

## Guidance on depictions of suicide & self-harm in drama & film

### Background

**Suicide and self-harm are major public health concerns. As topics which are very much in the public interest, both feature in storylines for drama, soaps and film. When approached responsibly this can help to inform and educate wide audiences, supporting informed discussion and better understanding.**

Due to the sensitivities and risks associated with covering these topics in the media, care needs to be taken with how these issues are portrayed, as viewers may identify closely with characters, which can increase the risk of suicide contagion.

There is significant research evidence which has linked certain types of media coverage of suicide with increases in suicide rates. This risk increases significantly if details of suicide methods are shown, if suicidal behaviour is sensationalised or romanticised and if the coverage is given undue prominence.

This guidance has been developed to provide a helpful information resource for producers of drama when writing and developing storylines which include suicide and self-harm.

Samaritans' Media Advice team works closely with drama producers, providing advice and a script review service, and can be contacted at [mediaadvice@samaritans.org](mailto:mediaadvice@samaritans.org)

### Suicide facts

- In the UK approximately 6,000 people die by suicide each year and many more will make a suicide attempt. Men are three times more likely to die by suicide than women. In areas of significant deprivation men are up to 10 times more likely to die by suicide than those who are less deprived. Suicide remains the biggest killer of people under the age of 50.
- The World Health Organisation estimates that for every person across the world who dies by suicide, there may be 20 others who will make an attempt on their life.
- Suicidal behaviour is extremely complex and can rarely, if ever, be attributed to a single cause. This complexity should be reflected in portrayals of suicide. For example, the suggestion that suicidal behaviour occurred following an isolated incident such as the loss of a job or a relationship breakdown should be avoided.

- There are numerous risk factors for suicide and often people are in more than one 'at-risk' group. Risk factors can include economic factors (such as recession), living in disadvantaged communities, mental health problems, alcohol and drug abuse, exposure to suicide or self-harm (family, friends) and a history of trauma or abuse.
- Suicide is an extreme and potentially preventable act. It is best to avoid any suggestion of suicidal behaviour being a natural, understandable or inevitable response to everyday crises.

### Self-harm facts

- There are multiple definitions of self-harm. Researchers, clinicians, charities and media might define self-harm differently. In these guidelines we define self-harm as any deliberate act of self-poisoning or self-injury without suicidal intent. This excludes accidents, substance misuse and eating disorders.

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- Self-harm is much more common among young people than other age groups, and particularly among young women. In England between 2007 and 2014 there was an increase in the proportion of people who reported that they had self-harmed, especially among young women aged 16-24.
- Self-harm is a sign of serious emotional distress and is a strong risk factor for suicide.
- While most people who self-harm will not go on to take their own life, longer term it is associated with developing suicidal thoughts.
- It is possible that the increase in self-harm among young people could lead to it being seen as a normal or 'typical' response by those who are struggling within this age group, and to it becoming a long-term response to emotional distress. Portraying self-harm in media may contribute to this 'normalisation', particularly with young audiences. To protect people who may be susceptible to this behaviour, it is important to consider the details that are included and how this is covered, including avoiding repeated or excessive coverage.

See Samaritans' [Guidance for covering self-harm](#).

### The Werther effect

A significant body of research, conducted across the world over the last six decades, links certain types of media depictions of suicide with increases in suicide rates.

According to this research evidence, people may identify with characters who are portrayed to die by suicide, or make a suicide attempt, especially if they are charismatic/glamorous/romantic and can be idealised. This phenomenon is known as 'social contagion', where a depicted suicide can serve as a model for imitative behaviour. This contagious effect is caused by a combination of grief, suicide ideation and over-identification with the person or character who has died and/or the circumstances under which they took their life or made a suicide attempt.

The earliest known example of suicide contagion caused by media relates to a German novel titled 'The Sorrows of Young Werther', written by Johann Wolfgang von Goethe and first published in 1774. The

novel is a story of unrequited love in which the main character, Werther, takes the decision to end his life. Following publication of the novel there was evidence of imitational suicides observed in Germany. Many of the deaths were men of a similar age to 'Werther' and even dressed in similar style to the character. This resulted in the book being banned in Germany, Denmark and Italy.

The main risk areas highlighted in the research evidence include detailed descriptions of suicidal acts – specifically those which describe suicide methods, content which romanticises or inadvertently glorifies suicidal behaviour and excessive coverage of suicide.

Those who are most susceptible to this contagion effect through media portrayals of suicide include people who suffer with mental health problems, young people, and people who are bereaved, particularly those who are bereaved by suicide.

### The Papageno effect

Another smaller body of evidence shows that sensitive portrayals of suicide, focusing on someone overcoming a crisis, can have a protective influence. This is known as the Papageno effect. Coverage describing a person or character seeking help and

coming through a difficult time can serve as a powerful testimony to others that this is possible. This type of coverage can encourage people to seek help and has been linked to falls in suicide rates.

Samaritans' work in this area is guided by the research and focuses on supporting safe and informed coverage of suicide. What we understand from the research is that it's not that suicide shouldn't be covered in the media, what's important is how it is covered.

The aim of this guidance is to provide evidence-based, relevant information to help drama producers avoid creating content which could be harmful to some viewers.

## General considerations when writing suicide and self-harm storylines

- In terms of age, gender and socio-economic status, the group most at risk of suicide in the UK are men in the lowest social class in their mid-years. In the UK men are three times more likely to die by suicide than women. More information on the issues affecting men can be found on [our website](#).
- For up-to-date suicide statistics you can visit [our website](#).
- There are a range of psychological, situational, societal and individual background factors that can interact with and impact on a person's suicide risk. It is helpful to convey this complexity where possible in suicide-related plotlines and avoid simplistic explanations which attribute a suicide attempt or death to a single incident.
- Sensitive storylines which depict a character overcoming a crisis and show hopeful recovery, can help to encourage people, who may be suffering in silence, to reach out for help. These can serve as reassurance that suicidal feelings can be worked through and will pass, particularly if the character seeks help and chooses to live.
- It is risky to indicate any 'reward' following a suicide death or attempt. This can inadvertently promote the idea of achieving something through death which is not perceived to be possible in life. Examples include storylines depicting separated parents reuniting following a suicide attempt by their child or suggesting people will be held to account for their actions, such as bullies being shamed and made to feel sorry for their behaviour. Similarly, a death by suicide should never be described as a release, setting a person free from their troubles in life, or providing peace. This can romanticise the idea of suicide and could lead to a vulnerable person believing a death by suicide could resolve the problems they face in life.
- It is advisable to avoid overly dramatising a suicide, as this can romanticise or glorify the behaviour and inadvertently promote it to people who may be vulnerable.
- Young people are a particularly vulnerable audience in relation to the topics of suicide and self-harm. They are more influenced by what they see and hear in the media than other age groups, and their behaviour is often more spontaneous – more emotionally charged. Young people may not fully appreciate or comprehend the permanency of suicide. Please see Samaritans' [Guidance on reporting on suicides by young people and suicide clusters](#).
- For facts about suicide, visit [our website](#).

## Portrayal of suicide methods

In any portrayal of a suicide or suicide attempt, it is better to give as little detail as possible about the method used. For example, if the character has taken an overdose it is advisable not to name or show the type or quantity of tablets that have been consumed.

It is also advisable to avoid giving details of how the means of suicide (eg, the instrument or drugs) were obtained, for example describing a certain instrument as being easily and cheaply obtained online.

Research shows that portraying a suicide as easy, quick, peaceful and/or pain-free can influence a person's decision to make a suicide attempt.

Avoid introducing new or uncommon methods of suicide or self-harm into the public consciousness. Evidence shows that such portrayals can result in increases in the use of new methods. It is better to avoid depiction of novel or unusual, or particularly lethal suicide methods.

Care should be taken to avoid portraying a suicide attempt as something that can quickly be recovered from, for example describing a character returning to normal life within hours or days.

Please also apply this level of care and consideration to any portrayal of self-harm.

## Language

The terms and phrases used when describing suicidal behaviour are important, as some terms can perpetuate stigma and discourage people from speaking out and seeking help.

**With this in mind, we recommend the following:**



### Phrases to use:

- A suicide
- Suicide attempt
- Attempted suicide
- Taken his/her own life
- Ended his/her/their own life
- Die by/death by suicide
- Person at risk of suicide



### Phrases to avoid:

- Commit suicide
- Cry for help
- A 'successful', 'unsuccessful' or failed suicide
- Suicide victim
- Suicide 'epidemic', 'wave', 'iconic site', 'hot spot'
- Suicide-prone
- Suicide tourist or 'jumper'

## Additional points for consideration

- It is advisable to consider how a drama storyline which includes suicide or self-harm will be promoted. Please ensure those who are responsible for publicity are aware of **Samaritans' Media Guidelines for Reporting Suicide**.
- Consideration should also be given to any images used in publicity materials. For example, it is not safe to show suicide methods or locations. Avoiding these will help to limit any risk.
- It is helpful to signpost viewers to appropriate sources of support, such as Samaritans' helpline, at the end of programmes covering suicide or self-harm, to encourage help-seeking. This could also be included in any publicity materials to promote the storyline.
- It can also be helpful to include trigger warnings at the start of key episodes. While this is not a complete fail-safe, alerting viewers to any suicide and self-harm content allows them to make the choice of whether or not it is suitable for them to watch. Particularly if they have been affected by the issues (eg, those who have been bereaved or those who have experience of suicidal feelings or past attempts).



## How Samaritans can help you

Samaritans' Media Advisory team works closely with writers, researchers and producers, providing expert advice on portrayals of suicide and self-harm and a script review service. The team can be reached at [mediaadvice@samaritans.org](mailto:mediaadvice@samaritans.org)

For general advice and best practice consult **Samaritans' Media Guidelines for Reporting Suicide** on our website.

**When covering the topic of suicide or self-harm please encourage help-seeking by including sources of support, such as Samaritans' helpline:**

*When life is difficult, Samaritans are here – day or night, 365 days a year. You can call them for free on 116 123, email them at [jo@samaritans.org](mailto:jo@samaritans.org), or visit [www.samaritans.org](http://www.samaritans.org) to find your nearest branch.*