glamorise, sensationalise, or present suicide as a solution to problems - eg consider using 'non-fatal' not 'unsuccessful'; or 'cluster of deaths' rather than 'suicide epidemic'. The term 'committed suicide' is outdated, use 'died by suicide' or 'took his/her own life' instead.
 - c. Don't be explicit about method. In compliance with Code 3.1(d), the method and location of suicide is not to be described. If it is important to the story, discuss the method and location in general terms only – eg consider using 'cocktail of drugs' rather than a description of the medications taken. A detailed description can prompt some vulnerable people to copy the act.



- d. Celebrity suicide. Celebrity suicide is often reported where it is considered to be in the public interest. Coverage of celebrity suicide can glamorise or prompt imitation suicide. Avoid descriptions of the method of suicide, seek comment on the wastefulness of the act and include the 'helplines' at paragraph 1.8.
 - e. Positioning the story. Some evidence suggests that there is a link between the prominent placement of suicide stories and 'copycat' suicide. Position the story further down in the order of reports in radio news to give it low prominence.
 - f. Interviewing the bereaved. The bereaved may be at risk of suicide themselves. Follow media codes of practice on privacy, grief and trauma when reporting personal tragedy.
 - g. Place the story in context. Many people who die by suicide have a mental disorder, a drug-related illness or other familial or social risk factors. Reporting the underlying causes of suicide can help dispel myths and increase community understanding.
- 3.2 Any material dealing with suicide prepared by 2EAR FM staff or Volunteers shall
- a. be prepared taking account of these issues,
 - b. comply with Code 3.1 and 3.2 of the Code of Practice,
 - c. include at least one 'helpline' contact.

Approved on behalf of EAR Inc Management Committee

Paul Rullis

President EAR Inc

30 April 2009