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Newspaper reporting on a cluster of suicides in the UK: a study of article characteristics 1 2 using PRINTQUAL Ann John^{1,7*}, Keith Hawton², David Gunnell³, Keith Lloyd¹, Jonathan Scourfield⁴, Phillip A 3 Jones¹, Ann Luce⁵, Amanda Marchant¹, Steve Platt⁶, Sian Price⁷, Michael S Dennis¹ 4 5 1 Swansea University Medical School, Institute of Life Sciences 2, Swansea University, 6 Swansea, United Kingdom. 7 2 Centre for Suicide Research, Department of Psychiatry, Warnford Hospital, Oxford, United 8 Kingdom. 9 **3** School of Social and Community Medicine, University of Bristol, Bristol, United Kingdom. **4** School of Social Sciences, Cardiff University, United Kingdom. 10 11 5 Institute for Media and Communication Research, Bournemouth University, United Kingdom. 12 6 Centre for Population Health Sciences, University of Edinburgh Medical School, United 13 Kingdom 14 15 7 Public Health Wales National Health Service Trust, Wales, United Kingdom

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21 Abstract

Background: Media reporting may influence suicide clusters through imitation or contagion.
In 2008 there was extensive national and international newspaper coverage of a cluster of
suicides in young people in the Bridgend area of South Wales, U.K.

Aims: To explore the quantity and quality of newspaper reporting during the identifiedcluster.

Method: Searches were conducted for articles on suicide in Bridgend for six months before
and after the defined cluster (26th June 2007 – 16th September 2008). Frequency, quality
(using the PRINTQUAL instrument) and sensationalism were examined.

Results: 577 newspaper articles were identified. One in seven articles included the suicide
method in the headline, 47.3% referred to earlier suicides and 44% used phrases which
guidelines suggest should be avoided. Only 13% included sources of information or advice.

Limitations: Other types of media reporting were excluded. There was no evidence of social
 media playing a significant role.

35 **Conclusions:** A high level of poor quality and sensationalist reporting was found during an 36 on going suicide cluster at the very time when good quality reporting could be considered 37 important. A broad awareness of media guidelines, and expansion and adherence to press 38 codes of practice are required by journalists to ensure ethical reporting.

39 Key words: suicide cluster, newspaper reporting, guidelines

- 41

42 Introduction

There is growing recognition that suicides may occur in clusters. Evidence suggests that 43 mass clusters, when there is a temporary increase in the total frequency of suicides for a 44 population relative to the time preceding and after the cluster, but with no spatial element, 45 typically follow the reporting of actual or fictional suicides (Haw, Hawton, Niedzwiedz, & 46 Platt, 2013). Notable examples have occurred following the fictional portrayal of suicide or 47 48 self-harm in T.V. programmes (Hawton et al., 1999) and celebrity suicides 49 (Niederkrotenthaler et al., 2012). This copy-cat/ imitation phenomenon (or Werther effect) is a modelling of suicidal behaviour with the media acting as a vehicle for contagion. Such 50 suicides frequently involve the same method (Hawton & Williams, 2002; Pirkis & Blood, 2001; 51 52 Sisask & Varnik, 2012; Stack, 2003). Currently the evidence for this effect is strongest in newspaper reporting (Hawton & Williams, 2005; S. Stack, 2005). The impact is most evident 53 54 within the first two days of a report and over the next week (Bollen & Phillips, 1982), though 55 occasionally lasting longer (Fu & Yip, 2007). The prominence of the story and repetition of the reporting may be particularly influential (Niederkrotenthaler et al., 2010). Identification with 56 the individual in the report or holding them in particular esteem can also influence impact 57 (Pirkis & Nordentoft, 2011). Most importantly, particular population groups may be more 58 59 vulnerable, especially younger people and those suffering depression (Cheng et al., 2007). The effects of newspaper reporting on suicidal behaviour, however, may not be entirely harmful. 60 In a study of newspaper reporting in Austria, Niederkrotenthaler and colleagues (2010) showed 61 that the reporting of suicidal ideation, not associated with subsequent attempted or 62 completed suicide, may have a protective effect (Papageno effect). 63

Recent evidence using space-time models suggests that up to 2% of probable suicides may 64 occur in 'point' clusters, with an excessive number of suicides occurring in close temporal 65 and geographical proximity (Larkin & Beautrais, 2012). Temporal-spatial suicide clusters are 66 thought to be two to four times more common among young people (aged 15-24 years) 67 than among other age groups (Niedzwiedz, Haw, Hawton, & Platt, 2014). There has been 68 limited research on media influences in point clusters, though a recent case control study 69 (Gould, Kleiman, Lake, Forman, & Midle, 2014) of 48 suicide clusters in young people in the 70 71 USA showed that a variety of newspaper report characteristics were associated with the initiation of clusters. This study identified a variety of newspaper report characteristics that 72 were associated with the initiation of the cluster (between first and second deaths), namely, 73 74 front-page placement, detailed descriptions of the suicidal individual and act and headlines containing the word suicide. 75

In light of earlier evidence that highlights the important negative associations between reporting and suicide clusters, recommendations for responsible reporting by journalists have been promoted by the WHO (2005), and in many countries by suicide prevention organisations. In the U.K. the Samaritans have produced guidance (2008, revised 2013). Press Codes of Ethics similarly encourage ethical reporting and are able to hold organisations and journalists accountable for their actions (in the UK the *Press Complaints Commission Code of Practice* and the Independent Press Standards Organisation).

We previously conducted a study of national mortality data identifying 'point' suicide clusters in Wales over a ten year period, 2000-2009 (Jones et al., 2013). There was statistical evidence of a single, cluster of ten deaths in young people aged 15 to 34 years (primary cluster) in Bridgend and the surrounding area for the period 27th December 2007 to 19th February

2008. This cluster was smaller, shorter in duration, and predominantly later than the 87 phenomenon that was widely reported in national and international print media in early 88 2008. No other statistical clusters were identified in Wales over the study period and there 89 was no evidence of previous clusters in the Bridgend area indicating specific community 90 91 vulnerability. Five other clusters of possible suicides were identified in the temporo-spatial analysis in 15-34 year olds across Wales, 2000-2009, but these were not significant at the 92 0.05 level (secondary clusters). Of these, two occurred at roughly similar time periods to the 93 primary cluster, 27th December 2007 to 17th March 2008, and included cases from the 94 primary cluster but related to a larger geographical area in the same locality (Jones, et al., 95 2013). Combining the primary and secondary cases in this area for the period 27th 96 December 2007 to 17th March 2008 extends the size of the cluster to a possible 18 cases. 97 Given the high profile of reporting of deaths in the Bridgend locality, the objectives of our 98 99 current study were to examine the quantity and quality of newspaper articles relating to the 100 cluster, in particular in relation to guidelines on reporting.

101

102 Method

103 Search strategy

Searches were conducted of two specialist news reports databases (Nexis and Newsbank), the internet search engine Google and individual newspaper websites (including News UK), using the terms of 'suicide', and 'Bridgend'. Original newspaper articles were retrieved either via the internet and individual newspaper subscription, or from local or British library archives. On-line versions can be updated after the original date of print publication or the presentation may change, particularly in relation to the photographs that were originally published in paper editions (Luce, 2010); when this was evident, the original articles were obtained from library archives. For newspapers accessed via library archives additional hand searching was undertaken. This search included reports during a period of six months prior to the identified commencement of the primary cluster (first death) and six months following the cessation of the secondary clusters (last death) i.e. 26th June 2007 – 16th September 2008.

116 The newspapers included in the study were as follows:

• Local/ Regional: South Wales Echo; Western Mail; Wales on Sunday

- National broadsheets: The Times; The Guardian; The Independent; The Telegraph; The
 Observer; The Times on Sunday; The Independent on Sunday; The Sunday Telegraph
- National tabloids: The Daily Mail; The Mirror; The Sun; The Mail on Sunday; The Sunday
 Mirror; Daily Express; The Daily Star; People; News of the World; The Sunday Express;
 The Star on Sunday
- All newspaper articles and editorials using the terms 'suicide' and 'Bridgend' were includedbut letters were excluded.

125 *Quality assessment*

An instrument designed to assess the quality of reporting of newspaper articles (PRINTQUAL) was used in this study. The development and characteristics of this rating scale has been reported in detail previously (John et al., 2014). In summary, PRINTQUAL was based on the UK Samaritans guidelines for reporting suicide and self-harm (Samaritans, 2008) and on published evidence concerning the relationship between suicide and media

reporting (Hagihara, Tarumi, & Abe, 2007; Hamilton, Metcalfe, & Gunnell, 2011; Hawton & 131 Williams, 2002; Niederkrotenthaler, et al., 2010; S Stack, 2000; S. Stack, 2003; Thom, 132 McKenna, Edwards, O'Brien, & Nakarada-Kordic, 2012). The instrument was initially 133 developed by the research team, and then further advice on the items to be included was 134 135 sought from an international group of experts in the area of suicide, suicide reporting, and suicide clusters. PRINTQUAL comprises two subscales of quality of print media reporting on 136 suicide: negative/poor, and positive/good. A list of each characteristic is coded (1) or (0) 137 138 depending upon its presence or absence. The maximum possible poor quality individual item count is 19 and good quality item count is 4. Cronbach's alpha (internal consistency) for 139 the poor quality subscale was 0.96 (excellent) and the good quality subscale 0.69 140 (acceptable) (John, et al., 2014). Once training of investigators had taken place, the 141 agreement between coders on a sub-set of 30 articles was acceptably high (Cohen's kappa, 142 143 k≥0.75) for most individual items (John, et al., 2014) except the use of recommended 144 phrases or phrases to be avoided in reporting, identification of suicide hotspots and the use of explicit details of method used; although agreement for these items was still acceptable 145 (k≥0.60). The use of sensational language has been identified in other studies as difficult to 146 define (Hamilton, et al., 2011) which may account for the latter score. Although a weighted 147 scoring system has been developed for PRINTQUAL (John, et al., 2014), for the purposes of 148 149 this study only the frequencies of non-weighted items are described.

150 Data Extraction

A data extraction sheet was specifically designed for the study, which, in addition to general
 descriptive items regarding the articles, included all the items from PRINTQUAL. Two

investigators (AM, PJ) received training in the use of PRINTQUAL and further instruction onthe rating of individual items.

155 Analysis

156 Newspaper reporting

We calculated the daily frequency of published newspaper reports and plotted them against the incidence of possible suicide deaths for the primary and secondary clusters. We also calculated for each day of the study the number of newspaper reports in the preceding 2 and 7 days, highlighting the days when possible suicide deaths for the primary and secondary clusters occurred, since these would be the articles people would be exposed to immediately prior to their deaths and are considered in the literature to be when the impact of reporting is most evident (Bollen & Phillips, 1982).

164

Items indicating sensationalist reporting or those directly and unequivocally contravening 165 guidelines were specifically recorded. These were identified by the following characteristics: 166 167 main headline front page with the method specifically mentioned or the word suicide; 168 explicit details of method used (i.e. more detail than just stating the method) within the report; mention of a suicide hotspot; repeated reporting of earlier suicides; technical details 169 170 of an unusual method which in the context of this study was any method other than hanging; and the number of photographs included in the article. Some of these items of 171 sensationalist reporting were specified within PRINTQUAL. Other items recorded in our 172 study were additional to those in used in PRINTQUAL, for example, the number of 173 photographs in an article was removed from the final PRINTQUAL score due to inclusion in 174

the scale of other items relating to photographs and, although, the main headline and front page are items in PRINTQUAL they are independent of each other. We calculated counts of PRINTQUAL items by newspaper type and in total. We calculated Pearson's chi-square to explore the association between newspaper type and total poor quality and good quality items.

180

181 Results

182 *Reporting quantity and type*

We identified 577 newspaper reports concerning suicide in Bridgend during the study period 26th June 2007 to 16th September 2008. A total of 347 (60.1%) articles were in national newspapers (133 in broadsheets, 214 in tabloids), and 230 (39.9%) were in regional newspapers.

Figure 1 displays the number of newspaper articles per day for the duration of the primary 187 and secondary clusters (27th December 2007 to 16th March 2008). The days when deaths 188 189 occurred, of those aged 15 to 34 years in the primary or secondary clusters, are highlighted with circles. Two deaths occurred on certain days resulting in a total of 15 circles indicating 190 18 deaths. Days are numbered from the start of the primary cluster (27th December 2007) to 191 192 protect the identity of individuals. Other dates included relate to actual newspaper reports 193 or press activity. The first report in a regional newspaper describing a cluster of suicides in Bridgend appeared on the 17th of January 2008. The first report in a national newspaper 194 describing a cluster appeared on the 23rd of January following a story released by the Wales 195 News Service (a wire service similar to Reuters) on the 21st and 22nd of January. There was a 196

197 large increase in the volume of reporting from the 23rd of January. Figure 2 displays the 198 number of newspaper articles per day in the previous 2 and 7 days for the duration of the 199 primary cluster and secondary clusters, with days when deaths of those aged 15 to 34 years 200 occurred highlighted.

201 Sensationalist reporting

Table 1 shows the frequency of each poor quality and positive quality items in PRINTQUAL 202 203 overall. A total of 92 (15.9%) articles mentioned the method in the headline on any page (12 were on the front page) and 223 (38.6%) mentioned suicide in the headline (6 were on the 204 205 front page). Just over a quarter of articles (155; 26.9%) referred to a suicide hotspot, 206 including the use of terms such as 'suicide town'. Nearly two-thirds (350; 60.7%) of reports included photographs. The number of photographs per report ranged from one to 24; 49 207 (8.5% of all articles, 14.0% of articles carrying photographs) had more than 4 photographs. 208 Notably, 247 (42.8% of all articles, 70.5% of articles carrying photographs) included a 209 photograph of the deceased. Thirteen (2.3% of all articles, 3.7% of articles carrying 210 211 photographs) included photographs of the actual scene of the death (e.g. inside house, 212 tree), 35 (6.1% of articles, 10% of articles carrying photographs) of the location (e.g. outside house, street, wood, locality), and 210 (36.4% of all articles, 60.0% of articles carrying 213 photographs) republished photographs from earlier cases. The republishing of photographs 214 of earlier deaths often accounted for the high number of photographs associated with an 215 article. 216

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218

219 *Reporting quality*

The range of poor quality items per article was 0 to 13, with only 4 (0.7%) articles having no poor quality items. The median was 3 and inter-quartile range (IQR) 2 to 6. The range of good quality items was 0 to 4 (median 1, IQR 0 to 1), with almost half of the articles (281, 48.7%) having no good quality items and only 8 (1.4%) having all four. Only 76 (13.2%) articles included sources of information or advice, 53 signposted to the Samaritans, 1 to the National Health Service and a further 22 (3.8%) to other sources of advice.

226

227 A total of 347 (60.1%) articles were in national newspapers (133 in broadsheets, 214 in 228 tabloids) and 230 (39.9%) were in regional newspapers. All broadsheet articles combined contained 574 poor quality items out of a possible total of 2527 (22.7%), tabloids 1046/ 229 230 4066 (25.7%) and regional newspapers 691/ 4370 (15.8%). There was a small effect but significant association between the type of newspaper and poor quality reporting items x^2 231 (2) = 130, p=0.0001, Cramer's V= 0.10. All broadsheet articles combined contained 142 good 232 233 quality items out of a possible total of 532 (26.7%), tabloids 46/ 856 (5.4%) and regional 234 newspapers 206/ 920 (20.0%). There was a moderate effect but significant association between the type of newspaper and poor quality reporting items x^2 (2) = 136, p=0.0001, 235 236 Cramer's V= 0.24.

237

238 Discussion

239 We have examined the quality of newspaper reporting for the duration of a community 'point 240 cluster' of suicides. Importantly, we have found concerning evidence of poor quality

reporting during a probable suicide cluster; this is the very time when good quality reporting 241 could be considered most essential in the public health response to a cluster. In particular, 242 nearly half of reports referred to earlier suicides, 43% displayed a photograph of the 243 deceased, and 44% used phrases that in the light of research evidence and suicide 244 245 prevention guidelines should be avoided. Conversely, only 13% included sources of information or advice. There was a high level of sensationalist reporting, indicated by 246 approximately 1 in 7 articles mentioning the method in the headline and extensive 247 248 republishing of photos from previous suicide deaths.

249

250 Many newspapers reported on a large number of probable suicides in young people that occurred in Bridgend in 2007 although there is no statistical evidence of an excess of deaths 251 during that time. The first regional newspaper report of an excess of suicides in Bridgend on 252 the 17th of January 2008 reported on deaths unrelated to the actual identified primary or 253 secondary cluster deaths defined in our statistical analysis [Jones et al 2013] and which 254 255 occurred several months previously. This article coincided with the fourth primary cluster 256 death (sixth death of primary and secondary clusters combined). The initial four deaths of the identified primary cluster were no more than would normally be expected at this stage, 257 being in keeping with the number of suicide deaths in this age group of 15 to 34 year olds 258 for this time period in previous years (Jones et al, 2013). The subsequent six primary cluster 259 deaths and three secondary cluster deaths were accompanied by a large increase in the 260 volume of reporting from the 23rd January 2008. Only three further deaths (from the 261 secondary cluster) followed a second and larger peak in reporting on the 20th February 262 2008. This might argue against any possible causal link. However, this second peak in 263

reporting could have been stimulated by an international press conference held on the 19th of February 2008 to highlight the potentially damaging role of the media and the thematic content of reports in this second peak may therefore have been less likely to maintain any contagion process. We plan, in the future, to conduct a more in-depth thematic analysis of the two peaks of reporting to explore whether any differences in content had an impact on any contagion process

270

There was no clear relationship between the frequency of newspaper reports and deaths when examining 2 and 7 day rolling periods preceding each suicide. However, in interpreting the influence of volume of reporting it is difficult to account for other factors. For example, intervention and support provided by health and voluntary agencies during the later period of the cluster may have reduced the risk of subsequent deaths. Other studies have found two waves of reporting following suicide deaths (Balazs et al, 2013).

277

278 Strengths and Limitations

The focus of this study was on newspaper articles only, rather than other types of reporting, such as radio, television, or internet. This was for a number of reasons. Firstly, the initial reports of a possible suicide cluster among young people in Bridgend occurred in local newspapers, and the main focus of subsequent reporting was in the print media. Secondly, the evidence for possible 'contagion' from media reporting still remains strongest for print media (Hawton & Williams, 2005; Stack, 2005). Studies suggest that television is less likely to produce a 'copycat' effect than newspaper reports (Hawton & Williams, 2005; S. Stack,

2005). This may be because of stricter regulation practices or simply because it is more 286 difficult to study as an exposure. Studies comparing the effects of modes of reporting 287 suggest that the impact of internet reporting is of lower magnitude than the print media 288 (Hagihara, et al., 2007). However, with the huge increase in use of new media since the time 289 290 of the Bridgend deaths, internet and social media influences might now be more relevant to clustering and contagion of suicide (Daine et al., 2013). There was no evidence of social 291 media being a significant factor in the deaths associated with the Bridgend cluster following 292 293 a police investigation (Personal Communication with a senior investigating officer, 2015). Robertson, Skegg, Poore, Williams, & Taylor (2012) have recently described a point cluster in 294 adolescents when SMS text messaging and online social networking were possibly an 295 296 important mode of contagion. The internet, may also be a mechanism for cyber-bullying and encourage self-harm behaviour, although its influence may also be positive by encouraging 297 298 positive coping and help-seeking (Daine, et al., 2013).

Previous studies have been limited by lacking an appropriate quality measure. We have attempted to minimise this by using an assessment instrument (PRINTQUAL), which was developed on the basis of widely quoted guidelines and other evidence together with a consensus weighting system that was devised in collaboration with experts in the field of suicidology.

304 Meaning and implications

305 One approach to support the media in responsible reporting of suicide has been to produce 306 guidelines. Such guidance is an integral part of suicide prevention strategies around the 307 world. Our findings have given further emphasis to the importance of inclusion of particular 308 items in press codes and recommendations on suicide reporting. Gould et al. (2014) found

309 that front-page placement; detailed descriptions of the suicidal individual and act; and headlines containing the word suicide or a description of the method used were frequently 310 present in articles associated with suicide clusters. In our study of Bridgend suicide 311 reporting, 10% of all regional papers had a report on the front page, 16% mentioned the 312 method in the headline, and 20% included explicit details of the act. Repetitive suicide 313 reporting and reference to 'suicide epidemics' have also been found to influence suicide 314 315 rates (Niederkrotenthaler, et al., 2010). Over a quarter of articles concerning Bridgend 316 deaths referred to a 'suicide hot-spot', nearly half included reference to earlier suicides, over 40% made links between the suicides and over a third reproduced photographs related 317 318 to previous local deaths. There is a general consensus that information on help and support 319 needs to be included in press codes and reporting recommendations (Maloney et al., 2013) - only 13% of articles we identified included such information. 320

It is difficult to demonstrate whether media guidelines improve the quality of reporting 321 322 (Bohanna & Wang, 2012; Hawton & Williams, 2002). In 2006 the U.K. Press Complaints Commission (PCC) added a clause to the Editors' Code of Practice explicitly recommending 323 that the media avoid excessively detailed reporting of suicide methods. We found little 324 325 evidence of this advice being followed in 2008, with a wide interpretation of the term 'excessively detailed' as stipulated in the 2006 code. However, reporting guidelines in 326 Australia have been generally well received, although there are difficulties in interpretation 327 328 of recommendations that require subjective judgements (Machlin et al., 2012). Likewise, in New Zealand, Thom et al (2012) found that adherence to Ministry of Health guidelines has 329 overall resulted in good quality reporting, although as we have found, there was a paucity of 330 331 articles referencing sources of help or people managing to overcome their suicidal ideation. Suicides by younger people (as in Bridgend), involving violent methods, or occurring in 332

public places or medical and residential facilities are particularly likely to attract the media's attention (Machlin, Pirkis, & Spittal, 2013), and so it is particularly important that responsible reporting occurs in these circumstances.

336

337 Other countries have examined newspaper reporting of suicide by newspaper type (Cheng & Yip, 2012) but there are no studies examining this based in the United Kingdom. Our study 338 suggests that poor quality reporting in relation to suicide may be more of an issue for 339 340 national newspapers than regional, which has implications for ensuring they are engaged in 341 initiatives to improve the adoption of guidelines. This was particularly in relation to phrases 342 to be avoided, technical details, hotspots, repeated reporting of earlier suicides and use of photographs. The U.K. 2009 edition of the PCC Editors' Codebook highlights the distress that 343 can be caused by insensitive and inappropriate graphic illustrations accompanying media 344 reports of suicide and the re-publication of photographs of people who have died by suicide 345 346 when reporting other suicide deaths in the same area. The results of our study highlight the prudence of these recommendations. They also commend the inclusion of details of local 347 348 support organisations and help lines with any coverage of suicide deaths.

349

In future, researchers should further explore the content of newspaper reporting using qualitative methods. This could include interviewing those with 'near fatal' self-harm at the time of an apparent suicide cluster to explore their understanding of their own behaviour, and the role of internet reporting and social media. Finally, it is worth recognising (and investigating) whether the national media reporting of the apparent cluster in Bridgend had an impact on UK national suicide rates, as arguably the volume of reporting of method could have

356 contributed to a mass cluster. No evidence of a mass cluster was found at a regional (South
357 Wales) or Wales geographical level (Jones et al, 2013).

358

359 Conclusions

We have described the quantity and quality of newspaper reporting during a suicide point 360 cluster of young people in South Wales. There were high levels of sensationalist reporting. 361 This gives credence to suggestions that increased awareness, collaboration, training and 362 ownership by journalists of guidelines for reporting of suicide is required to improve 363 adoption of guidelines and improve the quality of reporting (Bohanna & Wang, 2012). 364 365 Recommendations on the reporting of suicide should be balanced with an awareness of tackling stigma in relation to suicide and self-harm, signposting sources of help, encouraging 366 367 help seeking behaviour and educating the public both in an understanding of the complexity of reasons why someone may take their own life and in how to respond to people in crisis. 368

369

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376

377 Conflicts of interest: There are no conflicts of interest. DG and KH are National Institute for
378 Health Research (England) Senior Investigators.

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Table 1: Frequency of each item in PRINTQUAL in total and by newspaper type

| D 11. 11 | EDEOVENOU | D | m 11 11 | | IN 11 |
|--|------------|------------|--------------|------------|------------------------------|
| Poor quality item | FREQUENCY | Broadsneet | Tabloid | Regional | Pearson chi- |
| Good quality item | PRESENT | National | National (%) | (%) | square (X ² , p), |
| | All types | (%) | | | degrees of |
| | (%) | | n=214 | | freedom= 2 |
| | n=577 | n=133 | | n=230 | |
| Is the article on the front page? | 42 (7.3) | 9 (6.8) | 10 (4.7) | 23 (10.0) | 4.7, p= 0.09 |
| Is it the main headline on the front page? | 26 (4.5) | 4 (3.0) | 5 (2.3) | 17 (7.4) | 7.5, p=0.02 |
| Is the method mentioned in the headline? | 92 (15.9) | 16 (12.0) | 36 (16.8) | 40 (17.4) | 2.0, p= 0.37 |
| Does the article cover over 50% of the page? | 195 (33.8) | 47 (35.3) | 74 (34.6) | 74 (32.2) | 0.5, p= 0.80 |
| Is it on page 3? | 32 (5.5) | 8 (6.0) | 2 (0.9) | 22 (9.6) | 15.8, p=0.00 |
| Does the article use phrases to be avoided as listed in Samaritans | 250 (43.3) | 68 (51.1) | 117 (54.7) | 65 (28.3) | 35.8, p=0.00 |
| guidelines? | | | | | |
| Are explicit or technical details of the method described? | 114 (19.8) | 36 (27.1) | 62 (29.0) | 16 (7.0) | 0.2, p=0.00 |
| Are technical details of an unusual method for the locality | 5 (0.9) | 5 (3.8) | 0 (0.0) | 0 (0.0) | - |
| described? | | | | | |
| Are the contents of a suicide note described? | 34 (5.9) | 10 (7.5) | 13 (6.1) | 11 (4.8) | 1.2, p=0.56 |
| Does it mention or refer to a suicide hotspot? | 155 (26.9) | 41 (30.8) | 102 (47.7) | 12 (5.2) | 103.0, p=0.00 |
| Does it report positive outcomes from the death? | 9 (1.6) | 2 (1.5) | 7 (3.3) | 0 (0.0) | - |
| Is the cause of the suicide attributed to a single factor? | 127 (22) | 30 (22.6) | 63 (29.4) | 34 (14.8) | 13.9, p=0.00 |
| Is there repeated reporting of earlier suicides in the article? | 273 (47.3) | 70 (52.6) | 130 (60.7) | 73 (31.7)) | 15.7, p=0.00 |
| Does the article report the person knew previous suicides or that | 240 (41.6) | 61 (45.9) | 106 (49.5) | 73 (31.7) | 39.4, p=0.00 |
| the timing implies a link? | | | | | |
| Does the article highlight community expressions of grief? | 201 (34.8) | 50 (37.6) | 86 (40.2) | 65 (28.3) | 7.5, p=0.02 |
| Does the article include interviews with the bereaved? | 214 (37.1) | 45 (33.8) | 95 (44.4) | 74 (32.2) | 7.9, p=0.02 |
| Does the article include photographs of the scene, location or | 46 (8.0) | 18 (13.5) | 17 (7.9) | 11 (4.8) | 8.8, p=0.01 |
| method? | | | | | |
| Does the article include a photograph of the deceased? | 247 (42.8) | 49 (36.8) | 117 (54.7) | 81 (35.2) | 19.7, p=0.00 |
| Does the article mention a celebrity suicide? | 9 (1.6) | 5 (3.8) | 4 (1.9) | 0 (0.0) | - |

| Does the article include recommended language as based on | 210 (36.4) | 60 (45.1) | 44 (20.6) | 106 (46.1) | 36.9, p=0.00 |
|--|------------|-----------|-----------|------------|--------------|
| guidelines? | | | | | |
| Does article describe complex or multi-factorial causes of the | 60 (10.4) | 27 (20.3) | 16 (7.5) | 17 (7.4) | 18.1, p=0.00 |
| death? | | | | | |
| Does it include sources of information or advice? | 75 (13.2) | 19 (14.3) | 26 (12.1) | 30 (13.0) | 0.3, p=0.85 |
| Does it take the opportunity to educate the reader? | 109 (18.9) | 36 (27.1) | 20 (9.3) | 53 (23.0) | 20.4, p=0.00 |

 482 Author biographies

Ann John, MBBS, MD, is an Associate Professor of Public Mental Health at Swansea University
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Jonathan Scourfield, PhD, is Professor of Social Work at Cardiff University and Deputy Head of the School of Social Sciences. He has conducted a range of studies on the social context of suicide and self-harm and is the co-author of *Understanding Suicide: A Sociological Autopsy* (Palgrave Macmillan, 2011)

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Phillip Jones, PhD, was formerly a researcher in the Population Psychiatry, Suicide and Informaticsgroup at Swansea University Medical School.

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Ann Luce, PhD, is a journalist-turned academic and is the author of a forthcoming book on this topic.
She is also the author of several book chapters and journal articles about disability in the media and
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523 Mick Dennis, MRCPsych, is Professor of Psychiatry for Older People at Swansea University Medical 524 School, UK, and was previously a Consultant Liaison Psychiatrist. He has been involved in many areas 525 of mental health research, particularly the epidemiology of suicide and self-harm, and social and 526 psychological factors in suicidal behaviors.

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