Media Reporting of Suicides in Bhutan: Analysis of Adherence to WHO Guidelines

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Abstract

Irresponsible media reporting on suicide is associated with copycat suicidal acts. To prevent imitative suicides, guidelines have been developed to inform the media professionals on reporting standards. In 2008, the World Health Organisation recommended a standard media guideline. The present study examines the quality of adherance on suicide reporting bu Bhutanese media houses as per the recommended WHO quideline. For the study, the quideline was translated into some assessment criteria comprising of 21 questions, which includes front page reporting, details on method adopted, use of visuals, offering information on help line, and linking suicide to specific problems of life amongst others. Content analysis was carried out on print and Internet based newspapers from January 2013 to December 2018. An adherance score was computed from a selected set of 10 questions. A total of 90 articles were assessed from eight media houses. Excel and Stata 15 were used to carry out descriptive analysis. Findings reveal that majority of articles (99%) breached one or more of the 10 media guidelines. Results suggest that there is a need for greater advocacy, and monitoring of media reporting on suicide stories. Targeted interventions to improve reporting can begin with the development of a national guideline for suicide reporting.

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Likewise, attempts should be made to develop curriculum, and strategies to boost the positive contribution that media can make to prevent suicide.

Key words: media; reporting; suicide; guidelines

Introduction

Suicide is a complex phenomenon that is affected by a multitude of factors (Ajdacic-Gross, 2015). One such factor is irresponsible media reporting which has a tendancy to encourage suicidal behaviours (WHO, 2014; Soreff & Attia, 2017). Such an effect has been theorised based on social theory (Stack, 2003), which suggest that a vulnerable person has a higher chance of imitating suicidal behaviour if the person learns about other(s) who tend to resolve problems through suicide. This imitative or copycat suicide is largely known as the 'Weather effect' (Gould, 1990; Gould, 2006). The impact is said to be most severe when reporting celebrity suicides, when a method is specified, when the story is dramatized often with visuals, and also when causal conditions are over simplified (Pirkis & Blood, 2001; Niederkrotenthaler et al., 2012; Hawton & Williams, 2002; Harshe et Al., 2016). The association appears to be particularly prominent amongst youth, a group that may be more susceptible to social learning (Gould et al., 2003).

Conversely, suicide reportings if done effectively can contribute to suicide prevention, particularly by understanding aspects of reportings that might decrease suicide related risks for vulnerable groups (Niederkrotenthaler et al., 2012). For instance, if a media reporting contains adequate information on helpline then it may also lead to help seeking behaviour (Niederkrotenthaler et al., 2010), a phenomenon known as suicide contagion. One approach for sensitising journalists is by developing an effective media guideline. There exists several media guidelines (American Foundation for Suicide Prevention, 2011; Nepon et al., 2009), the most noticeable being the one developed by World Health Organization [WHO] (WHO, 2017).

Although, WHO has widely advocated their guidelines, studies have found even international media to breach guidelines on several occasions. Violations were observed to occur almost on all counts; with respect to method description (Pitman & Stevenson, 2015), sensationalization (Pirkis et al., 2006), disclosure of site of suicide completion (Chandra et al., 2013 et al., 2014), failure to provide information on support services (Ayers et al., 2017), and use of inappropriate imagery (Fu et al., 2010). Similarly, studies have also reported non-compliance regarding inappropriate headlines, and over simplification of reasons for completing suicide (Stack, 2000; Stack, 2003; Stack, 2005).

Suicide reportings in Bhutan is an under-researched area. Besides, lacking a national media guideline, there are no studies assessing the quality of compliance of reportings to any of the exisiting internationally known guidelines. In light of this shortcomings, the study sought to examine the degree to which suicide reporting in Bhutan adhered to the widely endorsed guideline developed by the WHO.

Objective

The study aims to to investigate the adherance of Bhutanese media to WHO's recommended guideline for responsible suicide reporting.

Method and materials

Study sample included print, online newspaper articles, and other coverage stories on suicide in seven English newspapers in the country. In addition to the seven newspapers, online cover stories by Bhutan Broadcasting Service [BBS] were also assessed. A direct search of the news, articles, stories or coverage was undertaken using key words such as 'suicide', 'suicides' and 'suicidal', published either in print or online between 1 January 2013 and 31 December 2018. Basically, all newspaper articles and stories that made reference to case(s) of suicide, attempted suicide, suicide statistics, general report on suicide, or discussed suicide policy or program related to suicide prevention were selected. Data was acquired from the public domain. In total, 90 suicide stories were identified. The selected stories underwent further qualitative (content) analysis.

Table 1: Media coverage on suicide assessed from the following eight news agencies.

#	Name of the media	Year of establishment	Print/Online
1.	Kuensel	1965	Both
2.	Bhutan Broadcasting Service	1986	Online
3.	The Journalist	2009	Both
4.	Bhutan Observer	2006	Online
5.	The Bhutanese	2012	Both
6.	Bhutan Times	2006	Both
7.	Bhutan Today	2008	Both
8.	Business Bhutan	2009	Both

Content analysis was conducted using a predefined checklist⁴³ which comprised of 21 questions. Dichotomous rating scales (yes, no) were used for most of the responses. The checklist was adapted from the guideline *'Preventing suicide: a resource for*

⁴³ Refer Appendix for the questionnaire

media professional' developed by WHO (WHO, 2017). Framework for the WHO guideline is expalined below.

Table 2: Guideline adopted	d for assessing	suicide reporting44

#	Factors	Content	Rationale
1	Help seeking information	Provide suicide prevention information	Reporting should educate the public, in particular the vulnerable persons by providing information on where to seek help such as helpline, hotline numbers, website, intervention centres, support group services, etc.
2	Language	Avoid using inappropriate language/phrases/words	Avoid using terms like 'commit suicide' as suicide is not a crime but a health issue. The phrase hence, is factually incorrect. Likewise, expressions such as 'suicide epidemic', 'successful/unsuccessful' suicide', 'failed suicide', 'suicide victim', are not only inappropriate but may perpetuate stigma. Instead, use terms such as 'died/death by suicide', 'took their own life', 'non- fatal suicide attempt' etc.
3	Method/site	Avoiding providing information or images on the exact details of method and location	Do not provide detailed/technical descriptions or images of the methods or suspected methods of the death (or those used in suicide attempts). Do not report details of the location

⁴⁴ Guideline has been adapted from the WHO report on responsible suicide reporting titled *'Preventing suicide: a resource for media professional'* (WHO, 2017) and The Samaritans Guide (2013) to responsible reporting on suicide.

			where suicide (or suicide attempt) took place. Providing details of mechanisms and procedures use to complete suicide may facilitate imitation of suicidal behaviour by persons at risk.
4	Front page	Do not feature suicide cases in front page	Avoid reporting suicide cases in the front page to reduce prominence of coverage.
5	Normalize	Do not normalize suicide	Avoid presenting suicide act as casual phenomena, something that is unavoidable, or as a tool for accomplishing a certain end. Suicide should not be presented as a reasonable way of problem solving or a coping mechanism as there is a risk of imitative suicide. It can be contagious when it has been modelled as a potential solution to a problem someone can identify with. Acknowledgements should be made on suicide completer's problems, rather than focusing on positive traits.
6	Celebrity suicide	Avoid glamourizing suicide of a celebrity	Avoid letting the glamour of a celebrity obscure issues and problems that may have contributed to the death or attempt. It may promote copycat suicides among vulnerable persons.

7	Over-simplify	Avoid over-simplifying the causes/ perceived triggers of suicide.	Suicide does not occur because of one event or factor. It is a complex phenomenon, which is led on by an interaction of many underlying factors, the main catalyst often being depression, which is treatable. Media personals should not portray the final leading event as the only cause of a given suicide.
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Suicide stories were evaluated based on the assessment checklist. Of the 21, the following 10 were used to create an adherence score as per the methodology outlined in the media impact study by Pirkis and team in 2006:

- 1. Does the word 'suicide' appear in the headline?
- 2. Does the article use inappropriate language (failed suicide attempt, commit suicide, suicide epidemic, successful suicide, unsuccessful suicide, etc.)?
- 3. Does the article normalize suicide (suicide is presented as a reasonable way of problem solving/portray suicide in a heroic or romantic fashion)?
- 4. Does the article feature in the front page?
- 5. Is there an explicit description of the method used in a completed or attempted suicide?
- 6. Does the article mention detailed information about the site of a completed or attempted suicide?
- 7. Does the article feature photograph of the suicide scene/precise location?
- 8. Is there a reference to the fact that the person who died by suicide was a celebrity?
- 9. Does the article provide information about where to seek help?

10. Is suicide portrayed as 'merely a social phenomenon' as opposed to being 'related to a mental disorder' or related to a multitude of factors?

As stated earlier, each question elicited a binary response of yes or no. For scoring purposes, a positive response was given a score of one and a negative response a score of zero. The scores were added and total adherence score was computed in a percentage form. Those satisfying all the criteria were considered to be compliant. Analysis on the frequency of compliance were also made. Differences in the degree of compliance could not be assessed between state owned and private newspapers due to limited sample size. Descriptive statistics were produced using Excel 14 and STATA 15.

The two authors conducted a pilot study on 15 randomly selected articles independently. An inter rater agreement statistic was observed to be satisfactory with a Kappa of r=0.8 (p<0.05).

Results

A content analysis using the pre-defined checklist was performed for 90 news articles. Suicide reporting is generally low in the country. Amongst the seven⁴⁵ media houses, reporting was most frequent in Kuensel, the state owned newspaper followed by BBS, another state owned broadcast media house, and The Bhutanese, a privately owned newspaper (Fig. 1). Two other newspapers reported one

⁴⁵ One private newspaper did not have any coverage on suicide during the study period.

incidence of suicide story, while the remaining two newspapers did not report on suicide during the study period.

Figure 1: Number of suicide reporting in various newspapers from 2013-2018



Table 3 presents findings across the 10 assessment criteria. Results show that almost all news articles (99%) breached at least one or more of the media guidelines. Analysis showed that 98.8 percent and 85.5 percent of the articles breached at least two and three guidelines respectively. Nearly 46.7 percent of the articles breached four or more guidelines.

Evaluations were made in terms of whether an article sensationalized the headline by including the term 'suicide'. A majority of 60 percent had used this terminology in the headlines. Suicide storylines were further studied to assess the usage of inappropriate languages. It was found that more than half of the news articles (53.3%) used inappropriate language.

About 12.2 percent disclosed explicit information on method used for completing or attempting suicide. 21 percent disclosed location of the suicide. None of the news articles disclosed contents of a suicide note⁴⁶.

Assessment criteria (n=76)	Yes	No
Does the word 'suicide' appear in the headline?	66.7%	33.3%
Does the article use inappropriate language (failed		
suicide attempt, commit suicide, suicide epidemic,		
successful suicide, unsuccessful suicide etc.)?	53.3%	46.7%
Does the article normalize suicide (suicide is		
presented as a reasonable way of problem		
solving/portray suicide in a heroic or romantic		
fashion)?	12.2%	87.8%
Does the article feature in the front page?	1.1%	98.9%
Is there an explicit description of the method used		
in a completed or attempted suicide?	12.2%	87.8%
Does the article mention detailed information about		
the site of a completed or attempted suicide?	21.1%	78.9%
Does the article feature photograph of the suicide		
scene/precise location?		100%
Is there a reference to the fact that the person who		
died by suicide was a celebrity?	3.3%	96.7%
Does the article provide information about where to		
seek help?	7.8%	92.2%
Is suicide portrayed as 'merely a social		
phenomenon' as opposed to being 'related to a		
mental disorder' or related to a multitude of factors?	5.6%	94.4%

Table 3: Quality of adherence analysed

WHO guideline highlights the importance of providing crisis number, helpline, etc., for readers who may be vulnerable to suicide. In majority of the news articles analysed (92.2%), journalists did not provide information on available helpline or counselling services. It must be noted that there is no

⁴⁶ Articles were also assessed if reporters disclosed any information on suicide note.

dedicated suicide prevention hotline available in the country. However, a general health toll free line (112) provided by Health Help Centre [HHC] established since 2009, is said to provide counselling related to suicidal issues (Ministry of Health, 2019). Additionally, Department of Youth and Sports under Ministry of Education also has a toll free *Nazhoen* Helpline (214) to counsel and guide youth (Ministry of Education, 2019). While HHC is available for 24 hours, *Nazhoen* Helpline operates during usual office hours. Journalists have consistently failed to provide information on such existing helplines as shown in the figure below. Study also revealed that majority⁴⁷ of the articles did not provide awareness on suicide prevention services.

Figure 2: Does the article provide information about where to seek help?



Positive developments with regard to the compliance were also observed. Analyses reveal that only few (5.6%) news articles simplify suicide by presenting it as mere social phenomena.

⁴⁷ Refer Figure 1 in Appendix

Majority of news articles avoided prominent placement of stories about suicide, as 98.9 percent of the coverage did not feature in the front page of the newspapers reviewed. News articles analysed seem to strictly abide by the rule of not featuring photographs of the suicide scene.

As explained in WHO guideline, other studies also specify the significance of the use of languages that accurately and sensitively describes suicide to encourage a healthy and respectful way to recount about suicide (Ardendt et al., 2018). Analysis across time indicated a slight rise in the usage of inappropriate language. However, the average number of instances per paper was found to decrease towards 2018. Articles were found to use the popular term 'commit', which associates suicide as a crime, stigmatising the phenomenon. Likewise, articles were also observed to use terms such as failed suicide attempt, commit suicide and suicide epidemic.

Year	# of articles	# of inappropriate language used	Average number of instances per paper
2013	6	13	2.1
2014	10	9	0.9
2015	14	15	1.1
2016	23	19	0.8
2017	23	37	1.5
2018	14	10	1

Table 4: Number of times an inappropriate language has been used in the reporting.

WHO guidelines emphasize that journalists should avoid reporting specific details of the method used. Studies have linked it to further suicides often using the same method or location (Ashton & Donnan, 1981; Hawton et al., 1999; Schmidtke & Häfner, 1988). Featured methods in the current study mostly included hanging, and jumping in the river. Newspaper reported explicit descriptions such as '...a girl died after hanging from a scarf (*racchu*) in her room...', '...died by hanging from a ceiling...', '...died hanging from tree with her belt near a cliff...', '...committed suicide by hanging himself with his own shirt...', '...the deceased had used a nylon rope to hang herself around the neck...' etc. Likewise, newspapers also narrated '...jumping into *dotikhola*...', '...jumping into river...'. Other methods stated were consumption of pesticides and insecticides.

Besides the assessment criteria outlined for computation of an adherence score, additional evaluations were also made. For instance, an evaluation was carried out with regard to whether the bereaved family members were interviewed, and whether specific people were blamed for the deceased. Contrary to the media guidelines available, there were few articles that have blamed specific people for death caused by suicide. For instance, in 2016 two articles blame specific people for death. Example includes a family of the deceased blaming the spouse. Similarly, in the suicide case of a youth, it was reported that the uncle blamed the school; in another report, the grandmother was blamed for the death of four-year-old grandson. Guidelines emphasize that it is vital not to blame specific people or event or reason when people attempt suicide or complete suicide.

Figure 3: Is there an explicit description of the method used in a completed or attempted suicide?



In terms of bereaved being interviewed, findings indicate that almost all media professionals follow this rule, as only one out of the 90 articles had described interview with the bereaved⁴⁸. Guideline suggests that the bereaved be treated with sensitivity, and their privacy be respected.





⁴⁸ Refer Table 1 in Appendix

The WHO guideline highlights that news articles should not provide oversimplified explanations for suicide causes such as recent negative life events or acute stressors. In particular, media professionals need to avoid presenting suicide as a result of a single factor or event. Although one event may appear to have triggered the suicide, its unlikely to be explained by this alone. Most people who die by suicide have a history of difficulties, which may not get reported in the aftermath of the suicide.

Analysis in this domain show that majority (86.84%)⁴⁹ did not single out one specific reason for attempted or completed suicide. Articles have highlighted numerous reasons as displayed below. More than half of the news articles have not provided any reasoning behind suicide. WHO guideline encourages citing the role of mental illness (depression) in suicide, and how mental illness is treatable.

Figure 5: Reasons reported in the news articles for attempted/completed suicide from 2013-2018.



⁴⁹ Refer Table 1 in Appendix

Discussion

The study examined changes in media reporting on suicide cases over a period of six years. Evaluation was conducted using standardized assessment checklist. This is the first eversystematic study of the quality of media reporting of suicide in Bhutan. The findings offer insights on the quality of adherence to WHO guidelines.

The study observed that reporting on suicide was not extensive in the initial years of the study, that is from 2013 to 2014. However, from 2015 onward, coverage on suicide increased substantially. There were 23 news articles each in 2016 and 2017. The nature of reporting was varied in terms of focus and content. While most reported on suicide cases, some informed on policy/programme initiatives while few reported on general suicide statistics and World Suicide Prevention Day. Overall, the study showed that senstationalizing (68.42%) and use of inappropriate language (52.63%) to be relatively high as compared to research in other studies. In United Kingdom (UK) it was studied to be 21 percent (Pitman & Stevensonm 2015). News articles reviewed in the study have never included photographs which compares very favourably with other finding where, it was found to be as high as 57% in China (Fu, Chan, & Yip, 2010). Likewise, journalists in Bhutan seldom report on the site of attempted or completed suicide where as studies report that most suicide stories in India (80%) include detailed descriptions of the location of suicide (Chandra et al., 2013; 2014). Suicide stories in Bhutan were rarely placed in the front page. In India it was 32% (Chandra et al., 2013; 2014) and in United States, it was 6% (Tatum et al., 2010).

These findings suggest that overall adherance is not low. However, challenges remain. Nearly all articles breached at least one guideline. Most articles failed to report information on help or counseling services. Here, as mentioned earlier it is important to note that media professionals may have overlooked this information based on the absence of an officially dedicated hotline for suicide prevention. Nevertheless, there were other hotlines such as 112 offered by the HHC under the Jigme Dorji Wangchuck National Referral Hospital, which amongst others provide couselling services for those who ... are suffering from mental illness like depression, anxiety & suicidal tendencies' (Ministry of Health, 2019). Details on such information are vital to facilitate help-seeking amongst readers who are vulnerable (Barney et al., 2009). Other areas of concern include singling out a specific reason for suicide or attempted suicide. Journalists must avoid reporting on what may have contributed to the fatal event such as marital issues, financial debt, job loss, loss of loved ones, etc. (The Samaritans, 2013). Such reportings are said to increase distress among bereaved family and friends (Chappel et al., 2013).

Overall, it was observed the most reports seem to present suicide the same way crimes are reported. As per WHO's guideline, this needs to be changed. It is also said that reporting suicide as an avoidable loss is beneficial in prevention of future suicidal deaths (The Samaritans, 2013). For example, journalists are encouraged to narrate stories as a public health concern rather than simply a story on statistics. Additionally, including messages of hope such as mentioning success stories of those who have recovered from suicidal crisis, and found resilience may discourage vulnerable groups.

Conclusion

Findings from the current study are clear, Bhutanese media professionals require greater adherance to WHO media guidelines for suicide reporting. Analysis reveal that some news articles have used inappropriate language a number of times,

few have normalised suicide by framing it in way that it simplifies suicide while others at times provided explicit descriptions of methods and most seriously, there were several articles that have neither provided information on local helpline nor have educated the public about suicide prevention. These findings suggest that there is a widespread lack of awareness in terms of responsible reporting on suicide narratives.

This negligence may be caused by a number of reasons. First and foremost, it may be due to the absence of a national media guideline. Second, suicide stories may have been covered by inexperienced journalists who might have had limited understandings on the implications. A study in the future should be conducted to corroborate this assumption. Third, presently no advocacy or trainings are conducted to inform media personal on responsible reporting guidelines. Fourth, inappropriate media portraval and reporting of suicidal behaviour is not yet highlighted and given importance. Editors should provide immediate attention to irresponsible reporting, and remain aware of their potentially influential role in correcting it. Fifth, there are limited avenues for suicide experts to work with the media professionals. Finally, no media impact studies have been carried out which can inform knowledge about imperatives that act on journalists deciding whether to report, and how to report on a particular suicide story.

Appropriate reporting in the media can play an important role in preventing suicide and increasing public understanding. The study urgently calls for the formulation of a national guideline for suicide reporting. A steering committee needs to be formed involving mental health promotion experts, suicide prevention agencies and media organisations. Besides reflecting international standards, the guideline needs to adapt to our local context. After formulation, the guidelines would

require proactive enforcement through extensive dissemination using various advocacy measures.

Study limitations

Irresponsible media reporting on suicide trigger additional suicides. This is the assumption used for the current study. But how much of this is factual with regard to cases in Bhutan is yet unknown. Future studies hence, need to account for this relationship. Other limitations include with regard to the sample size. Study sample included selected print and Internet based newspapers only. Ideally, it would been more robust to include data from all existing media sources. Furthermore, despite the extensive online search, it is possible that authors may have missed out on articles. Additionally, few of the assessment criteria relied to an extend on the authors' subjective interpretation of the suicide narratives. Accordingly, there might have been overestimates and underestimates.

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Appendix

Questionnaire

S1 #	Questions	Response	Res- ponse Code
1	Newspaper identification number	Numeric	
2	Enter the year of reporting	Year	
3	Enter the month of reporting	Month	
4	Enter the date of reporting	Year	
5	Does the word 'suicide' appear in the	Yes	1
3	headline?	No	2
6	Does the article attempt to educate	Yes	1
6	the public about suicide?	No	2
7	Number of times an inappropriate language have been used (failed suicide attempt, commit suicide, suicide epidemic, successful suicide, unsuccessful suicide etc.)	Numeric	
	Does the article normalize suicide	Yes	1
8	(suicide is presented as a reasonable way of problem solving/portray suicide in a heroic or romantic fashion)? (Focusing on life problem as the motive for suicide)	No	2
	Does the article feature in the front	Yes	1
9	page? (Avoid prominent placement and undue repetition of stories about suicide (Placement of the story)	No	2
10	Is there an explicit description of the method used in a completed or	Yes, explicitly	1
10	attempted suicide?	Yes, vague	2
		No	3
	Does the article mention detailed	Yes, detailed information	1
11	information about the site of a completed or attempted suicide?	Yes, no details	2
		No	3
12	Does the article feature photograph of	Yes	1
	the suicide scene/precise location? Is there a reference to the fact that	No Yes	2
13	the person who died by suicide was a celebrity?	No	2

14	Does the article provide information about where to seek help?	Yes, information on both helpline and support group services Yes, information on helpline or support group services only No	1
		Yes	3
15	Were the bereaved interviewed?	No	2
	Is suicide portrayed as 'merely a	Yes	1
16	social phenomenon' as opposed to being 'related to a mental disorder' or related to a multitude of factors?	No	2
17	Does the article blame specific people	Yes	1
11	for the death?	No	2
18	Does the article report on suicide	Yes	1
	case?	No	2
19	Does the article report attempted suicide?	Yes No	1 2
	Does the article report general	Yes	2
20	suicide report? (Like overall suicide in particular year, which segments top the suicide dead, etc.)	No	2
	Does the article report about suicide	Yes	1
21	prevention plan/methods or suicide prevention day observed?	No	2
	Does the article report about	Yes	1
22	workshop or seminars or discussion or agreement signed for suicide prevention?	No	2
	Does the article provide	Yes	1
23	awareness/advocacy on suicide prevention plans/measures/strategies?	No	2
	Does the article report on the	Yes	1
24	complaint lodged by bereaved family/ or report on court cases or bereaved asking for reinvestigation?	No	2
25	Does the article highlight one specific reason for suicide/attempted suicide?	Depression/ distress/men tal disorder	1

Relationship	2
issues	
Health	3
problem	5
Work	4
problem	т
Existential	
crisis	
(identity	5
crisis, no	5
meaningful	
life, etc.)	
Drug and	
alcohol	6
related	0
problem	
Domestic	7
violence	1
Financial	8
problems	0
Academic-	9
related stress	9
Multiple	
reasons/com	10
plex problem	
None	11





Table 1: Were the bereaved interviewed?

	Frequency	Percent
Yes	1	1.11
No	89	98.89
Total	90	100

Table 2: Does the article single out one specific reason for suicide/attempted suicide?

Yes	13.16%
No	86.84%