

Reporting Suicide Sensitively Lancashire & South Cumbria ICS 18th November 2019





Paul Hopley 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





7 Who are the ICS?

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)





Three main aims:

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



¹⁰ 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



11 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).



13 Economic Cost

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



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

Aims

To test the hypotheses that certain media content is associated with an increase in suidok, 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 dasses 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 subicle-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 subide 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 dass (articles on individuals who adopted coping strategies other than suicidal behaviour in adverse circumstances) was negatively associated with suicide, whereas the expert opinion dass and the epidemological facts dass were positively associated with suicide.

Conclusions

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

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

		T	SAMARITANS
	Confidential Media Briefing: Reporting on the recent student death in Bristol		
		SAMARITANS	arage and increases in santly increases if details age is sensationalised
Con Reporting	asking the media to take eaths - particularly with m impacted by suicide,		
	SAMARITANS	overage and increases in inficantly increases if the coverage is	following specific
Confidential Media Brie Reporting on the death at the Londor	s reports increases public raging imitational suicidal		
_		cularly given the young a suicide, are particularly	ave previously died – this cause distress.
SAMARITANS	a coverage and increases in r significantly increases if 3 if the coverage is	the following specific	d bullatin - this gives
Confidential Media Briefing: Reporting on the death of a celebrity	-	<u>eths:</u>	fering approaching the bereaved families in the
Not for Publication	eminding the media to take saths. Please bear in mind :ific guidance:	porting any details of the ities, or describe how this	ial media, as these can
Tool for molecular reporting of nuclear working of nuclear with increases in suicide rates, is risk significantly increases if details of used and the reports, if the story is placed ominantly and if the coverage is actensive or sensitionalised – particularly in the case of celebrity deaths ner the likelihood of others over-ideating with the parent is graves.	the guidance: deaths: here, or which floor a person	 these terms can lead the use of chemicals as a a lead bulletin - this gives ervices staff in chemical 	sai media, as these can L end of the piece. If these is safe.
llowing the recent death of (named celebrity) Samaritans is asking the media to follow its <u>Media</u> <u>defines for the reporting of suicide</u> and the specific guidance below:	or in a lead bulletin – these god' and 'leapt'. thently sensationalize a	family and friends of the e result of a single factor.	
Se mindful that celebrity suicides have a higher risk of influencing imitational suicidal behaviour, particularly if the media coverage is extensive and sensationalist.	form the result of a single	le resolt of a single factor,	
Please avoid explicit details of the cause of death, e.g. do not describe how a person died - what materials or drugs were used (ideally, do not report the method of suicide at all).	rate these to ensure the		
Avoid placement of stories on the front page with large headlines, or making this the lead bulletin, as this could sensationalise the story.	irt, such as Samaritans: his number will not oppear		
Avoid speculation of causes or simplicitic explanations - bear in mind that suicide is complex and seldom the result of a single factor, it is likely to have several inter-related causes.	org to find details of your • there for you to talk about		
Please avoid making unsubstantiated links between separate incidents, for example by including photographs of others who have died.	a Advisory Service on: 0208		
Where possible sensitively focus on the life achievements of the person and try to portray the tragic wastelluness of their death. Try to refer to the wider issues associated with suicide, such as risk factors like monta heath problems or alcohol and drug misuse.			
Hease encourage help-seeking behaviour by including sources of support, such as Samaritans: whotever you're going through, you can call samaritans free any time on 116 123 (this number will not appear on your phone bill), email jagsamaritans.cog, or visit <u>www.samaritans.cog</u> to find details of your neeral branch.			



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





Tony Harrison Papyrus Trustee & father bereaved by suicide



<u>STIGMA</u>

O Tony Harrison

• • A parent bereaved by suicide

• Trustee – PAPYRUS Prevention of Young Suicide

SUICIDE

ICUSDIE

Never ever underéstimate .the power of stigma



959 A.D. **OKING EDGAR**

Never ever underéstimate .the power of stigma



Report Responsibly.

OHelp To Reduce Suicide



• Report Responsibly.

• Together we can make a difference



Questions & Answers





WORKSHOP 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.



Louise Thomas 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: <u>emily.mccurrie1@nhs.net</u>





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