PREVENTING SUICIDE

A resource for filmmakers and others working on stage and screen

World Health Organization

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CONTENTS

FOREWORD

Suicide is a serious global public health problem that occurs throughout the lifespan. Furthermore, suicide is one of the leading causes of premature mortality among young people in many countries. Suicides are preventable, but preventing suicide is no easy task. Interventions range from training young persons in skills to cope with stressors in life, through accurate and timely assessment, diagnosis and effective treatment of mental disorders, to responsible reporting of suicide by the media, restricting access to suicide methods and the environmental control of risk factors.

This booklet is one of a series of resources aimed at specific groups of people who are in a position where they can contribute to suicide prevention. Suicide prevention involves the concerted efforts of many sectors of society, including professional groups – national and local government, legislators, law enforcers, health workers, educators, social agencies, the media, families, schools, workplaces and communities.

This resource is intended to help filmmakers and others involved in the development and production of suicide and self-harm content for television, cinema and theatre to maximize the positive impact of their work and reduce the risk of potential harmful effects, in particular among those who are vulnerable or have mental health conditions. This resource was developed to apply to portrayals of actual suicides that have occurred, as well as fictional portrayals of suicide – e.g. in television, films, documentaries and theatre.

This resource is being widely disseminated in the hope that it will be translated and adapted to local situations which is a prerequisite for its effectiveness. Comments and requests for permission to translate and adapt the resource will be welcome.

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QUICK REFERENCE POINTS

■ Include characters and narratives displaying resilience and effective ways of dealing with problems.

■ Outline how to obtain help from support services.

■ Show the potential positive value of support from friends, family and others.

■ Avoid depicting the act or method of suicide.

■ Base storylines on real life.

■ Include potential warning signs of suicide and how to cope with them.

■ Display the complexity and wider issues associated with suicide.

■ Use appropriate language.

■ Consult suicide prevention and communications experts, mental health professionals and persons with lived experience.

■ Consider including a content advisory message prior to the beginning of cinematic, televised, streamed or theatrical content.

■ Consider the impact of portraying suicide on persons involved in stage and screen productions.

■ Provide parental guidance for content aimed at viewers under 18 years of age.

BACKGROUND

Suicide is a major public health problem with far-reaching social, emotional and economic consequences. There are some 800 000 suicides a year worldwide, and it is likely that many others go undetected. In addition, many more people attempt suicide. Suicide occurs throughout the lifespan and in 2016 it was found to be the second leading cause of death among 15–29-year-olds globally.

The factors contributing to suicide and suicide attempts and their prevention are complex, but there is increasing evidence that media – including films, documentaries and television programmes – can have both positive and negative impacts on suicidal behaviour. The way in which we watch cinematic and television content today has changed drastically since the invention of the television in the 1920s. Those with an interest in films and programmes on television and streamed online can now watch and re-watch them in isolation, on demand everywhere, from their telephone, laptop, tablet, television and many other devices. Furthermore, the development of online viewing allows people to watch cinematic, television and streamed content with ease and over extended periods of time – an activity known as "binge watching" which is particularly prevalent among young people *(1, 2)*.

Many countries have classification guidelines to guide viewers as to the suitability of a film or television programme for particular age groups. Age classifications are generally determined by examining a film for content such as drug use, sexual content, language, violence and the overall theme. There are no global guidelines on such age classification processes. Content relating to suicide is rarely addressed by film classification boards.

Research has established that sensationalist portrayals of suicide in the media, such as in news stories, can lead to an increase in suicides due to imitation (the "copycat" effect). Research has shown that, as with media news reports, portrayals of suicide on television, at the cinema or streamed online can have imitation effects. A person's sociodemographic status and characteristics play a role in the impact of such portrayals, with younger and vulnerable people at higher risk of identifying with the protagonist and experiencing a negative impact. In addition, if portrayals of suicide do not accurately represent reality, they can contribute to public misunderstandings of the nature of suicide, nurture myths (see myths and facts about suicide in Annex 1) and hinder effective suicide prevention.

Content portrayed on screen informs the general public about social issues such as mental health which in turn affects public attitudes, creating an opportunity for those involved in the production of stage and screen content to contribute to suicide prevention *(3, 4)*. Research has demonstrated that portrayals focusing on overcoming suicidal crisis can reduce suicide risk among viewers. Furthermore, promoting such programmes or portrayals provides an opportunity to highlight the importance of seeking help and looking after oneself and others, and to provide messages of hope.

This booklet aims to provide information for filmmakers and others involved in the creation, development and production of content for screen (e.g. films, series, television programmes) or stage (e.g. theatrical productions) to ensure that portraying suicide on screen and stage is accurate and appropriate and to maximize the positive impact that portrayals of suicide can have, while minimizing any possible negative impacts. An overview of the scientific literature on the impacts of portrayals of suicide on screen is also included (see Annex 2).

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WHAT FILMMAKERS AND OTHERS WORKING ON STAGE AND SCREEN CAN DO TO CONTRIBUTE TO SUICIDE PREVENTION

Include characters and narratives displaying resilience and effective ways of dealing with problems

Where possible, include characters who display resilience and positive coping strategies that enable them to deal with life stressors, feelings of sadness and/or suicidal thoughts *(5-7)*. **Depictions of efforts to access relevant services, of overcoming stressors or crises and of coping with stress and recovery are highly important for inclusion**. It is helpful to convey a message that change is possible, even in seemingly desperate circumstances.

Outline how to obtain help from support services

Provide contact details for support services which can provide support to anyone affected by the story's content *(8)*. These are services with clear governance structures as well as specially trained and accredited professionals or volunteers – e.g. crisis lines for telephone calls and text

messages, suicide prevention helplines, or mental health services. When a video containing the theme of suicide and/or self-harm is uploaded to an online platform, the provision of information on quality-assured support services by online platform administrators may aid prevention efforts. In many instances, these are adapted to local circumstances. It should be noted, however, that the inclusion of contact details for support services does not protect from harmful effects.

Show the potential positive value of support from friends, family and others

Provide examples of how friends, family members and the wider community can help and support vulnerable persons by, for instance, responding to expressions of sadness and/or a wish to harm oneself, actively listening, displaying a willingness to support the suicidal person, encouraging the person to seek professional help and to use helplines and other community help that is available.

Avoid depicting the act or method of suicide

Avoid showing the act of suicide as this can increase imitative (copycat) behaviour *(9)*. Showing images of the body following the suicidal act should also be avoided. **A narrative surrounding the person's death by a family member or friend** could be used as an alternative way to let the audience know that the character has died by suicide or made a suicide attempt. The inclusion of details in such a narrative (e.g. the method used) is also not advised.

Base storylines on real life

Depictions of fictional and non-fictitious events **should not deviate from real life. Portrayals of suicide should avoid simplifying, glamourizing or otherwise presenting events unrealistically**. Attention should be paid to the previous point of not depicting the act or method of suicide. Special caution must be used when telling the story of a suicide which occurred at a location that is frequently associated with people taking their own life. It is important to avoid further suicides at that location.

In fictional events in films and on stage, it is important to paint a picture, informed by research, that accurately represents the real lives of people experiencing suicidal behaviour and those caring for, treating or working with them *(5, 10)*.
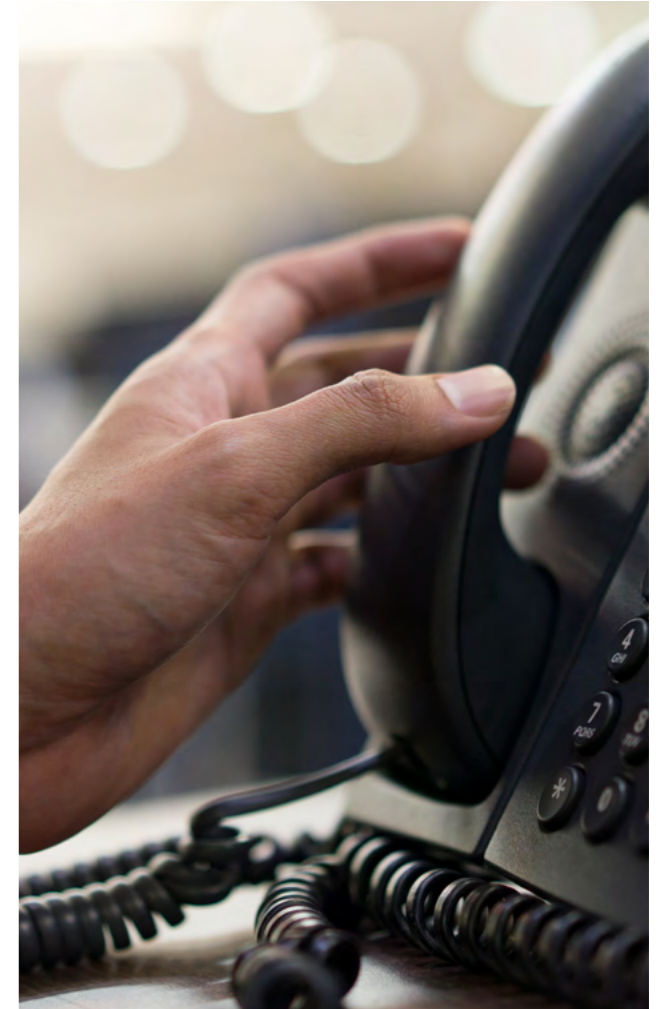
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Include potential warning signs of suicide and how to cope with them

Include behaviours that are potentially indicative of a person's plan to take their own life. This can help educate audiences on the potential warning signs to look out for. Warning signs include changes in mood, heightened engagement in risky behaviours, self-harm, talking about taking one's life and feelings of hopelessness. When including warning signs, do not portray suicide as the only option for coping with complex adversities.[1] However, it is worth noting that suicide can also occur without warning signs and suicide risk can evolve over time.

Display the complexity and wider issues associated with suicide

Research suggests that suicide is associated with a complex range of risk factors, including external stressors (e.g. loss, violence, trauma), mental and physical health conditions, genetic and environmental factors and the presence or absence of protective factors (11). **Depict the presence of multiple stressors**. It is important to note, however, that while death by suicide can often be linked to multiple stressors, the presence alone of multiple stressors does not always lead to suicide.

Use appropriate language

Language should be **appropriate for the audience**.[2] Language used should be non-judgmental and non-sensational; it should avoid stigmatizing or adding shame to issues of mental health conditions or suicide. For instance, use the term "died by suicide" or "took their own life" as opposed to "committed suicide", and use "suicide attempt" instead of "unsuccessful suicide". The term "committed suicide" has negative connotations that stem from the criminalization of suicide (12).

Consult suicide prevention and communications experts, mental health professionals and persons with lived experience

The involvement of a suicide prevention expert with specialized expertise in suicide messaging – from the very beginning when developing the idea through writing the script and then promoting the product – can ensure that maximum benefit is gained from this resource. Suicide prevention experts can be located via the International Association for Suicide Prevention.[3]

Suicide prevention experts can also identify persons with lived experience (i.e. persons who have engaged in suicidal behaviour, those bereaved by suicide, those who have or have had suicidal thoughts, and anyone who has

experience with someone having suicidal thoughts or behaviour) (5, 13, 14). These persons can provide input to give authenticity to storylines. **Support should be offered to these contributors by accredited professionals with experience working with those bereaved by suicide**. The appropriate length of time between the death and the first contact with the bereaved concerning involvement in films or other media should be at least 12 months (15).

Consider including a content advisory message prior to the beginning of cinematic, televised, streamed or theatrical content

Imitative behaviour can occur irrespective of age and especially among vulnerable individuals (6, 16). Consequently, an **advisory message stating that the theme of suicide is covered should be considered**. However, the inclusion of an advisory message does not protect from harmful impacts resulting from portrayals of suicide and suicide attempts, as described in this resource.

Consider the impact of the portrayal of suicide on those working on stage and screen productions

Preparing and producing a story about suicide, whether real or fictional, may resonate with the persons involved as a result of their own experiences. **Supports should**

be offered to production teams involved in the creation of content which includes the portrayal of suicide. Suggested supports include opportunities for debriefing, mentoring arrangements and access to counsellors. Media professionals should be encouraged to seek help from within or outside the production team if they are adversely affected in any way.

Provide parental guidance for content aimed at viewers under 18 years of age

It is advisable to **include information for parents/guardians or persons supervising young people on how to discuss the topic of suicide with those in their care**. It is suggested that, along with the content advisory (see above), information for parents/guardians should be placed at the start as well as at the end of a screen or theatre production featuring the theme of suicide. Information resources for parent/guardians should also be provided.[4]

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[1] See: https://suicidology.org/resources/warning-signs/? (accessed 7 September 2019).
[2] See: https://mindframe.org.au/suicide/communicating-about-suicide/language? (accessed 7 September 2019).
[3] See: www.iasp.info (accessed 7 September 2019).

[4] See: http://www.healthtalk.org/home (accessed 7 September 2019).

ANNEX 1.
MYTHS AND FACTS ABOUT SUICIDE

MYTH: Talking about suicide with someone who is suicidal is a bad idea and can be interpreted as encouragement.

FACT: Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give a person other options or the time to rethink his/her decision, thereby preventing suicide.

MYTH: People who talk about suicide do not take their own lives.

FACT: People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.

MYTH: Someone who is suicidal is determined to die.

FACT: On the contrary, suicidal people are often ambivalent about living or dying. For instance, someone may act impulsively by ingesting a poisonous substance and then die a few days later even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.

MYTH: Most suicides happen suddenly without warning.

FACT: The majority of suicides are preceded by warning signs, whether verbal or behavioural. Consequently, it is important to understand what the warning signs are and to look out for them. Of course, some suicides occur without outward warning, which is why public messaging to educate the public about suicide prevention is so important.

MYTH: Once someone is suicidal, he or she will always remain suicidal.

FACT: Heightened suicide risk is often short-term and specific to the situation. While suicidal thoughts may return, they are not permanent and a person with previous suicidal thoughts and attempts can go on to live a long life.

MYTH: Only people with mental disorders are suicidal.

FACT: Suicidal behaviour indicates deep unhappiness but not necessarily a mental disorder. Many people living with mental disorders do not engage in suicidal behaviour, and not all people who take their own lives have a mental disorder.

MYTH: Suicidal behaviour is easy to explain.

FACT: The factors that lead a person to suicide are usually multiple and complex and should not be reported in a simplistic way. Health, mental health, stressful life events, social and cultural factors need to be taken into account when trying to understand suicidal behaviour. Impulsivity also plays an important role.

MYTH: Suicide is an appropriate means of coping with problems.

FACT: Suicide is not a constructive or appropriate means of coping with problems, nor is it the only possible way to manage severe distress or to deal with adverse life circumstances. Stories about individuals with a personal experience of suicidal thoughts who managed to cope with their difficult life situations can help to highlight viable options for others who might currently be contemplating suicidal behaviour.

ANNEX 2.
OVERVIEW OF THE SCIENTIFIC LITERATURE ON THE IMPACTS OF PORTRAYALS OF SUICIDE ON STAGE AND SCREEN

Research has shown that imitation effects (also called copycat suicides) occur following sensationalist portrayals of suicide on screen (17-19). Key findings from reviews of the literature have found that fictional and nonfictional portrayals can influence suicidal behaviour. Therefore, those involved in the production of theatre plays, films, television and online streaming content need to exercise caution. The wish to entertain can be balanced against the risk of harm through collaboration between suicide experts and persons involved in the creation of content for theatre, cinema, television and online streaming. Such collaboration creates opportunities for education.

Factors associated with adverse effects

Research has found that the effects of depictions of suicidal behaviour in cinema and television vary with individual vulnerability (6, 7). Some subgroups of the population (e.g. young people and those experiencing depression) may be especially vulnerable and are more likely to show increased rates of suicidal thoughts or imitative suicidal behaviours (6, 20) after viewing content that portrays suicide. Research also indicates that adolescents with pre-existing severe or frequent feelings of sadness and lack of motivation are more likely to report a deterioration in mood after watching a fictional portrayal of suicide (21).Those experiencing thoughts about suicide (i.e. suicidal ideation) have been found to experience an increase in suicidal ideation after watching a film in which the protagonist dies by suicide (6). In a research study, suicidal thoughts and behaviours during exposure to film dramas, as measured by a validated self-report measure, had an impact on how much an individual identified with the character who experienced suicidal ideation or died by suicide. The more a person identified with this character, the greater the deterioration in mood and the higher the increase in inner tension and depression (22). Furthermore, identification with the character has been linked to deteriorating mood and increased depression (7, 16).

Negative impacts of the portrayal of suicide on stage and screen

In 1988, Schmidtke & Häfner (23) published a paper highlighting the findings of a study in which fictional portrayals of a death by suicide were found to be subject to the "Werther effect" (i.e. the effect of media reports on increases in suicide rates). The fictional model in question was a six-episode weekly serial, broadcast in 1981 and again in 1982, depicting in great detail the suicide of a 19-year-old male student. Imitation effects were observed most clearly in groups whose age and sex were closest to the character who died by suicide and the imitation effects remained detectable for longer periods among those closest in age to this character. Consistent with findings of so-called "suicide mass clusters" following depictions of suicidal content in the media, this research – along with further emerging evidence – provides evidence for suicide mass clusters arising from screen media (13).

Similarly, research exploring the impact of a televised episode of a hospital drama featuring an overdose with medication found that the broadcast of the episode was followed by significant increases in presentations to general hospitals because of self-poisoning (18). Again, the increase was seen largely among those of an age similar to that of the character who engaged in self-harm (24).

Several other studies have found that television broadcasts of fictional stories featuring suicidal behaviour may lead to imitative suicidal behaviour among teenagers (25). Furthermore, a relationship between increasing exposure to suicide movies and suicide attempts has been noted among young people (26). One study found that fictional depictions of suicide are as potent, and possibly more influential, in provoking suicidal reactions as news stories about real suicide cases (16). Although available research is limited, studies on the portrayal of suicide in theatre plays have shown similar impacts, such as an increase in suicides after the plays took place (27). In contrast, other research has not found support for an imitation effect theory of fictional depictions of suicide (28-30) and a number of studies (5, 31) have found mixed effects.

The majority of more recent studies show a more consistent pattern regarding portrayals of suicide on screen. Recent research on the release of an online streamed series depicting a suicide scene has been linked to an increase in suicides as well as presentations to a children's hospital for suicidal attempts and suicidal ideation among young people (13, 32, 33). Furthermore, during a retrospective chart review of paediatric patients in the six months following the programme's debut, a number of patient charts (for encounters primarily related to the patient's mental health) were identified on which

reference was made to this specific television programme *(9)*. While the television programme was associated with increased suicide awareness, it was also concerning that there was a rise in Internet searches for terms associated with suicide methods *(8)*.[5]

Positive impacts of portrayal of suicide on screen

It has been shown that documentaries can increase intentions to seek help *(19)*. Further research on the impact of a documentary provides partial support for the hypothesis that a documentary about schizophrenia can reduce stigma *(34)*. Research has also indicated that portrayals of individual mastery of a crisis may have beneficial effects for vulnerable persons *(5, 6)*. These positive effects are known as the "Papageno effect" after a character called Papageno in Mozart's opera The Magic Flute. Papageno plans his death but is prevented at the last minute when he is reminded of alternatives to taking his own life *(35)*.

A television series dealing with the work of the Samaritans, a charity dedicated to reducing feelings of isolation and disconnection that can lead to suicide, has been found to be associated with increased knowledge as well as increased referrals to the Samaritans. Further research is required into positive impacts arising from portrayals of suicide in theatrical performances.

Conclusion

Research indicates that sensationalist portrayals of suicide on screen and in the theatre can lead to subsequent imitation suicides and suicide attempts. This suggests that those involved in the development or production of content for cinema, stage and screen should exercise caution in depicting suicide in order to reduce the risk of causing harm. Research also indicates that portrayals of suicidal behaviour on screen can have a positive impact on viewers when including elements such as the mastery of suicidal crisis, the presence of help-seeking behaviour, accurate depictions of mental health conditions, references to professional help (e.g. mentioning crisis intervention centres or telephone counselling services) and sensitivity in how the death of a character by suicide is made known. As a result, screen and theatre productions can contribute to suicide prevention and help save lives.

[5] Some music videos have been found to prime suicidal thoughts. See Ref. (36).
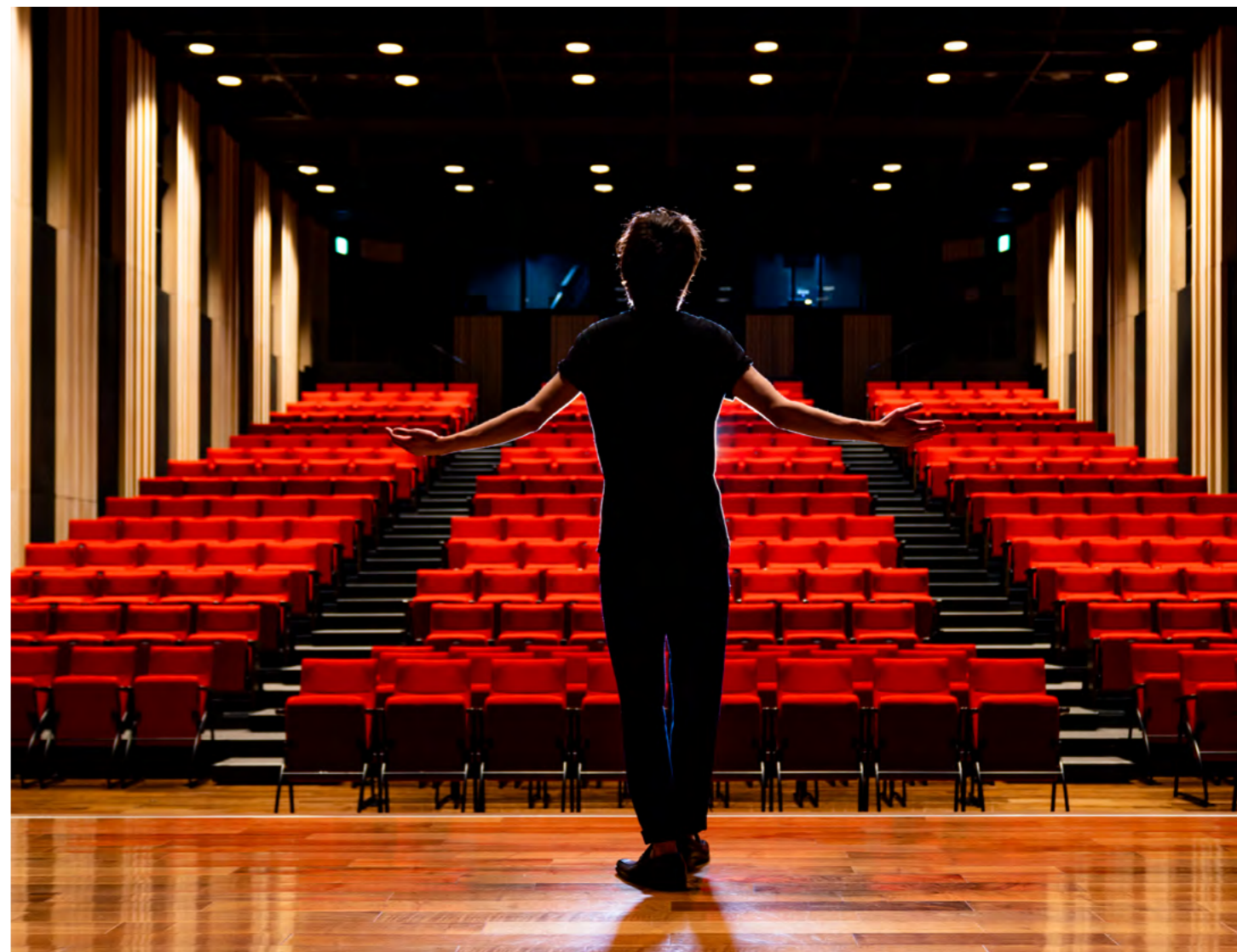
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