

Asian media reporting on suicide: Concerning trends

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Asharani et al. present an enlightening study of media influences on suicidality and suicides from multinational data, all within Asia.¹ This is important, as knowledge based on media and suicide has been dominated by Western cultures, and English and other European languages. Pulling together various independent studies, as Asharani et al. have done, represents a long-overdue contribution to our understanding of how our Asian communities respond to reports of celebrity and other significant suicide events. In addition, these findings highlight the need for improved research methods and data collection, and making data public for meta-analyses and follow-up studies.

Around Asia, we have seen suicide copycat effects, such as from Lee Eun-ju's suicide.⁴ Asharani et al.'s analysis revealed that these events share similar patterns around Asia, and associations between media coverage of suicide and suicide rates are also similar to reviews from decades ago in Western media.⁷ We see indications that younger people, who may identify with a particular celebrity, may be prompted via media reporting towards increased suicidality and behaviours. When our institution examined newspaper reporting of suicides in Cambodia,² we found numerous examples of reports on "how to commit suicide", that is, explicit methods used by the suicide victim. This is an example of reporting that is strongly recommended against.¹⁰ Study findings indicating specific reporting issues (e.g. glamorisation of suicide) generally lead to increased pressures on mass media organisations to adhere to suicide media reporting standards. Media guidelines are necessary, and not a new idea within the Asian region.⁸ However, many media guideline recommendations are not strongly evidence-based, and there is always a need for reanalysis and revision.

Suicide reporting guidelines cannot be effective at reducing suicide rates if they are not firmly rooted in reality, which can only be determined through rigorous research. Unfortunately, this new meta-analysis also identified a considerable need for improving the quality of studies by reducing biases and improving research methods. Several improvements in research methods are

imperative to ascertain the true effects of media reporting on suicide within the already complex set of known suicide risk and protective factors. Improvements should include better categorisation and measurement of study variables. For example, several studies use a simple yes-or-no variable and other binary-type variables when in fact, the true factor comprises a spectrum. A media report could be described as either a "yes" or "no", on whether it provides information on the suicide method. However, a "yes" answer could include an ordinal scale describing a news report as "moderately" or "substantially" providing information on suicide methods. Such detailed information can allow for more advanced and precise statistical analyses.

Similar to the yes-or-no approach used for many suicide risk and protective factors, scarce attention has been given to describing gender, sexuality and language minorities. If studies do not include information on non-binary gender identities, sexual identities and native language, we cannot determine if such factors are important or not in the reporting of copycat suicide.

Further problems with the literature that make these meta-analyses challenging, lie with inadequate treatment of the data, sometimes resulting in garbage-in garbage-out situations. Pre-registering study methods and analyses, and providing open access to data could help reduce current issues with poor missing data treatment, lack of data cleansing, insufficient statistical analyses and lack of method details. The current meta-analysis provides a wealth of data and should serve as an inspiration to future researchers. Open and robust methods will help us solidify the findings of these studies and lead to much more effective media reporting guidelines. Another area of concern in suicide reporting is the lack of public data and lack of data sharing. Some improvements must come from the public sector, as some governments in Asia still provide suicide data of low quality.⁹ Researchers may not be able to impact government procedures, but they can do a great deal more in terms of making data publicly available, encouraging collaboration and developing large databases for future analyses.

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Our institution found great value in making data and methods public for developing the Suicidality Scale in English, Chinese and Spanish.³

When looking at suicide studies that focus on external factors (e.g. media reports, social disruption and economy variations), we should not forget the individual. Suicidality is extremely complex but always comes down to the individual and their personal factors that might contribute towards increased or decreased suicide risk. We need to carefully look at the true reasons for an individual's suicide, not only at simple bivariate correlations. Other factors are likely to have more meaningful effects on suicidal behaviours, even within the context of media reporting of celebrity suicides.⁵ It is not only demographic factors (e.g. age, sex and ethnicity) that will contribute to increased risk of copycat suicide; personality and mental health factors will also play a much stronger role. Future work can consider integrating online media, including social media, into these research databases. Data mining and other approaches have shown that analyses of depression and suicide-related conversations on social media can provide unique data in suicide research.⁶

When thinking of copycat suicides, the underlying causes of suicidality and vulnerability may be the idolisation of celebrities and strong self-identity with celebrities. Therefore, it is not so much the media reporting of a celebrity's suicide, but the vulnerable recipient's learning of their idol's suicide that is the "real" reason for increased suicidality. If true, that might mean some suicide reporting guidelines may be overreaching. A better approach to suicide prevention could be to address youth and adult over-infatuation with celebrities. Clinicians might be wary of clients who are over-infatuated with celebrities. Perhaps, there are other personal factors that make some much more vulnerable to media reports of suicide.

Improving suicide reporting by governments and improving suicide-related research will require additional resources. There are already shortages of qualified technicians, mental health professionals and supervisors to guide new generations of scientists and medical staff. Research culture is another primary concern, which is often ignored or taken lightly. The Asian region is in need of more research and medical professional staff who can effectively disseminate rigorous methods and protocols. This all requires additional funding and more human resources. Some advancements may be made by better connecting independent researchers and developing networks of scientists working in important areas like suicide prevention.

Asharani et al. have done an important service by providing a large and rich meta-analysis of suicide reporting data in Asia. Future researchers need to move things up a notch by improving the quality, transparency and openness of their methods and data. Clinicians can contribute by providing more qualitative and small-scale studies on celebrity infatuation and suicidality. Governments can help by collecting and disseminating suicide data quickly and more transparently. Media organisations can help by collaborating with researchers and also holding them to account on the strength of the evidence. Media suicide reporting guidelines should be based on facts not myths. For example, there is no positive value in supporting the myth that talking about suicide makes people suicidal. With this meta-analysis, and others to come, we can bring sound science to the tension between the need to report the news and the need to avoid distressing the news consumer.

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REFERENCES

1. Asharani PV, Koh YS, Tan RSH et al. The impact of media reporting of suicides on subsequent suicides in Asia: A systematic review. *Ann Acad Med Singap* 2024;53:152-69.
2. Harris KM, Thandrayen J, Samphoas C, et al. Estimating suicide rates in developing nations: A low-cost newspaper capture-recapture approach in Cambodia. *Asia Pac J Public Health* 2016;28:262-70.
3. Harris KM, Wang L, Mu GM, et al. Measuring the suicidal mind: The 'open source' Suicidality Scale, for adolescents and adults. *PLoS One* 2023;18:e0282009.
4. Ju Ji N, Young Lee W, Seok Noh M, et al. The impact of indiscriminate media coverage of a celebrity suicide on a society with a high suicide rate: Epidemiological findings on copycat suicides from South Korea. *J Affect Disord* 2014;156:56-61.
5. Scherr S, Reinemann C. Belief in a Werther Effect: Third-person effects in the perceptions of suicide risk for others and the moderating role of depression. *Suicide Life Threat Behav* 2011;41:624-34.
6. Seah, Jane HK, Shim KJ. Data mining approach to the detection of suicide in social media: A case study of Singapore. (2018). 2018 IEEE International Conference on Big Data (Big Data): Seattle, WA, 10-13: Proceedings: 5442-4.
7. Stack, S. Media coverage as a risk factor in suicide. *J Epidemiol Community Health* 2003;57:238-40.
8. Tor PC, Beng YN, Yong GA. The media and suicide. *Ann Acad Med Singap* 2008;37:797-9.
9. World Health Organization. Global Health Estimates: Life expectancy and leading causes of death and disability, 2015. http://www.who.int/healthinfo/mortality_data/en/. Accessed 9 November 2023.
10. World Health Organization. Preventing suicide: a resource for media professionals, 2023. <https://www.who.int/publications/i/item/9789240076846>. Accessed 9 November 2023.