

Appendix 1

Australian Press Council's Specific Standards on Coverage of Suicide

General reporting and discussion

1. General reporting and comment on issues relating to suicide¹ can be of substantial public benefit. For example, it may help to improve public understanding of causes and warning signs, have a deterrent effect on people contemplating suicide, bring comfort to affected relatives or friends, or promote further public or private action to prevent suicide.
2. Subject to careful compliance with the following Standards, the Council does not wish to discourage material of this nature. Extra caution is required when the material is likely to be read or seen by people who may be especially vulnerable (e.g., because of their age or mental health) and relates to suicides by their peers or by celebrities.

Reporting individual instances

3. In deciding whether to report an individual instance of suicide, consideration should be given to whether at least one of the following criteria is satisfied:
 - (a) clear and informed consent² has been provided by appropriate relatives or close friends³; or
 - (b) reporting the death as suicide is clearly in the public interest⁴.
4. In deciding whether also to report the identity of the person who has died by suicide, account should be taken of whether at least one of the following criteria is satisfied:
 - (a) clear and informed consent has been provided by appropriate relatives or close friends; or

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1. References above to suicide apply also to attempted suicide. References to reports include all types of report (including of court proceedings or inquests) and headlines, text, images and sounds.
 2. A matter is in the public interest if it is of substantial and widespread significance, not merely something in which many people may be interested. It may often be helpful for the assessment to be made at editorial level after seeking advice from an appropriate mental health expert. It may also be necessary to consult police, school principals, public health authorities or other people with special knowledge of the likely impacts of publication in the particular case.
 3. A person can give informed consent to a report if they are reasonably aware of the circumstances to which it relates and the likely consequences for them of it being published. This may be difficult or impossible to obtain in the immediate aftermath of a suicide.
 4. Often it will be important to request and conduct interviews with closely affected people by going through an intermediary such as a relative, professional counsellor or support organisation.

(b) identification is clearly in the public interest.

Reporting methods and locations

5. The method and location of a suicide should not be described in detail (e.g., a particular drug or cliff) unless the public interest in doing so clearly outweighs the risk, if any, of causing further suicides. This applies especially to methods or locations which may not be well known by people contemplating suicide.

Responsibility and balance

6. Reports should not sensationalise, glamorise or trivialise suicides. They should not inappropriately stigmatise suicides or people involved in them. But this does not preclude responsible description or discussion of the impacts, even if they are severely adverse, on people, organisations or communities. Where appropriate, underlying causes such as mental illness should be mentioned.

Sensitivity and moderation

7. Reports of suicide should not be given undue prominence, especially by unnecessarily explicit headlines or images. Great care should be taken to avoid causing unnecessary harm or hurt to people who have attempted suicide or to relatives and other people who have been affected by a suicide or attempted suicide. This requires special sensitivity and moderation in both gathering and reporting news⁵.

Sources of assistance

8. Published material relating to suicide should be accompanied by information about appropriate 24-hour crisis support services or other sources of assistance with these problems⁶. The degree of specificity may vary according to the nature of the report and the surrounding circumstances.⁷

5 It may be preferable to use words such as “died by suicide” or “took his life” rather than a term such as “committed suicide” which can imply commission of a crime.

6 Mindframe publishes a range of resources for media professionals on the reporting of suicide. The SANE Media Centre provides media with guidance about reporting mental illness and suicide. When deciding what sources of assistance should be mentioned in a report, advice could also be sought directly from organisations providing services to people with problems relating to suicide or mental illness, such as Suicide Call Back Service, SANE Australia, Lifeline, or beyondblue. Services providing assistance to young people include Kids Helpline, ReachOut.com, and headspace.

7 Australian Press Council, *Specific Standards on Coverage of Suicide*, July 2014, http://www.presscouncil.org.au/uploads/52321/ufiles/SPECIFIC_STANDARDS_SUICIDE_-_July_2014.pdf (accessed 6 March 2018).