

Institution: Bournemouth University		
Unit of Assessment: 34		
Title of case study: Reducing the impact of suicide through responsible and ethical reporting		
Period when the underpinning research was undertaken: 2014-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s): Dr Ann Luce	Role(s) (e.g. job title): Associate Professor in Journalism and Communication	Period(s) employed by submitting HEI: 2011 - current
Period when the claimed impact occurred: 2015 – 31 December 2020		
Is this case study continued from a case study submitted in 2014? No		
<p>1. Summary of the impact (indicative maximum 100 words)</p> <p>Over 800,000 people die by suicide worldwide every year. Unethical suicide reporting can lead to an increase in suicide rates. Bournemouth University (BU) research exposed poor quality, sensationalist media coverage and effects, before establishing a framework for responsible reporting. These principles were incorporated in WHO guidelines and the Suicide Reporting Toolkit for Journalists and are used by journalists worldwide, prompting more ethical reporting.</p> <p>The research has also contributed to the de-escalation of a suicide cluster and saving of [text removed for publication]. The research has enabled safer commentary in online communities and has been adopted by the Welsh Assembly Government.</p> <p>Luce's research has had an impact worldwide, influencing reporting practices and policy in the UK, USA, India and Australia.</p>		
<p>2. Underpinning research (indicative maximum 500 words)</p> <p><i>Poor-quality and sensationalist reporting</i></p> <p>In 2014, Dr Ann Luce collaborated with a team of medical researchers to develop PRINTQUAL [R1]. This tool evaluates suicide reporting for research purposes. The team consolidated recommendations from professional bodies and other literature into quantifiable measures of poor quality and good quality reporting. These combine to provide an overall score. For example, 'good' measures include whether the article signposts people to sources of advice, and 'poor' measures include factors such as description of method, naming a suicide 'hotspot', among others.</p> <p>The team applied PRINTQUAL to coverage of a cluster of suicides in young people in Bridgend, South Wales. Results exposed low-quality, sensationalist reporting [R2]. <i>The Bridgend Suicides: Suicide and the Media</i> [R3] includes Luce's detailed content and discourse analysis, plus interviews with editors and journalists. Examples of bad reporting include:</p> <ul style="list-style-type: none"> • Creating panic about the role of the internet/social media, whilst not mentioning other relevant factors [R3]. • Interview sources focused on reasons for the deaths, rather than the underlying issue of suicide [R3]. • Reporters 'othered' suicide 'victims', making them out to be significantly different from the majority, thereby reinforcing existing social stigmas [R3]. 		

- Instead of dealing with possible underlying issues of the society, journalists demonised and infantilised those who died. They were described as having carried out a childish act, which creates more fear and confusion around this complex societal issue [R3].

The findings from this body of work raised questions whether current guidelines and journalism training was adequate.

The root causes

The next phase of research identified gaps and tensions in the adoption of media reporting guidelines by journalists [R4]:

- Luce's survey results show 55% of stories in the UK are sensationalised; 25% provide explicit details about suicide method; 23% of stories present a roadmap for successful completion of suicide; 60% of stories do not contain helpline information and 15% of online stories contain video and images from social networking sites [R4].
- The demands of the 24/7 news cycle and web analytic page views swayed journalists' judgement [R4].
- Not explaining 'how' and 'why' something happened goes against fundamental journalism practice [R4].

Responsible suicide reporting

Luce and Dr Sallyanne Duncan (University of Strathclyde) proposed a new responsible and ethical model for reporting suicide, which can be applied across multimedia platforms [R4], supported by an online toolkit: www.suicidereportingtoolkit.com.

The research team reviewed 159 suicide news stories between 2018-19 and identified the following:

- Five different categories of suicide story (event driven, inquest, tribute, etc) [R4].
- Four risks of bad reporting for each (sensationalise, stigmatise, glorify or gratuitous reporting) [R4].

This information was compiled into an accessible tool for journalists [R4], a standard of moderation. Each story category provides examples of risk, mapped onto traditional storytelling practice. Journalists are, for example, guided on using video and images, placement of articles online or in a newspaper, and quoting from the deceased's social media. The WHO guidelines for reporting suicide are embedded within the toolkit [R4].

An accompanying theoretically informed, practice-based book explains this new framework, enabling journalists to understand how they stigmatise mental health and suicide in their reporting [R5].

3. References to the research (indicative maximum of six references)

R1, R2, R3, R4 were rigorously peer reviewed and rated as 2-star and 3-star. R4 journal has an impact factor of 3.179. R1 and R3 journal has an impact factor of 2.356.

R1. Johns, A., Hawton, K., Lloyd, K., Luce, A., Platt, S., Scourfield, J., Marchant, AL., Jones, PA., Dennis, MS. (2014). PRINTQUAL—A measure for assessing the quality of newspaper reporting in suicide. *Crisis: The Journal of Crisis of Intervention and Suicide Prevention*, 35(6), 431-435. <https://doi.org/10.1027/0227-5910/a000276>

R2. Johns, A., Hawton, K., Gunnell, D., Lloyd, K., Scourfield, J., Jones, P.A, Luce, A., Marchant, A., Platt, S., Price, S. and Dennis, M.S, (2017). Newspaper Reporting on a Cluster of Suicides in the UK. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 38 (1), 17- 25. <http://dx.doi.org/10.1027/0227-5910/a000410>

R3. Luce, A., (2016). The Bridgend Suicides: Suicide and the Media. Palgrave MacMillan. <https://link.springer.com/book/10.1057/978-1-137-39293-0> (Available on request)

R4. Duncan, S. and Luce A. (2020). Using the Responsible Suicide Reporting Model to increase adherence to global media reporting guidelines. *Journalism*. Online First, 28th August, 2020: <https://doi.org/10.1177%2F1464884920952685>

R5. Luce, A. (2019). Reporting Suicide. In: Luce, A. (ed). Ethical Reporting of Sensitive Topics in Journalism. Abingdon: Routledge. <https://doi.org/10.4324/9781351166324>

4. Details of the impact (indicative maximum 750 words)

Over 800,000 people die by suicide worldwide every year, making it the 15th leading cause of death ([World Health Organisation](#) 2016, [Ritchie and Roser](#) 2019). In 2018, 6,507 people died in the UK, leaving 39,000- 880,000 people bereaved by suicide [R5].

Luce's research has shown that sensational, irresponsible and unethical reporting of suicide impacts suicide rates [R1, R2]. Luce's research has prompted a shift from poor-quality suicide coverage towards a more ethical approach across multimedia platforms [R1, R3, R4]. The research has contributed to the de-escalation of a suicide cluster in Dorset and the [text removed for publication] [R1, R4].

"[text removed for publication]"— Public Health England, South West Region [E1].

Media reporting guidelines & suicide reporting toolkit

The World Health Organisation (WHO) reporting guidelines were originally created in 2008, in relation to print articles. The changing reporting environment and new research – including Luce's systematic review of the Bridgend coverage [R3] – prompted an update in 2017 to include multimedia content [E2].

This update was carried out by the World Media Task Force for the Prevention of Suicide, of which Luce is a member. Luce led the work to update the recommendations for multimedia platforms [E2, p. vi, E3, p2], using the universally applicable ethical rules for responsible reporting identified in [R3, R4, R5]. According to the WHO, 15,000 journalists downloaded the guidelines in 2018 [E4]. Luce co-created an accompanying Suicide Reporting Toolkit [E5], embedding the WHO guidelines. As a result:

- WHO guidelines were adopted by Press Council of India in 2019 and embedded within Section 30(a) of the Mental Health Care Act, 2017 in India [E6],
- [Text removed for publication] [E1].
- WHO guidelines and Suicide Reporting Toolkit were adopted by training organisations and resource centres, including the Ethical Journalism Network (UK) and The Dart Centre for Journalism and Trauma (USA) [E3].

"... this work by Dr Luce has not only moved the dial in terms of tackling some of the stigma, but offers a practical clear set of guidelines for journalists and those at all levels of our industry." — Ethical Journalism Network [E3].

Online communities

The Responsible Suicide Reporting (RSR) model [R3, R4, R5] has been successfully applied to user-generated content in online communities, as well as in de-escalating a suicide cluster in Dorset. Lessons learnt from problematic historic print reporting is enabling safer, more ethical discourse on blogs, chat rooms and social media:

- Luce applied her responsible reporting rules to a 2018 collaboration on new Australian guidelines for young people. Luce's contribution to #chatsafe is referenced on p. 3 of the guidelines. #chatsafe helps young people communicate safely about suicide online [E7].

- The #chatsafe guidelines have been adopted and embedded into Facebook's safety centre and have been downloaded more than 30,000 times [E8].

Orygen explains Luce's contribution to their guidelines: *"Luce used her expertise to contribute to the guideline development, which included recommendations such as avoiding posting and sharing of images and graphic video content. She also provided advice around the importance of language relating to suicide, especially in terms of replacing stigmatizing language with more neutral terms."* [E8]

- [Text removed for publication] [E1].

"[Text removed for publication]."— Public Health England, South West Region [E1].

Impact on policy

The research has also influenced policy, as demonstrated by work with Public Health England and the Welsh Assembly Government:

- In September 2019, Luce led the initial identification of a cluster of railway suicides in Dorset, triggering the creation of the Suicide Response Team. Luce's research, [R2, R3, R4, R5] served as the foundation for the communication strategy that de-escalated media and community contagion and [text removed for publication] [E1].
- In 2018, Luce provided expert testimony before the Health, Social Care and Sport Committee of the Welsh Assembly Government as part of their investigations into high levels of suicide in Wales [E9: sections 231 to 239]. Three of Luce's recommendations were adopted and implemented into the Welsh Suicide Prevention Strategy: Investigating media monitoring [E10, recommendation 27]; engaging with universities to deliver adequate guideline training [E10, recommendation 28]; and action to protect young people online [E10, recommendation 29].

Combined, Luce's research has saved and protected lives by enabling more responsible and ethical suicide discourse across traditional, online and social media platforms. The overall impact has been realised worldwide, including the UK, USA, India and Australia.

5. Sources to corroborate the impact (indicative maximum of 10 references)

E1. Public Health England, South West Region. (2020). Testimonial letter to Dr Ann Luce, 22 October. (Confidential)

E2. World Health Organisation. (2017). *Preventing Suicide: A Resource For Media Professionals - Update 2017*. [online] Available at: https://www.who.int/mental_health/suicide-prevention/resource_booklet_2017/en/ (Accessed 20 January 2021).

E3. Ethical Journalism Network. (2020). Testimonial letter, 27 November.

E4. World Health Organisation. (2018). Email to Dr Ann Luce, 29 May.

E5. Luce, A. (2021). The Suicide Reporting Toolkit. [online] Available at: <https://www.suicidereportingtoolkit.com/> (Accessed 20 January 2021).

E6. Press Council of India. (2019). *Guidelines Adopted by PCI On Mental Illness/Reporting On Suicide Cases*.

E7. Orygen, The National Centre of Excellence in Youth Mental Health, (2018). *#Chatsafe: A Young Person's Guide For Communicating Safely Online About Suicide*. Melbourne. Available at: <https://www.orygen.org.au/Training/Resources/Self-harm-and-suicide-prevention/Guidelines/chatsafe-A-young-person-s-guide-for-communicatin> (Accessed 21 January 2021).

E8. Orygen, The National Centre of Excellence in Youth Mental Health. (2020). Testimony Letter from Orygen, Australia, 16 February.

E9. National Assembly for Wales. Health, Social Care and Sport Committee. (2018). *Everybody's Business A report on suicide prevention in Wales*. Cardiff: Health, Social Care and Sport Committee, [p.84-86].

E10. Welsh Assembly. (2018). *Everybody's Business – Health, Social Care And Sport Committee Report*. [online] Available at: <https://business.senedd.wales/documents/s83784/Welsh%20Government%20Resp%20onse.pdf> (Accessed 20 January 2021).