



PREVENTING SUICIDE

A resource for filmmakers
and others working on
stage and screen



World Health
Organization

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Suggested citation. Preventing suicide: a resource for filmmakers and others working on stage and screen. Geneva: World Health Organization; 2019 (WHO/MSD/MER/19.4). Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Design and layout by Studio FFFOG.

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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.

WHO is particularly indebted to Professor Ella Arensman, Carolyn Holland and Niall McTernan, National Suicide Research Foundation and School of Public Health, University College, Cork, Ireland who produced the first version of this booklet with inputs from Dr Daniel Reidenberg, Suicide Awareness Voices of Education (SAVE), United States of America (USA), Associate Professor Dr Thomas Niederkrotenthaler, Centre for Public Health, Medical University of Vienna, Austria, and Professor Jane Pirkis, University of Melbourne, Australia.

The text was subsequently reviewed by the following experts, to whom we are grateful: Karl Andriessen, Centre for Mental Health, University of Melbourne, Melbourne, Australia; Florian Arendt, Department of Communication, University of Vienna, Vienna, Austria; Alison Brunier, WHO headquarters, Geneva, Switzerland; Vladimir Carli, National Centre for Suicide Research and Prevention of Mental Ill Health (NASP), Karolinska Institutet, Stockholm, Sweden; Qijin Cheng, Department of Social Work, Chinese University of Hong Kong, Hong Kong

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Chennai, India; Danuta Wasserman, National Centre for Suicide Research and Prevention of Mental Ill Health (NASP), Karolinska Institutet, Stockholm, Sweden; Inka Weissbecker, WHO headquarters, Geneva, Switzerland.

We also thank David Bramley, Prangins, Switzerland for editing the text.

The collaboration of the International Association for Suicide Prevention (IASP) with WHO on its activities related with suicide prevention is greatly appreciated.

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.

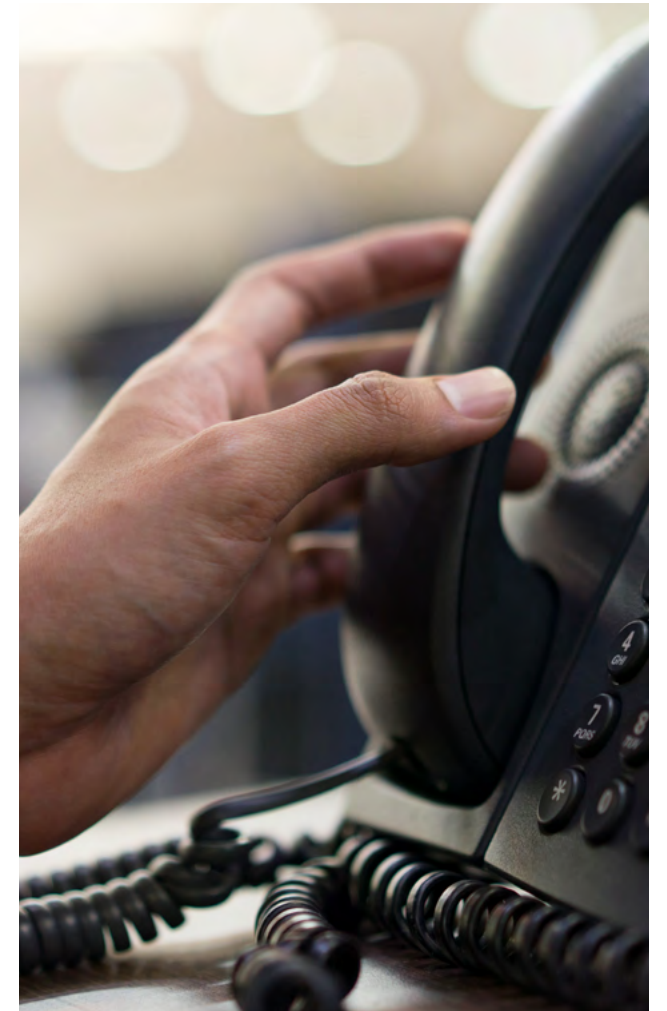
Avoid depicting the act or method of suicide

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,

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

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_25070



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

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