FOR THE PORTRAYAL OF SUICIDE

IAS The Irish Association of Suicidology

SAMARITANS

I would be careful not to go into graphic description about the mode of the suicide because I think that's voyeuristic and ultimately unhelpful.

Anne Dempsey, Freelance features journalist (RoI)

information & advice

ABOUT FACTUAL AND DRAMATIC PORTRAYALS OF SUICIDE IN THE MEDIA

The media continue to play a very important part in raising awareness about suicide and suicide prevention and in changing the stigma and our attitudes to suicidal behaviour and to mental illness. Copy cat suicides account for about six percent of all suicides and this imitative behaviour can follow certain types of news reports and other portrayals of suicide. Though numbers may sound small they are significant and are a group of suicides that might be easily prevented.

Suicides can be newsworthy and dramatic events. That an individual has chosen to end their life, deliberately and prematurely, suggests that there's a story to be told. This revised series of guidelines is about how and when that story can be told, and the wider effects that a narrative can have – factual or dramatic.

These guidelines have suggestions for journalists and writers, photographers and directors, working in television, radio, theatre, film, print and electronic media. They are not exhaustive and they do not seek to dictate, because each situation is different. They aim simply to offer support in deciding how to approach what is ultimately one of the most difficult things to write or speak about.

For journalists and editors, suicide presents a dilemma. It can be an issue of public interest, and it is clearly the responsibility of the reporter to convey the news. Indeed there can be a positive aspect to reporting suicide, as debate may help to destigmatise the subject and provoke a wider discussion about the importance of good emotional health. But research also clearly shows that inappropriate reporting or photography can lead to **copycat** suicides.

In film and TV drama, a similar quandary exists. A suicide or attempted suicide of a popular character, particularly where 'life-like' scenarios are presented, can have real life consequences for viewers. Drama can improve people's understanding of the complexity of suicide. But if a suicide plotline is introduced gratuitously, for example, to remove an awkward character in a dramatic way, the viewer is ill-served. Whether there is an educational motive or not, it is important that the handling of the plot does not lead, by suggestion, vulnerable viewers or listeners into difficulty.

Samaritans haveover 50 years experience of providing support to people in emotional distress, and the Irish Association of Suicidology, established in 1996, has worked extensively to raise public awareness of suicide and suicide prevention. By continuing our joint partnership with the media, we hope to develop and improve public understanding of this very difficult problem.

David King, Chief Executive, Samaritans
Dan Neville, President, Irish Association of Suicidology
Michael Fitzgerald, Chairman, Irish Association of Suicidology
John Connolly, Secretary, Irish Association of Suicidology
Geoff Day , Head, National Office for Suicide Prevention

a quick guide

to reporting suicide

- Avoid explicit or technical details of suicide methods
- Include details of further sources of information and advice
- Avoid simplistic explanations for suicide
- Challenge the common myths about suicide
- Remember the effect on survivors of suicide
- Look after yourself
- Don't romanticise or glorify suicide
- Don't imply that there are 'positive' results to be gained by suicide
- Seek expert advice
- Use appropriate language

avoid phrases like:

- A 'successful' suicide attempt
- An 'unsuccessful' suicide attempt
- 'Commit' suicide
- Suicide 'victim'
- 'Just a cry for help'
- 'Suicide-prone' person
- Stop the 'spread/epidemic' of suicide

use phrases like:

- A suicide
- Die by suicide
- A suicide attempt
- Take his/her life
- Kill oneself
- A completed suicide
- Person at risk of suicide
- Help prevent suicide

the myths & the facts

the facts

- There were a total of 587 suicides in the Republic of Ireland and Northern Ireland in 2003, representing one death every 15 hours.
- Suicide is the biggest cause of death amongst men and women under the age of 35 on the island of Ireland.
- A 2005 World Health Organisation report shows that the Republic of Ireland has the fifth highest rate of youth suicide in the European Union.
- According to the National Parasuicide Registry, 11,000 people presented to hospital in 2004 following deliberate self harm (DSH). Research has shown that the majority of people who harm themselves do not seek help. Those presenting to hospital are thought to be the tip of the iceberg.
  The real figure for deliberate self harm may be 60,000 in the Republic of Ireland.
- The average number of admissions to hospital each year in Northern Ireland as a result of deliberate self-harm (DSH) is 280 per 100,000 persons"
- It is suggested that more than 25% of adolescents have had suicidal thoughts at some point in their life.
- A history of attempted suicide is the most important risk factor for future completed suicide.
- The more medically serious a suicide attempt, is the greater the risk of completed suicide in the future.
- With each additional attempt the risk for future completed suicide becomes greater.
- Over 50% of people who die by suicide do so at the first attempt.
- Research shows that suicide can be imitative and for that reason sometimes occurs in clusters.

Detailed data on suicide in Ireland is included as an appendix in this publication. More information about suicide rates and suicide in Ireland, broken down by jurisdiction, can be found in Samaritans' information resource pack, available to download from www.samaritans.org, and at the Irish Association of Suicidology website: www.ias.ie These websites also offer regularly updated information about how the following issues are linked to suicide:

- ethnicity
- drug and/or alcohol dependency
- stress
- geographical location
- time of year
- self harm
- mental health
- age
- gender
- occupation
- sexuality

the myths

Because suicide is such a taboo and complex subject, it is surrounded by a great deal of confusion and misunderstanding. Below is a list of the most common misconceptions about suicide that we are aware of, along with the truth.

MYTH: "If someone is going to kill themselves, there is nothing you can do about it."

FACT: If you can offer appropriate help and emotional support to people who are experiencing deep unhappiness and distress then you can reduce their risk of dying by suicide.

MYTH: "Suicidal people are fully intent on dying."

FACT: Suicide is not a lifestyle choice and it's dangerous to make it sound like one. The majority of people who die by suicide are ambivalent about living or dying and many who experience suicidal thoughts don't really want to die. They can't see a way to go on living with their emotional distress.

MYTH: "Talking about suicide encourages it."

FACT: On the contrary, talking about suicide in a controlled, supportive, educational and informative way will not lead to its 'normalisation' or encourage people to think of taking their lives. To ignore it or hide the situation – even for honourable motives – is stigmatising and damaging. Samaritan's, services give people the opportunity to express suicidal feelings, exploring their most feared emotions. Samaritans provide time and space to explore feelings and consider strategies for dealing with emotional crises. Not to talk about suicide makes it much harder for someone to open up about their feelings and could prevent them finding a way forward.

MYTH "Those who talk about suicide are the least likely to attempt it."

FACT: Research shows that a high percentage of people who go on to attempt or complete suicide will have mentioned their intention, even in a light-hearted manner, to significant others in their lives in the month prior to embarking on this course of action.

MYTH: "Suicide attempts are just cries for help – it's a form of attention-seeking."

FACT: Those who have attempted suicide are 100 times more likely than the general population to actually die by suicide within a year of self harming. Approximately four out of ten people who take their own life will have attempted suicide earlier.

MYTH: "Only mentally ill/clinically depressed people make serious attempts at suicide."

FACT: Although the majority of people who end their lives by suicide are judged to have had some sort of psychiatric illness, often undiagnosed in their lifetime, feelings of desperation, helplessness and hopelessness can be better indicators of possible future suicide.

MYTH: "A good pumping out in the A&E will teach those who make silly gestures a lesson they won't forget."

FACT: An unsympathetic response by those in a position to help leads to a missed opportunity for therapeutic intervention. It may lead to those at risk choosing a more certain method next time. An attempted suicide should always be taken seriously.

MYTH: "Once a person is suicidal, they are suicidal forever."

FACT: Suicidal feelings and suicidal intent are often of short duration and vary in intensity over time. Alcohol and drugs impact very directly on suicidal thoughts and behaviour in the short term. People can and do feel very differently about suicide if they receive time and space where they feel accepted and supported to examine all their options.

MYTH: "Suicide can be a blessed relief not just for the individual but for those that surround him or her."

FACT: The effects of suicide should not be trivialised. The loss of a loved one through suicide can leave profound feelings of loss, grief and guilt.

MYTH: "She killed herself because she was worried about her exam results."

FACT: No one takes their life for one single reason. Each person makes decisions based on an individual set of circumstances unique to them. It is not accurate to attribute the cause of suicide to one factor alone.

Furthermore, in presenting this real unreal world, Fair City is mindful of its obligation towards viewers who may take certain messages from a story or passage of script in a way never intended by the writers.

Niall Matthews,
Executive Producer – Fair City Soap, RTE (RoI)

Like many other people, broadcasters have competing perceptions of suicide. On occasions it is an event which may be reported on, and at other times it must not be. We have very strict codes of practice about interviewing people in grief, but more and more often bereft people want to be interviewed for very altruistic reasons – they do not want others to experience what they are suffering.

Alan Bremner, former Controller of Programming, UTV (NI)

The positive & negative

EFFECT OF MEDIA PORTRAYALS OF SUICIDE, FACTUAL & FICTIONAL

Suicide is a valid subject for both reporting and dramatic representation. The media has an important role to play in educating the public about suicide and the wider issues involved that may lead people to feel suicidal. Certain types of portrayals and media reporting are potentially harmful, and can act as a catalyst to influence the behaviour of those people who are already vulnerable. A growing body of research from the UK, USA and other countries overwhelmingly indicates that public representation, whether factual or fictional, can and does lead to copycat behaviour. Specific areas for concern identified by research are as follows:

- Those most affected appear to be under the age of 24, although there is now more evidence that elderly people are also more prone to copycat suicide. Both these groups can be less well integrated into society than the age groups in between, however people can be influenced at any age. (See Schmidtke in Hawton and van Heeringen).

- The risk is greater when there is a sense of identification with the deceased, such as in the case of a celebrity's suicide, or the suicide of a fictional character with whom the vulnerable person empathises and identifies, for example, because of age or background.

- Research further suggests that romanticising suicide, idealising those who take their own lives or portraying suicide as an heroic act, even inadvertently, may encourage others to identify with the victim and view suicide as an attractive option and an acceptable strategy for dealing with their problems.

- Providing specific details of a suicide method gives vulnerable people the knowledge they need to take their own life.

- Media portrayal doesn't just affect choice of method, it can increase the numbers of suicides, as the examples below on Page10-11 illustrate.

- Written media (i.e. newspapers, magazines, books and websites) are more likely to provoke imitation than broadcast media. This seems to be because the affected person can look at, absorb and be influenced by the information on a number of occasions, whereas broadcast coverage is more transitory.

There is a growing belief that the internet has the power to influence behaviour. This may often be positive in terms of education and ensuring access to help. But there is a sinister side to the internet; it can also be quite negative and unhelpful. For example, some sites advocate suicide and there is a growing culture of people using chat rooms on the net to meet, discuss and plan their suicides. There are also reports of people in chat rooms urging each other on to end their lives.

The internet is much more interactive than many other media and this makes it potentially more influential in relation to suicide than other media. There is limited research available about the effect of the internet and it represents a particular challenge to research given the rate of development and change taking place. Existing research and anecdotal evidence suggests it is vital that this be examined further.

One of the challenges we face is the temptation to go to spokesmen and spokeswomen to hear their analysis. In fact the more important challenge is listening closely to ordinary people. Last year we broadcast a film made by young adults about suicides in their immediate community. They got closer to the situation than we could – and afforded vulnerable people the opportunity to be heard.

Alan Bremner, former Controller of Programming, UTV (NI)

negative EFFECT

THE NEGATIVE EFFECT OF MEDIA PORTRAYALS OF SUICIDE

EXAMPLES OF HOW DRAMA AFFECTS SUICIDE RATES

- A German television series, Death of a Student, depicted the railway suicide of a young man at the start of each episode. During the series, railway suicides by teenage males increased by 175%. Suicide by other fatal methods did not decrease so it seems that the series created a real increase in suicide, rather than simply influencing the choice of method.

- An episode of Casualty contained a story line about a paracetamol overdose. Research showed that self-poisoning increased by 17% in the week following the broadcast and by 9% in the second week. 20% of self-poisoning patients who had seen the programme said that it had influenced their decision to attempt suicide.

EXAMPLES OF HOW FACTUAL REPORTING AFFECTS SUICIDE RATES

- In the UK, a newspaper report of suicide by the unusual method of antifreeze poisoning detailed how the antifreeze had been mixed with lemonade and drunk in a field. In the month following the coverage there were 9 cases of intentional antifreeze poisoning compared with an average of 2 per month previously. In one case the exact method was replicated.

- In Hong Kong, explicit newspaper and online reporting of a cluster of suicides using carbon dioxide by burning charcoal led to a rise in the percentage of suicides by this method from 0% in 1996 to 10% in 1999, making it the third most common method of suicide in the area.

As a feature journalist, my involvement in reporting suicide has been related typically to interviewing people - parents, spouses - where a family member has died by suicide, as well as doing some stories on different aspects of your own services, and promoting public courses on suicide prevention/education/awareness.
In meeting the families, I am prepared for such interviews to take a long time, and don't begrudge this, knowing how important it is for people to tell the story the way they want and need to.

***Anne Dempsey**, Freelance features journalist (RoI)*

Potentially every word written or spoken, picture printed and situation portrayed could affect people's beliefs, perceptions and ultimately their actions in relation to suicide. Everyone hopes that this effect will be to the good and will help people understand emotional health issues, and where necessary seek help. The evidence indicates a clear connection between certain types of factual and fictional media representation and imitative behaviour.

Much is to be learned from a research project by John Cullen, "Meanings, Messages and Myths: The Coverage and Treatment of Suicide in the Irish Print Media". Survey of the reportage of suicide in the media showed that guidelines tended to be ignored in 18% of the print media output, more so in the national Sunday broadsheets and the national tabloids. In general the media tended to focus on personal and medical reasons for suicide and to ignore the wider issues of profound social change.

Positive EFFECT

POSITIVE EXAMPLES OF RESPONSIBLE REPORTING

As long as these issues are presented sensitively, the media can help to save lives. Responsible reporting helps to educate the public and destigmatise the issue, as the following examples show.

The dramatic reporting of suicides on the Viennese underground system was found in a study to be followed by a rise in the number of suicides by this method. Thirteen suicides occurred on the system in 1986 and nine in the first nine months of 1987, compared to only nine suicides between 1983 -1984. The local media agreed voluntary reporting guidelines limiting dramatic or sensational coverage given to suicides. The subsequent number of suicides on the underground fell (to four in 1989 and three in 1990) as did the number of attempted suicides on the system.

A study following the death by suicide of Nirvana's lead singer Kurt Cobain found that there was no overall increase in suicide rates in his home town of Seattle as a result of close collaboration between media and authorities involved to ensure appropriate reporting took place. The portrayal managed to differentiate strongly between the brilliance of Cobain's achievements and the wastefulness of his death. Much attention was given to a highly emotional eulogy by Courtney Love in which she spoke of the futility of her husband's death and defused much of the potential for Cobain to be identified as a tragic anti-hero to be emulated. It was also helpful that the media coverage discussed suicide risk factors and identified sources of help for those people experiencing suicidal feelings.

Following the damaging episode of Casualty (see Page 10), mentioned above research shows that subsequent media coverage about the programme led to a greater understanding of the dangers of paracetamol poisoning. The law was subsequently changed to prevent people from buying large numbers of paracetamol tablets.

It is essential for soaps like Fair City to allow, even invite the audience to form a 'special' relationship with the soap characters. For many viewers, soap operas live in the 'real' world and successful soaps understand this dynamic and leverage it to the maximum by ensuring that all aspects of the 'unreal' world are presented in a manner as 'real' as possible.

Niall Matthews, Executive Producer – Fair City Soap, **RTE – (RoI)**

how the media can help

do's & don'ts

for factual and fictional reporting of suicide

Suicide is a difficult and complex issue but it is also a legitimate topic for serious discussion in factual and fictional media. Samaritans and the Irish Association of Suicidology disagree with the view that suicide should not be discussed. Instead we'd like to highlight some of the ways the media can avoid perpetuating myths and misinformation, and make a positive difference in people's attitudes.

There will always be a fine line between sensitive, intelligent reporting and over-sensational portrayal of the issue. It can be difficult to make decisions about what to do to get your story across in an effective way. The most important guiding principle is to consider the reader, listener or viewer (including the relatives and friends of the deceased) who might be in crisis when they read, hear or see the piece. Will this piece make it more likely that they will attempt suicide or more likely that they will seek help?

Compiled below are some ideas about how you can portray suicide appropriately, whether you are working with the issue in a dramatic or factual context.

AVOID EXPLICIT OR TECHNICAL DETAILS OF SUICIDE METHODS

Any detailed description of suicide methods is potentially harmful. Reporting/showing that a person died for example, from carbon monoxide poisoning is not in itself dangerous, but providing details of the mechanism and procedure used to carry out the suicide can lead to the imitation of suicidal behaviour by other people at risk.

Particular care should be taken in specifying the type and number of tablets used in an overdose. Describing or depicting a means of death where the person may use easily obtained everyday objects to produce a fatal result should also be avoided, as should the precise depiction of, for example, the tying of a noose and how to hang oneself.

INCLUDE DETAILS OF FURTHER SOURCES OF INFORMATION AND ADVICE

Listing appropriate sources of help or support at the end of an article or a programme shows the person who might be feeling suicidal that they are not alone and that they have the opportunity to make positive choices. The example about Kurt Cobain shows that this action can have a positive effect on vulnerable people and those who have been touched in other ways by the issue.

AVOID SIMPLISTIC EXPLANATIONS FOR SUICIDE – HELP YOUR AUDIENCE TO UNDERSTAND THE COMPLEXITY OF THE ISSUE

Suicide is seldom if ever the result of a single factor or event, even if a catalyst (such as problems at work, illness or exam pressure) seems obvious. Nor can social conditions alone explain someone's decision to end their life. Accounts which try to explain a suicide as the inevitable outcome of dashed romantic feelings or a single dramatic incident should be challenged. News features could be used to provide more detailed analysis of the reasons behind suicides.

CHALLENGE THE COMMON MYTHS ABOUT SUICIDE

Every time suicide is mentioned in the media there is an opportunity to educate the public, either by exposing myths for what they are, or by actively depicting the truth behind the myths.

REMEMBER THE EFFECT ON SURVIVORS OF SUICIDE – ON THOSE WHO HAVE ATTEMPTED IT, THOSE WHO HAVE BEEN BEREAVED, AND ON YOU

Bear in mind that it is estimated that one in four people knows someone who has taken their own life. It is likely that some people watching or reading have lost a relative or friend and been deeply affected by this so bear this in mind. If you had lost someone, how would you want the issue to be treated?

If you are interviewing someone as part of your work, it can be helpful to offer them some form of support such as information about Samaritans or another helpline or service offered by organisations including Console, AWARE, Cruse, Mental Health Ireland, Praxis, Northern Ireland Association for Mental Health and any other well-run services which exist on a local or national level. Services also exist for the suicide bereaved, and a list of these can be obtained from the National Suicide Bereavement Support Network. Also see the Irish Association of Suicidology website: www.ias.ie.

LOOK AFTER YOURSELF

Reporting or researching suicide can be very distressing in itself, even for the most hardened person, especially if the subject touches something in your own experience. Talk it over with colleagues, friends, family or Samaritans; do not be afraid to seek help.

QUOTES

In drama, unnecessary concentration on suicide methods should be avoided. Particular care should be taken in making editorial judgements about any drama that seems to exploit or glorify suicidal behaviour and actions or to overemphasise the "positive" results of a person's suicide. Suicide is a legitimate subject for news reporting but the factual reporting of suicides may encourage others. Reports should avoid glamorising the story, providing simplistic explanations, or imposing on the grief of those affected. They should also usually avoid graphic or technical details of a suicide method particularly when the method is unusual.

BBC Producers' guidelines

Reporting any death is difficult; however suicide brings with it several other complications and responsibilities for the broadcaster. At the BBC we are very aware of the research that suggests sensationalizing suicide can often lead to copycat cases and we have always taken advice from organisations like Samaritans to guide us.

Tara Mills, Television news correspondent, BBC Northern Ireland (NI)

USE APPROPRIATE LANGUAGE

Research shows that one of the main reasons people do not seek help when they're feeling down or suicidal is that they are embarrassed. Despite the fact that one in four people will suffer from a mental health issue at some time in their lives, many people are too worried about being labelled by society to seek help and using stigmatising language compounds this problem.

The media has an important role to play in destigmatising the whole area of suicide and emotional health. One of the simplest ways of doing this is to use appropriate language. Here are some suggestions about phrases to avoid, and phrases that are helpful to use.

AVOID PHRASES LIKE:

- A 'successful' suicide attempt
- An 'unsuccessful' suicide attempt
- 'Commit' suicide (suicide was decriminalised in 1962 in Northern Ireland and 1993 in the Republic of Ireland, so it's stigmatising to talk about "committing suicide" – the only other context in which the word 'commit' is used is when associated with crime)
- Suicide 'victim'
- 'Just a cry for help'
- 'Suicide-prone' person
- Stop the 'spread/epidemic' of suicide. (Suicide is not a disease it is a behaviour, a symptom of some underlying problem or illness.)

USE PHRASES LIKE:

- A suicide
- Die by suicide
- A suicide attempt
- Take his/her life
- Kill oneself
- A completed suicide
- Person at risk of suicide
- Help prevent suicide

Due to the sensitivities involved in reporting suicide, it is almost impossible to find the appropriate words to properly report without causing hurt for those families affected. I feel that while guidelines can be helpful there still remains an individual responsibility on reporters to avoid sensationalism.

A tendency to under report cases of suicide has not led to a reduction in the suicide rate. It is now important to deal with suicide openly but with the utmost sensitivity.

Christy Loftus
Former President, National Union of Journalists (NUJ)

DON'T ROMANTICISE OR GLORIFY SUICIDE

The reporting or portraying of suicide should guard against expressions of grief, regret and other comments that may suggest the act of killing oneself is in some way honourable. Similarly, the media can have a huge positive influence by avoiding the portrayal of suicide as the tragic last act of an anti-hero, which risks immortalising and glorifying the act of suicide as much as it does the person who has died.

DON'T IMPLY THAT THERE ARE 'POSITIVE' RESULTS TO BE GAINED BY SUICIDE

A dangerous message from the media is that suicide achieves results; it makes people sorry or it makes people eulogise you. For instance, a soap opera story line or newspaper coverage where a child's suicide or suicide attempt seems to result in separated parents reconciling or school bullies being publicly shamed, may offer an appealing option to a despairing child in similar circumstances.

SEEK EXPERT ADVICE

Samaritans' Press Office and the Irish Association of Suicidology can put you in contact with acknowledged experts on suicide and offer advice about depiction based on an overview of previous cases.

Some time ago we were advised that many families of those who have taken their own lives find the term 'commit' suicide deeply offensive because of the suggestion that it is a crime. Since then we have made every effort to stop using that phrase.

Tara Mills
Television news correspondent, BBC Northern Ireland (NI)

FACTUAL PORTRAYALS

In addition to the general guidelines listed above, there are some special considerations for journalists who report suicide.

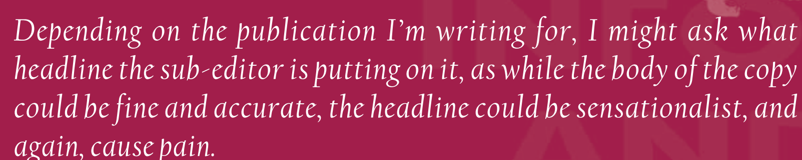
Press coverage or broadcast footage of a suicide should be discreet and sensitive. Positioning and repetition of stories involving suicide can have a negative impact so it is better that suicide reports do not appear on the front page of a newspaper and care should be taken around follow-ups.

Where possible the inclusions of dramatic photographs, however newsworthy or appealing should be avoided.

Reports should avoid explicit details of method (e.g. the number of tablets taken) and if possible, avoid the use of dramatic photographs or images related to the suicide. In retrospective reporting or reconstructions, actual depiction of means should be avoided; use of a long shot or a cutaway would be better.

Gratuitous, uninformed or insensitive discussion of suicide is potentially trivialising and is not an appropriate way to treat so serious and emotive an issue. Help audiences understand the complex factors involved by encouraging explanation of the risk factors of suicide. Encourage discussion by genuinely knowledgeable experts on the possible contributory causes of suicide.

Consider the timing of your work. The coincidental deaths by suicide of two or more people makes the story more topical and newsworthy, but additional care is required in the reporting of “another suicide, just days after…”, which might imply a connection. On average, based on the fact that there are more than 11 suicides every week in Ireland, most of which go unreported and are unrelated.



Depending on the publication I’m writing for, I might ask what headline the sub-editor is putting on it, as while the body of the copy could be fine and accurate, the headline could be sensationalist, and again, cause pain.

Anne Dempsey,
Freelance features journalist (RoI)

Most often broadcasters have to exercise discipline and caution. We have sometimes been told that a community has had a significant number of young adults taking their own lives. On closer consideration this has not been the case, so we have to bring a sense of perspective to the situation. The Samaritans/IAS media "Guidelines on portrayal of suicide" are excellent, and are absolutely essential for our work.

Alan Bremner,
former Controller of Programming, UTV (NI)

DRAMATIC PORTRAYALS

In addition to the general guidelines listed above, here are some specific guidelines for writers, editors and producers working on drama which contains a portrayal of suicide.

THE CHARACTER

One of the key factors in influencing suicidal behaviour appears to be the choice of character. If the viewer or listener feels they can identify with the character, then the likelihood of imitative behaviour is increased. This is particularly the case if the character concerned is young and sympathetic. Young people and the elderly are at great risk of suicide and research shows that they are the most likely groups to be influenced by media representation.

THE REALITY OF A SUICIDE ATTEMPT

Don't brush off the harsh reality of the consequences of a suicide attempt. It's frequently not shown that attempts to take one's life can be very painful, uncomfortable and may also leave serious injury and permanent disability. By making no attempt to reflect this, such as showing a character who has attempted suicide immediately recovered or by glossing over the grim reality of slow liver failure following a paracetamol overdose, the audience is not being presented with a realistic scenario.

In addition to the physical consequences, consider the emotional fallout of the suicide. Those bereaved by suicide are in great pain and turmoil. Grieving following any death is difficult to cope with but that following a suicide can be much more complicated, painful and difficult to resolve. It is also well known that those bereaved by suicide are themselves more at risk for future suicide than the general population. Public interviews with those recently bereaved and possibly still in a state of shock may complicate the grieving process.

FOLLOW-UP

How does the character and those around them change after the suicide or suicide attempt? Evidence suggests that a programme is more dangerous if the character is eulogised and if the situation they were finding difficult has been positively affected, for example, a previously estranged family becoming closer, or people getting their comeuppance: "Everyone's sorry now." Are feelings talked through and are other characters listened to?

TIME OF TRANSMISSION

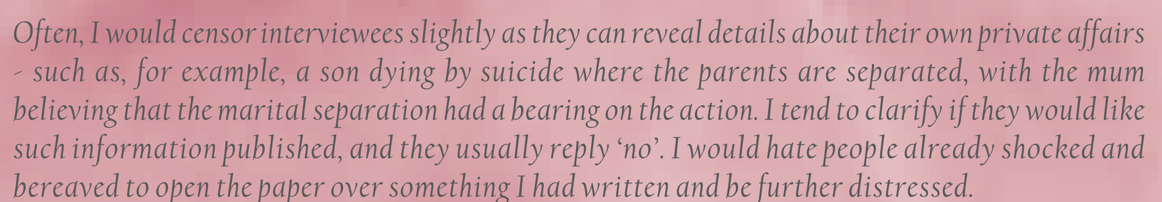
The time of day or time of year of transmission needs to be taken into account. Christmas, New Year's Day, St Valentine's Day, for example, are all particularly difficult times as they mark major anniversaries without a loved one. Also consider whether there is help at hand easily available. In general, public holidays, weekends and late at night can be lonely times.

WHAT TO DO IF YOU THINK SOMEONE IS SUICIDAL

It is very difficult to tell if someone is suicidal or depressed, as people in distress have unique feelings, react in different ways and may be skilled at hiding and denying these feelings and intentions. There are some factors which can indicate suicide risk and these are outlined on the previous page. If you are concerned about an individual, encourage them to seek help and talk to someone they trust and feel will listen - a friend, neighbour, family member, teacher, GP, a doctor or Samaritans.

If you're worried about someone you've been interviewing, trust your instinct - if you're concerned, you're probably right. Ask how the person is feeling and listen to the answer. Let them talk. However, if you feel out of your depth, you have press deadlines to meet and time doesn't allow you to stay with them, or you think that they may need professional help, help them find the support they need. There is help available.

Interviewing people in crisis can be a difficult and painful experience. Remember that in these encounters we all need support and someone with whom to vent our own feelings. If you're helping someone who feels suicidal, please remember that you also need to deal with your feelings and not suppress them. Take care of yourself and seek help and support from colleagues or professionals.



Often, I would censor interviewees slightly as they can reveal details about their own private affairs - such as, for example, a son dying by suicide where the parents are separated, with the mum believing that the marital separation had a bearing on the action. I tend to clarify if they would like such information published, and they usually reply 'no'. I would hate people already shocked and bereaved to open the paper over something I had written and be further distressed.

Anne Dempsey, Freelance features journalist (RoI)

References & additional information

If you have any queries about the portrayal of suicide, please talk to Samaritans' press office or the Irish Association of Suicidology who will be happy to talk through any questions or concerns.

Samaritans provides 24 hour confidential emotional support to people in distress and at risk of suicide. Trained volunteers listen, without judgement and without giving advice.

In the Republic of Ireland, you can contact Samaritans on 1850 60 90 90 at a lo-call rate. In Northern Ireland, you can contact Samaritans at 084 57909090 for the cost of a local call. You can also drop into your local branch (address and telephone number in your local phone book), email jo@samaritans.org, text on 0872 60 90 90(ROI), 07725 90 90 90 (UK) or write to Chris, Samaritans, PO Box 90 90, Stirling, FK8 2SA. Scotland

Samaritans' web site, www.samaritans.org, offers contact details and information about other sources of support.

The website of the Irish Association of Suicidology is www.ias.ie. You can contact IAS through Josephine Scott, Executive Officer, Irish Association of Suicidology, 16 NewAntrim St., Castlebar, Co Mayo. Tel + 353 (0) 9492 50858 fax +353 (0) 9492 50859, email: joscott@eircom.net or drjfc@iol.ie, web : www.ias.ie.

A copy of the Guidelines is posted on the site which also contains information on suicide in Ireland, north and south, and helpful additional addresses.

Throughout this booklet, a reference to suicide includes references to "undetermined deaths". It is widely considered that a large proportion of deaths in this category are cases where individuals have deliberately taken their life but the coroner has been reluctant to cause additional grief to the family by recording a verdict of suicide.

SUGGESTED FURTHER READING

American Foundation for Suicide Prevention, American Association of Suicidology, Annenberg Public Policy Center "Reporting on Suicide: Recommendations for the Media", Suicide and Life-Threatening Behavior, Volume 32 (2); viii - xiii

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Blood R W, Pirkis J : Suicide and the Media: Part III: Theoretical Issues: Crisis, October 2001, Vol. 22, No. 4, 163-169

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Fekete S, Schmidtke A,.Takahashi Y, Etzersdorfer E, Upanne M, Osvath P: Mass Media, Cultural Attitudes, and Suicide: Results of an International Comparative Study; Crisis, October 2001, Vol. 22, No. 4, 170-172,

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Crisis, October 2001, Vol. 22, No. 4, 173-175,

Hawton, K "Suicide and attempted suicide" in Handbook of Affective Disorders, ed. Paykel, ES, Churchill Livingstone, Edinburgh 1992

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Mishara Brian L., How the Media Influences Children's Conceptions of Suicide: Crisis 2003 Vol. 24, No. 3, 128-130

Pirkis J, Blood R. W: Suicide and the Media: Part I: Reportage in Nonfictional Media Crisis, October 2001, Vol. 22, No. 4, 146-154,

Pirkis J, Blood R. W.: Suicide and the Media: Part II: Portrayal in Fictional Media Crisis, October 2001, Vol. 22, No. 4, 155-162

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Schmidke, A and Häfner, H, 1988 "The Werther effect after Television films evidence for an old hypothesis 2 ." Psychological Medicine,18:665-676

Schmidtke, A and Schaller, S "The role of mass media in suicide prevention " The International Handbook of Suicide and Attempted Suicide, Hawton, K and van Heeringen, K,Wiley,Chichester,2000

Sonneck, G,Etzersdorfer, E and Nagel-Kuess, S "Subway suicide in Vienna (1980-1990):A contribution to the imitation effect in suicidal behaviour", in Suicidal Behaviour in Europe: Recent Research Findings, eds P Crepet,G Ferrari,S Platt and M Bellini,John Libbey,Rome,1992

Stack, S "Media Coverage as a Risk Factor in suicide." Journal of Epidemiol Community Health 2003; 57:238-40

Veysey, MJ, Kamanyire, R,and Volans, GN , (1999) "Antifreeze poisonings give more insight into copycat behaviour", British Medical Journal,319:1131

Williams, K,and Hawton, K "Suicidal behaviour and the mass media: Summary of the findings from a systematic review of the research literature", Centre for Suicide Research, Department of Psychiatry, Oxford University Information available on www.befrienders.org/media

Reporting Suicide : Guidance for Journalists

The MediaWise Trust, the National Union of Journalists (UK and Ireland) and the International Federation of Journalists (IFJ) complied these guidelines in consultation with suicide prevention agencies. The aim of the guidelines is to assist print, broadcast and online journalists to appreciate the risks associated with suicide coverage, and suggest simple ways of avoiding unnecessary harm.

http://www.mediawise.org.uk

Sensitive reporting saves lives

Not all suicides are newsworthy. But when they are, it is less likely that others will attempt to take their own lives if media professionals handle the stories responsibly.

SENSITIVE REPORTING INCLUDES:

a.. consideration for the feelings of relatives;
b.. avoiding detailed descriptions of suicide methods;
c.. acknowledging the complexities of suicidal behaviour;
d.. providing information about where help and advice can be found.

AVOID SENSATIONAL HEADLINES, IMAGES, AND LANGUAGE.

In the aftermath of a suicide, relatives are especially vulnerable. They may feel anger, despair, guilt, incomprehension or shame. Publicity makes the situation worse, particularly for children. Consult with immediate family before publishing material that may not have been in the public domain. Some may welcome sympathetic media interest especially if a suicide occurs in unusual circumstances, but avoid unnecessary intrusion into grief and family privacy.

PUBLICISING DETAILS OF SUICIDE METHODS CAN ENCOURAGE IMITATION.

It may be relevant to indicate how a person has died, but providing too much detail may encourage others to try these methods. Explicit descriptions can also cause additional distress to relatives and friends of the deceased, especially children.

AVOID SPECULATION, ESPECIALLY ABOUT ‘CELEBRITY’ SUICIDES.

Prominent figures are entitled to privacy, even if they kill themselves. Beware of gossip and rumours. Always check your sources and consult with relatives before publishing speculative comment that may be unfounded, untrue or hurtful to survivors.

SUICIDE IS A COMPLEX ISSUE, OFTEN LINKED TO MENTAL ILLNESS.

It is neither helpful nor accurate to suggest that suicide occurs as a result of a single factor. Often there will be history of forms of mental illness like depression, and this should be acknowledged. Avoid giving the impression that suicide is a simple ‘solution’ to a particular problem; acknowledge that sudden death creates problems for family and friends.

CONSIDER CONTEXT - SUICIDES IN INSTITUTIONS DESERVE INVESTIGATION.

When people kill themselves while in the care of the authorities - in hospital, in police custody, in prison, or in other institutions, their deaths may raise important questions about levels of supervision and care. The public interest is best served if suspicions are investigated, and lessons learned that may prevent recurrences.

CHALLENGE ‘MYTHS’ ABOUT SUICIDE.

Avoid perpetuating popular misconceptions - like ‘those who threaten suicide are unlikely to do it’ or ‘if someone wants to kill themselves, nothing will stop them’. Our job is to report the facts and to try to explain the phenomenon, the circumstances and the wider issues.

CENSORSHIP OR MISINFORMATION ABOUT SUICIDE IS UNHELPFUL.

Attitudes towards suicide vary from culture to culture, but media professionals should not seek to hide the facts. It is more important for the public to be aware of the phenomenon than to be ignorant of the warning signs or where to go for help to prevent suicide. Newsrooms should encourage debate among staff, and develop their own policies on suicide coverage.

PUT PEOPLE IN TOUCH WITH SUICIDE PREVENTION AGENCIES.

If a suicide story merits coverage there should be space or time to let people know where they can get help if the issues affect them. Newsrooms should ensure that they have up-to-date contact details of support organisations that can provide advice or counselling.

JOURNALISTS ARE VULNERABLE TOO - SUPPORT COLLEAGUES.

Working in the media involves stress, competition and unusual challenges, in addition to the pressures individuals face in their private lives. A willingness to share concerns and provide support should be a feature of professional relationships in the workplace, especially when colleagues experience emotional difficulties.

SUPPORT AGENCIES

AMEN

Amen is a voluntary group which provides a confidential helpline, support and advice service for male victims of domestic abuse and their children.

9-10 Academy Street, Navan, Co. Meath, Tel: 046 9076864
amen@irl.iewww.amen.ie

AWARE

AWARE is a voluntary organisation formed in 1985 by a group of interested patients, relatives and mental health professionals. To provide support group meetings for sufferers of depression and manic depression and their families. AWARE : 72 Lower Leeson St, Dublin 2. Tel: +353 1 6617211,
Fax: +353 1 6617217, Callsave: 1890303302,
E-mail: info@aware.iewww.aware.ie

ALCOHOLICS ANONYMOUS

AA is a self-help programme for people who may have a problem with alcohol. Group meetings are held in most towns throughout the country.

General Service Office:109, South Circular Rd, Leonard's Corner, Dublin 8.
Tel: 048 90 774879 N.I. Tel: +353 1 4538998
E-mail: ala@indigo.iewww.alcoholicsanonymous.ie

AL ANON

A fellowship of young people whose lives have been or are being affected by parent's compulsive drinking.

Al Anon Information Centre, Room 5, 5 Chapel St, Dublin 1.
Tel: +353 1 8732699. Helpline +353 1 8732699

ASSOCIATION FOR PSYCHIATRIC STUDY OF ADOLESCENT

Brings together those concerned with the psychiatric care of adolescents.

Evelyn GordonC/o St. Joseph's Adolescent Unit, Richmond Rd, Fairview, Dublin 3. Tel:+353 1 8370802

BODYWHYS

Bodywhys is a charity which offers help, support, understanding and information to people with anorexia or bulimia nervosa to families and friends and to professionals involved in the treatment of eating disorders.

Bodywhys Central Office, PO Box 105, Blackrock, Co Dublin.
Tel: +353 1 2834963. info@bodywhys.ie

BULLYING

A.B.C. Anti Bullying Research and Resource Unit.Advice, guidance and counselling for all who need help and support in relation to bullying.

Room 3125, Arts BuildingTrinity College Dublin 2Tel: +353 1 6082573 Fax:+353 1 6082573/6777238e-mail: imcguire@tcd.ie

CAMPAIGN AGAINST BULLYING.

Aims to reduce the incidence of, and minimise the ill-effects of bullying.

72 Lakelands Avenue Stillorgan, Co. Dublin
Tel:+353 1 2887976 E-mail: odonnllb@indigo.ie

SUPPORT AGENCIES

CARI FOUNDATION

The CARI is a registered charity founded in 1989. Our primary aim is to provide a professional child.

Child Bereavement (Ni) Tel: 048 90 403000

COMBAT POVERTY AGENCY

Bridgewater Centre, Conyngham Rd, Island Bridge, Dublin 8

Tel: 01. 6706746, info@cpa.iewww.combatpoverty.ie

CRUSE BEREAVEMENT CARE (NI)

(Regional Headquarters)Tel: 048 90 792419

CUMAS - SUPPORTING FAMILIES AROUND DRUGS

The Old Supermarket, Neilstown Shopping Centre, Clondalkin, Dublin 22.

Tel: 01 4573515. Fax: 01 4573122e-mail: cumas@indigo.ie

DRUG TREATMENT CENTRE BOARD

Provides services for drug misusers. Treatment is free of charge. Offers advisory service to medical profession, parents, young people and teachers.

Trinity Court, 30-31 Pearse StreetDublin 2.Tel: +353 1 6771122

FOYLE SEARCH & RESCUE

Foyle Search & Rescues main aim is the preservation of life in and around the river Foyle. It is made up of volunteers that patrol the banks of the river

Tel: 01 504 313800 foylesearch@foylesearch.demon.co.uk

GAMBLERS ANONYMOUS

Gamblers Anonymous is self-help for people who may have a problem with gambling.

Tel: 048 71 351329 N.I.Tel: 048 90 249185 N.I.

Tel: +353 1 8721133www.gamblersanonymous.ie

GROW

GROW aims to help the individual grow towards personal maturity by use of their own personal resources, through mutual help groups in a caring and sharing community. The programme is based on providing a supportive environment for its group members.

GROW National Office, Ormonde Home, Barrack Street, Kilkenny.

Info Line 1890 474 474 www.grow.ieinfo@grow.ie

IRISH ASSOCIATION FOR COUNSELLING AND THERAPY

Offers courses in personal development and self-esteem. Provides counselling services for alcohol and drug abuse, and bereavement.

8 cumberland Street, Dun Laoghaire, Co. Dublin.

Tel: +353 1 8370802

IRISH ASSOCIATION OF SUICIDOLOGY

16 NewAntrim St., Castlebar, Co Mayo

Tel + 353 (0) 9492 50858 Fax +353 (0) 9492 50859

Email: drjfc@iol.ie Web: www.ias.ie

IRISH STAMMERING ASSOCIATION

Aims: to improve service provision for children and adults; set up local self-help groups throughout the country; arrange intensive stammer courses for adults; research the causes of stammering.

Carmichael House, North Brunswick St., Dublin 7.

Tel: +353 1 8724405. Fax: +353 1 8735737Helpline +353 1 8735702

LEGAL AID BOARD

The Legal Aid Board provides legal aid and advice in civil cases to persons who satisfy the requirements of the Civil Legal Aid Act. 1995. The Board makes the services of Solicitors and if necessary Barristers available to people of moderate means at little cost. The service includes anything from writing a solicitors letter on your behalf to representing you in court. In practice the Board deals mainly with family law.

Legal Aid Department

Tel: 048 90 246441 N.I.Tel: +353 669471000

LESBIAN AND GAY RESOURCE GROUP

The Other Place8, South Main St, Cork .

Gay Helpline: +353 (0)21 4278745

Lesbian Helpline +353 (0)21 4808600

NATIONAL LESBIAN AND GAY FEDERATION

Unit 2 Scarlet Row, Temple Bar, Dublin .

Tel: 201 6710939 Email : gcn@tinet.ie

SUPPORT AGENCIES

MENTAL HEALTH IRELAND

The Mental Health Ireland is a national voluntary organisation with over 99 local association and branches throughout the country. Its aim is twofold to help those who are mentally ill and to promote positive mental health. Tel: 01 2841166
www.mentalhealthireland.ie email info@menalhealthireland.ie

NAR-ANON

Nar-Anon is a self-help group for relatives and friends of people who may have a problem with drugs.
Tel: +353 1 8748431

NARCOTICS ANONYMOUS

NA is a self-help group for people who feel they may have a problem with drugs.
4-5 Eustace St, Dublin 2. Tel: +353 1 8300944 ext. 486

NATIONAL YOUTH COUNCIL OF IRELAND

The NYCI is the representative body for voluntary youth organisations.3, Montague St., Dublin 2.
Tel: +353 1 4784122. Fax: +353 1 4783974. E-mail: info@nyci.ie

NATIONAL YOUTH FEDERATION

The National Youth Federation (NYF) is Ireland's largest youthwork organisation. The NYF has published research on young people and suicide, produced guidelines for youth workers on prevention and postvention work and provides workshops on the use of the guidelines.
Tel: +353 1 8729933. Email: fbissett@nyf.ie

NORTHERN IRELAND MENTAL HEALTH ASSOCIATION

Tel: 028 90 328474

OVEREATERS ANONYMOUS

The only requirement for overeaters anonymous membership is a desire to stop eating compulsively Tel: (01) 2788106

PRISM – BEREAVED AND SEPARATED PARENTS.

A programme specially designed for bereaved and separated parents. It helps them to become attuned to their own and their child's grief process and to learn single parenting skills so they can recreate family life again.

OANDA, THE ASSOCIATION FOR PHOBIAS IN IRELAND

OANDA was set in 1974 as the National Organisation for sufferers of Agoraphobia.
OANDA, 140 St. Lawrence's Road, Clontarf, Dublin 3
Tel: +353 1 8338252/3

PSYCHOLOGICAL SERVICES, DEPARTMENT OF EDUCATION AND SCIENCE

Psychological support service for Post Primary Schools & Colleges
Marlborough St., Dublin 1. Tel: +353 1 8892700

RAINBOWS IRELAND

Rainbows are a support group programme for children and young adults who have suffered a significant loss through death or separation or any painful transition.
Tel: 01 4734175

RECOVERY INCORPORATED

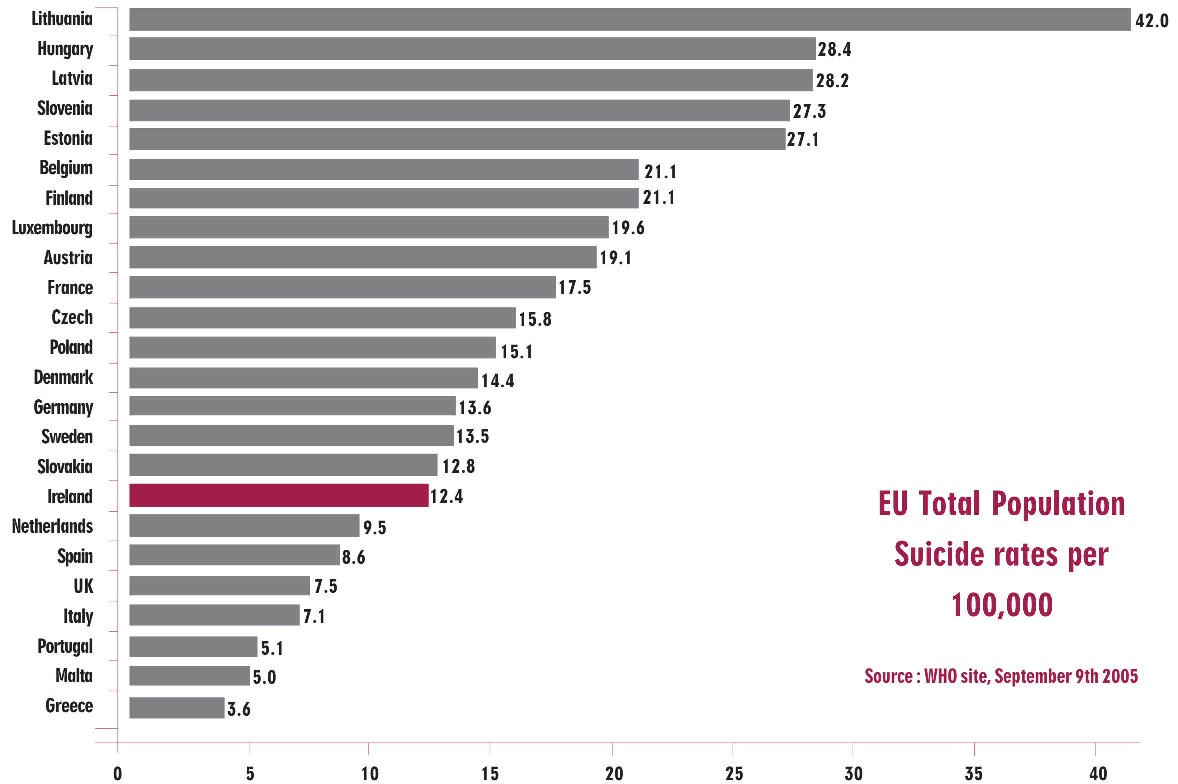
Offers self-help mental health programme for people suffering form anxiety, phobias, depression and nervous symptoms.
Tel: +353 1 6260775E-mail: recovirl@indigo.ie

SAMARITANS

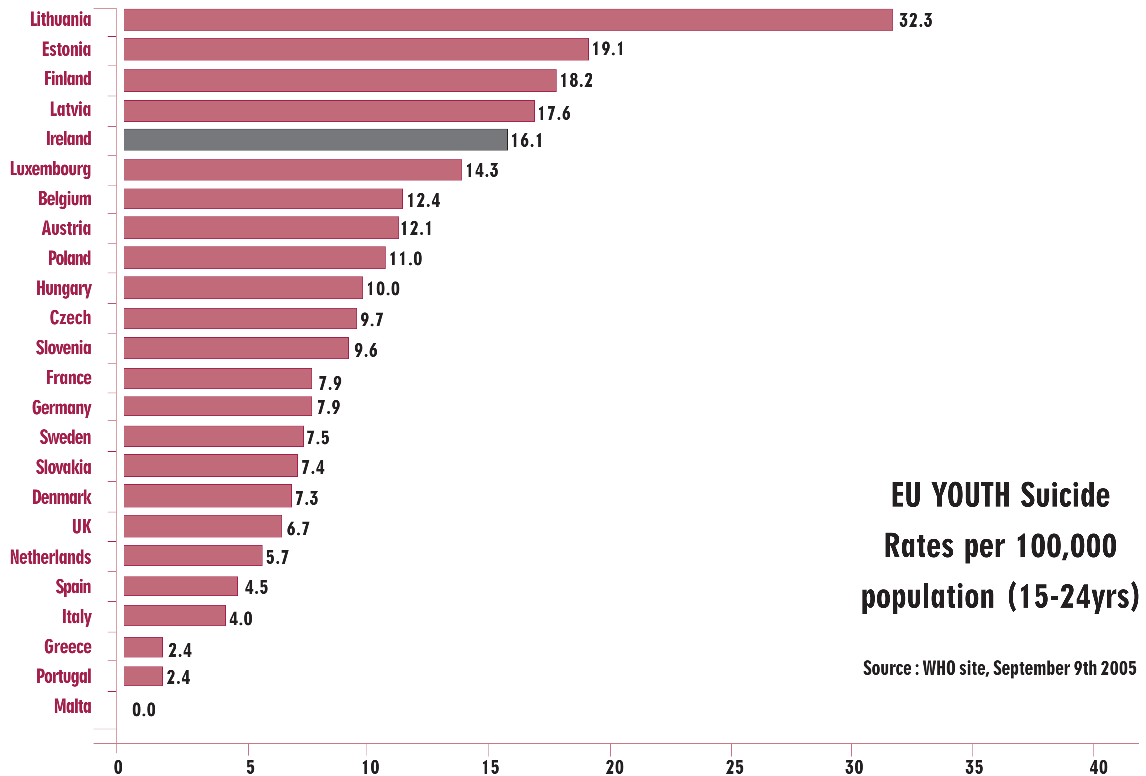
The Samaritans vision is that fewer people will take their own lives. Samaritans befriending is available at any hour of the day or night for everyone passing through personal crisis and at risk of dying by suicide. Samaritans provide society with a better understanding of suicide, suicidal behaviour and the value of expressing feelings that may lead to suicide.
Tel 0044 (0)2083948300 (UK) 0044 (0) 84 57909090 (NI) 1850 60 90 90 (ROI) www.samaritaNS.ORG

SCHIZOPHRENIA IRELAND

Schizophrenia Ireland is the national organisation dedicated to advocating the rights and needs of those affected by schizophrenia and related illnesses, and to promoting and providing best quality services for the people it serves
Schizophrenia Ireland, 38 Blessington St, Dublin 7.
Tel: +353 1 860 1602. Fax: +353 1 8601602 Helpline: 1890 621 631
http://www.iol.ie/lucia Email: schizi@iol.ie



Figures: Paul Corcoran, National Suicide Research Foundation



Suicide Deaths by Sex and Ten Year Age Group 1980 - 2004

Republic of Ireland

	MALE SUICIDES								FEMALE SUICIDES								TOTAL SUICIDES								
Year	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	Total
1980	2	17	26	32	28	22	14	2	1	10	13	11	13	16	6	3	3	27	39	43	41	38	20	5	216
1981	0	29	35	28	28	22	12	4	0	4	13	14	15	12	6	1	0	33	48	42	43	34	18	5	223
1982	1	31	40	34	19	27	19	7	0	7	5	14	10	16	8	3	1	38	45	48	29	43	27	10	241
1983	2	46	48	27	23	27	24	5	0	9	14	12	14	21	8	2	2	55	62	39	37	48	32	7	282
1984	1	25	37	23	24	29	22	3	1	10	8	15	13	13	8	0	2	35	45	38	37	42	30	3	232
1985	1	48	47	32	19	42	23	4	0	3	11	13	11	11	10	1	1	51	58	45	30	53	33	5	276
1986	2	34	47	39	33	35	22	5	0	11	9	10	13	16	6	1	2	45	56	49	46	51	28	6	283
1987	0	29	39	35	19	32	26	5	1	7	8	13	8	10	7	6	1	36	47	48	27	42	33	11	245
1988	0	47	50	23	13	34	13	15	0	6	13	16	16	11	7	2	0	53	63	39	29	45	20	17	266
1989	0	41	42	47	30	20	22	11	0	7	8	10	11	12	12	5	0	48	50	57	41	32	34	16	278
1990	4	44	51	45	40	38	20	9	0	12	20	16	13	11	9	2	4	56	71	61	53	49	29	11	334
1991	0	61	69	65	27	35	18	8	0	4	15	11	12	11	8	2	0	65	84	76	39	46	26	10	346
1992	3	68	80	42	40	33	27	11	0	6	12	7	9	13	8	4	3	74	92	49	49	46	35	15	363
1993	8	45	58	58	27	34	22	8	0	9	13	14	14	10	4	3	8	54	71	72	41	44	26	11	327
1994	2	69	77	52	48	28	16	13	0	13	9	17	21	11	16	3	2	82	86	69	69	39	32	16	395
1995	4	76	67	72	40	23	25	14	2	11	20	18	16	10	3	3	6	87	87	90	56	33	28	17	404
1996	4	82	89	72	39	31	13	15	0	14	15	12	13	7	1	2	4	96	104	84	52	38	14	17	409
1997	4	107	80	80	51	38	14	12	0	19	12	16	17	10	15	3	4	126	92	96	68	48	29	15	478
1998	1	114	106	78	67	31	25	11	1	14	10	22	17	10	3	4	2	128	116	100	84	41	28	15	514
1999	2	87	90	60	47	38	23	11	1	19	16	15	19	15	7	5	3	106	106	75	66	53	30	16	455
2000	1	87	103	80	64	38	15	7	0	22	10	21	18	6	9	5	1	109	113	101	82	44	24	12	486
2001	2	90	110	82	68	45	23	9	0	16	13	19	20	18	2	2	2	106	123	101	88	63	25	11	519
2002	1	90	106	62	55	41	24	8	2	15	21	15	19	11	4	4	3	105	127	77	74	52	28	12	478
2003	2	92	81	68	44	46	16	9	2	16	20	11	20	12	2	3	4	108	101	79	64	58	18	12	444
*2004	1	83	77	78	53	44	14	6	1	10	17	20	26	17	7	3	2	93	94	98	79	61	21	9	457

*Figures for 2004 by year of registration are provisional

Undetermined Deaths by Sex and Ten Year Age Group 1980 - 2004

Republic of Ireland

	MALE SUICIDES								FEMALE SUICIDES								TOTAL SUICIDES								
YEAR	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	Total
1980	1	10	13	4	16	8	7	2	0	3	5	2	3	3	6	1	1	13	18	6	19	11	13	3	84
1981	0	6	10	9	12	7	4	3	0	2	0	5	7	7	0	0	0	8	10	14	19	14	4	3	72
1982	0	7	12	14	9	3	3	2	0	2	2	2	2	5	2	2	0	9	14	16	11	8	5	4	67
1983	0	7	4	6	13	10	7	0	0	1	1	3	1	8	1	0	0	8	5	9	14	18	8	0	62
1984	2	4	14	10	4	7	2	3	0	0	2	5	4	6	3	1	2	4	16	15	8	13	5	4	67
1985	0	8	8	4	4	9	11	1	1	2	3	3	4	3	4	0	1	10	11	7	8	12	15	1	65
1986	0	17	7	10	8	7	6	2	1	2	2	3	8	3	7	0	1	19	9	13	16	10	13	2	83
1987	1	11	11	12	10	8	1	1	0	3	1	5	4	3	0	0	1	14	12	17	14	11	1	1	71
1988	0	4	11	6	9	8	8	3	1	2	1	3	1	6	4	1	1	6	12	9	10	14	12	4	68
1989	2	6	11	10	14	13	7	1	1	3	2	5	1	4	8	4	3	9	13	15	15	17	15	5	92
1990	1	6	7	7	6	6	0	0	0	2	2	2	2	4	0	3	1	8	9	9	8	10	0	3	48
1991	0	7	6	5	6	3	2	2	0	0	0	1	3	0	1	2	0	7	6	6	9	3	3	4	38
1992	0	5	6	1	3	2	1	1	0	1	0	0	0	0	2	0	0	6	6	1	3	2	3	1	22
1993	1	2	3	4	3	1	1	0	0	0	0	1	0	1	1	1	1	2	3	5	3	2	2	1	19
1994	0	3	1	2	1	3	1	0	2	0	0	0	0	1	1	0	2	3	1	2	1	4	2	0	15
1995	1	0	0	2	1	1	0	1	0	0	0	1	2	1	0	0	1	0	0	3	3	2	0	1	10
1996	0	1	2	3	5	1	0	0	0	0	0	1	1	0	0	0	0	1	2	4	6	1	0	0	14
1997	0	7	5	6	3	0	1	0	0	1	0	0	0	0	0	0	0	8	5	6	3	0	1	0	23
1998	0	4	8	10	5	3	1	4	0	1	5	3	3	4	2	0	0	5	13	13	8	7	3	4	53
1999	1	12	8	5	14	11	0	1	0	1	2	5	4	3	3	1	1	13	10	10	18	14	3	2	71
2000	0	10	12	6	6	7	5	0	3	2	3	6	2	3	4	0	3	12	15	12	8	10	9	0	69
2001	1	8	12	15	12	4	4	2	0	2	5	3	6	2	1	1	1	10	17	18	18	6	5	3	78
2002	0	14	21	13	9	4	5	1	0	1	5	4	5	3	2	1	0	15	26	17	14	7	7	2	88
2003	0	9	11	9	6	3	3	2	0	0	2	1	3	2	0	1	0	9	13	10	9	5	3	3	52
*2004	0	4	14	8	7	5	2	3	1	2	3	4	4	1	1	0	1	6	17	12	11	6	3	3	59

*Figures for 2004 by year of registration are provisional

Suicide and Undetermined Deaths by Sex and Ten Year Age Group 1980 - 2004

Republic of Ireland

	MALE SUICIDES								FEMALE SUICIDES								TOTAL SUICIDES								
YEAR	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	
1980	3	27	39	36	44	30	21	4	1	13	18	13	16	19	12	4	4	40	57	49	60	49	33	8	300
1981	0	35	45	37	40	29	16	7	0	6	13	19	22	19	6	1	0	41	58	56	62	48	22	8	295
1982	1	38	52	48	28	30	22	9	0	9	7	16	12	21	10	5	1	47	59	64	40	51	32	14	308
1983	2	53	52	33	36	37	31	5	0	10	15	15	15	29	9	2	2	63	67	48	51	66	40	7	344
1984	3	29	51	33	28	36	24	6	1	10	10	20	17	19	11	1	4	39	61	53	45	55	35	7	299
1985	1	56	55	36	23	51	34	5	1	5	14	16	15	14	14	1	2	61	69	52	38	65	48	6	341
1986	2	51	54	49	41	42	28	7	1	13	11	13	21	19	13	1	3	64	65	62	62	61	41	8	366
1987	1	40	50	47	29	40	27	6	1	10	9	18	12	13	7	6	2	50	59	65	41	53	34	12	316
1988	0	51	61	29	22	42	21	18	1	8	14	19	17	17	11	3	1	59	75	48	39	59	32	21	334
1989	2	47	53	57	44	33	29	12	1	10	10	15	12	16	20	9	3	57	63	72	56	49	49	21	370
1990	5	50	58	52	46	44	20	9	0	14	22	18	15	15	9	5	5	64	80	70	61	59	29	14	382
1991	0	68	75	70	33	38	20	10	0	4	15	12	15	11	9	4	0	72	90	82	48	49	29	14	384
1992	3	73	86	43	43	35	28	12	0	7	12	7	9	13	10	4	3	80	98	50	52	48	38	16	385
1993	9	47	61	62	30	35	23	8	0	9	13	15	14	11	5	4	9	56	74	77	44	46	28	12	346
1994	2	72	78	54	49	31	17	13	2	13	9	17	21	12	17	3	4	85	87	71	70	43	34	16	410
1995	5	76	67	74	41	24	25	15	2	11	20	19	18	11	3	3	7	87	87	93	59	35	28	18	414
1996	4	83	91	75	44	32	13	15	0	14	15	13	14	7	1	2	4	97	106	88	58	39	14	17	423
1997	4	114	85	86	54	38	15	12	0	20	12	16	17	10	15	3	4	134	97	102	71	48	30	15	501
1998	1	118	114	88	72	34	26	15	1	15	15	25	20	14	5	4	2	133	129	113	92	48	31	19	567
1999	3	99	98	65	61	49	23	12	1	20	18	20	23	18	10	6	4	119	116	85	84	67	33	18	526
2000	1	97	115	86	70	45	20	7	3	24	13	27	20	9	13	5	4	121	128	113	90	54	33	12	555
2001	3	98	122	97	80	49	27	11	0	18	18	22	26	20	3	3	3	116	140	119	106	69	30	14	597
2002	1	104	127	75	64	45	29	9	2	16	26	19	24	14	6	5	3	120	153	94	88	59	35	14	566
2003	2	101	92	77	50	49	19	11	2	16	22	12	23	14	2	4	4	117	114	89	73	63	21	15	496
*2004	1	87	91	86	60	49	16	9	2	12	20	24	30	18	8	3	3	99	111	110	90	67	24	12	516

*Figures for 2004 by year of registration are provisional

Suicide and Undetermined Deaths by Sex and Ten Year Age Group 1980 - 2004

Northern Ireland - Year of Registration

	MALE SUICIDES								FEMALE SUICIDES								TOTAL SUICIDES								
Year	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	
1980	0	10	9	15	5	9	4	2	0	2	9	5	4	5	1	1	0	12	18	20	9	14	5	3	81
1981	1	8	16	9	12	12	7	3	0	2	3	3	4	8	2	0	1	10	19	12	16	20	9	3	90
1982	1	11	8	11	7	11	8	0	0	4	5	2	8	14	3	0	1	15	13	13	15	25	11	0	93
1983	1	17	16	12	12	14	10	5	1	3	7	10	9	15	6	4	2	20	23	22	21	29	16	9	142
1984	0	10	10	16	15	9	8	4	0	5	7	5	3	11	4	2	0	15	17	21	18	20	12	6	109
1985	0	18	18	18	12	13	4	2	0	0	3	8	8	6	6	1	0	18	21	26	20	19	10	3	117
1986	0	19	19	18	20	8	9	8	1	7	4	7	5	8	9	3	1	26	23	25	25	16	18	11	145
1987	1	17	12	12	7	4	1	2	1	6	4	6	3	4	4	2	2	23	16	18	10	8	5	4	86
1988	1	36	23	18	13	20	7	3	0	5	3	7	6	5	5	1	1	41	26	25	19	25	12	4	153
1989	0	18	22	11	10	16	6	6	0	3	6	3	7	5	3	0	0	21	28	14	17	21	9	6	116
1990	0	18	30	20	13	21	10	3	0	6	3	9	13	5	5	2	0	24	33	29	26	26	15	5	158
1991	1	20	21	16	16	9	7	3	0	3	7	9	9	4	2	2	1	23	28	25	25	13	9	5	129
1992	0	21	23	11	13	10	8	4	0	2	4	3	3	2	2	1	0	23	27	14	16	12	10	5	107
1993	2	30	27	15	12	9	5	3	0	3	3	8	8	3	1	0	2	33	30	23	20	12	6	3	129
1994	1	28	35	15	10	9	3	6	1	1	7	5	8	4	3	2	2	29	42	20	18	13	6	8	138
1995	0	25	21	16	10	6	6	7	0	4	3	9	4	5	4	2	0	29	24	25	14	11	10	9	122
1996	0	20	30	17	13	9	7	3	0	3	3	8	8	0	3	0	0	23	33	25	21	9	10	3	**124**
1997	1	23	27	13	15	7	7	2	1	5	4	3	6	4	2	0	2	28	31	16	21	11	9	2	**120**
1998	0	23	33	15	11	6	6	1	0	5	8	10	4	2	2	0	0	28	41	25	15	8	8	1	**126**
1999	0	28	35	21	9	5	2	3	0	8	2	5	1	0	1	1	0	36	37	26	10	5	3	4	**121**
2000	0	37	36	29	10	11	5	2	0	5	7	7	8	3	1	2	0	42	43	36	18	14	6	4	**163**
2001	0	30	32	26	16	3	9	3	0	2	5	4	5	2	4	0	0	32	37	30	21	5	13	3	**141**
2002	1	21	49	24	24	6	4	3	1	2	12	4	7	1	1	2	2	23	61	28	31	7	5	5	**162**
2003	1	18	23	26	19	8	6	3	0	5	7	7	7	1	1	0	1	23	30	33	26	9	7	3	**132**
*2004	0	18	18	26	19	9	3	3	0	4	8	7	5	3	4	1	0	22	26	33	24	12	7	4	**128**

*Figures for 2004 by year of registration are provisional

Undetermined Deaths by Sex and Ten Year Age Group 1980 - 2004

Northern Ireland - Year of Registration

1Cause undetermined

	MALE SUICIDES								FEMALE SUICIDES								TOTAL SUICIDES								
YEAR	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	
1980	0	3	3	5	3	4	3	0	0	2	2	0	3	4	4	1	0	5	5	5	6	8	7	1	37
1981	0	8	8	5	3	5	4	1	0	0	2	2	6	4	0	0	0	8	10	7	9	9	4	1	48
1982	0	2	6	2	1	1	2	0	0	2	1	4	2	2	3	1	0	4	7	6	3	3	5	1	29
1983	0	3	0	3	2	5	1	0	0	0	0	3	1	3	0	0	0	3	0	6	3	8	1	0	21
1984	0	0	4	2	2	1	1	0	0	0	1	0	1	2	0	0	0	0	5	2	3	3	1	0	14
1985	2	5	5	4	5	4	2	1	0	2	0	2	3	3	2	0	2	7	5	6	8	7	4	1	40
1986	0	3	6	4	2	4	2	1	0	1	1	1	3	0	0	1	0	4	7	5	5	4	2	2	29
1987	0	5	5	1	5	1	4	3	0	1	1	2	3	1	4	0	0	6	6	3	8	2	8	3	36
1988	0	2	5	4	0	5	2	0	0	2	2	2	3	2	0	1	0	4	7	6	3	7	2	1	30
1989	0	1	3	1	3	1	3	2	0	1	0	2	1	0	0	0	0	2	3	3	4	1	3	2	18
1990	0	0	1	1	1	2	0	1	0	0	1	1	0	1	0	1	0	0	2	2	1	3	0	2	10
1991	0	2	4	2	2	0	1	1	0	2	0	0	1	2	1	1	0	4	4	2	3	2	2	2	19
1992	0	1	1	3	3	3	1	1	0	1	0	2	0	2	2	1	0	2	1	5	3	5	3	2	21
1993	0	3	4	4	2	1	2	1	0	1	0	2	2	0	0	0	0	4	4	6	4	1	2	1	22
1994	0	2	3	2	0	1	2	0	1	0	0	0	1	0	0	1	1	2	3	2	1	1	2	1	13
1995	0	5	0	6	2	1	0	0	1	0	0	2	3	3	1	1	1	5	0	8	5	4	1	1	25
1996	1	3	4	2	1	1	2	1	0	0	1	1	0	0	1	1	1	3	5	3	1	1	3	2	**19**
1997	0	2	1	4	4	1	0	1	0	1	0	1	1	1	1	0	0	3	1	5	5	2	1	1	**18**
1998	1	4	4	4	2	2	1	0	0	0	0	2	2	1	1	0	1	4	4	6	4	3	2	0	**24**
1999	0	3	2	5	8	3	2	1	0	1	1	2	3	1	1	0	0	4	3	7	11	4	3	1	**33**
2000	0	1	4	1	2	2	0	0	0	1	2	4	4	0	0	1	0	2	6	5	6	2	0	1	**22**
2001	0	2	2	2	4	1	1	1	1	0	0	0	2	0	0	1	1	2	2	2	6	1	1	2	**17**
2002	0	1	0	2	5	0	1	1	0	0	3	4	1	2	0	1	0	1	3	6	6	2	1	2	**21**
2003	0	0	2	1	2	2	0	1	0	0	1	1	1	1	0	0	0	0	3	2	3	3	0	1	**12**
*2004	0	1	0	0	5	1	1	1	0	1	2	0	4	2	0	0	0	2	2	0	9	3	1	1	**18**

*Figures for 2004 by year of registration are provisional

Undetermined Deaths by Sex and Ten Year Age Group 1980 - 2004

Northern Ireland - Year of Registration

Suicides + undetermined

	MALE SUICIDES								FEMALE SUICIDES								TOTAL SUICIDES								
Year	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75&over	
1980	0	13	12	20	8	13	7	2	0	4	11	5	7	9	5	2	0	17	23	25	15	22	12	4	118
1981	1	16	24	14	15	17	11	4	0	2	5	5	10	12	2	0	1	18	29	19	25	29	13	4	138
1982	1	13	14	13	8	12	10	0	0	6	6	6	10	16	6	1	1	19	20	19	18	28	16	1	122
1983	1	20	16	15	14	19	11	5	1	3	7	13	10	18	6	4	2	23	23	28	24	37	17	9	163
1984	0	10	14	18	17	10	9	4	0	5	8	5	4	13	4	2	0	15	22	23	21	23	13	6	123
1985	2	23	23	22	17	17	6	3	0	2	3	10	11	9	8	1	2	25	26	32	28	26	14	4	157
1986	0	22	25	22	22	12	11	9	1	8	5	8	8	8	9	4	1	30	30	30	30	20	20	13	174
1987	1	22	17	13	12	5	5	5	1	7	5	8	6	5	8	2	2	29	22	21	18	10	13	7	122
1988	1	38	28	22	13	25	9	3	0	7	5	9	9	7	5	2	1	45	33	31	22	32	14	5	183
1989	0	19	25	12	13	17	9	8	0	4	6	5	8	5	3	0	0	23	31	17	21	22	12	8	134
1990	0	18	31	21	14	23	10	4	0	6	4	10	13	6	5	3	0	24	35	31	27	29	15	7	168
1991	1	22	25	18	18	9	8	4	0	5	7	9	10	6	3	3	1	27	32	27	28	15	11	7	148
1992	0	22	24	14	16	13	9	5	0	3	4	5	3	4	4	2	0	25	28	19	19	17	13	7	128
1993	2	33	31	19	14	10	7	4	0	4	3	10	10	3	1	0	2	37	34	29	24	13	8	4	151
1994	1	30	38	17	10	10	5	6	2	1	7	5	9	4	3	3	3	31	45	22	19	14	8	9	151
1995	0	30	21	22	12	7	6	7	1	4	3	11	7	8	5	3	1	34	24	33	19	15	11	10	147
1996	1	23	34	19	14	10	9	4	0	3	4	9	8	0	4	1	1	26	38	28	22	10	13	5	**143**
1997	1	25	28	17	19	8	7	3	1	6	4	4	7	5	3	0	2	31	32	21	26	13	10	3	**138**
1998	1	27	37	19	13	8	7	1	0	5	8	12	6	3	3	0	1	32	45	31	19	11	10	1	**150**
1999	0	31	37	26	17	8	4	4	0	9	3	7	4	1	2	1	0	40	40	33	21	9	6	5	**154**
2000	0	38	40	30	12	13	5	2	0	6	9	11	12	3	1	3	0	44	49	41	24	16	6	5	**185**
2001	0	32	34	28	20	4	10	4	1	2	5	4	7	2	4	1	1	34	39	32	27	6	14	5	**158**
2002	1	22	49	26	29	6	5	4	1	2	15	8	8	3	1	3	2	24	64	34	37	9	6	7	**183**
2003	1	18	25	27	21	10	6	4	0	5	8	8	8	2	1	0	1	23	33	35	29	12	7	4	**144**
*2004	0	19	18	26	24	10	4	4	0	5	10	7	9	5	4	1	0	24	28	33	33	15	8	5	**146**

*Figures for 2004 by year of registration are provisional

We also try to ensure that we avoid broadcasting details about how the person killed themselves. One positive thing to come out of our coverage has been feedback from many families who welcome a more open approach to what in the past was a taboo subject."

Tara Mills Television news correspondent, BBC Northern Ireland (NI)

Positive examples of responsible reporting

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ACKNOWLEDGEMENTS

HSE National Office for Suicide Prevention
Health Promotion Agency Northern Ireland

INFORMATION AND ADVICE