



## Research report

## Information sources used by the suicidal to inform choice of method

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## ABSTRACT

**Background:** Choice of suicide method strongly influences the outcome of an attempt. Public knowledge of possible methods is an important but less frequently considered aspect of the accessibility of suicide. This qualitative study explored the sources of information shaping the near-fatal suicide attempts of 22 individuals.

**Methods:** Respondents were recruited from nine hospitals in England. Semi-structured interviews were conducted to gain detailed narratives of the planning of the suicide attempt. Interviews were recorded, transcribed, then subjected to thematic analysis utilising constant comparison techniques. **Results:** Information sources discussed most frequently were television, news stories, the Internet, and previous self-harm. Others were professional resources, personal knowledge of others' attempts and information gleaned from healthcare professionals. Many respondents reported seeing media portrayals or reports of suicide, which had contributed to their awareness of suicide methods. Several provided examples of direct imitation. Some had deliberately sought information about methods when planning their attempt – mostly from the Internet. Past experience was used to identify 'best' methods and perfect implementation.

**Limitations:** The frequency with which sources of information are 'used' by particular groups and their relative import cannot be inferred from a qualitative sample. Near-fatal cases may differ from completed suicides.

**Conclusions:** The media is an important contributor to the cognitive availability of suicide in society and could be used for prevention through carefully crafted portrayals of suicide designed to generate negative social perceptions of popular methods. Understanding of how sources of information can influence perceptions of suicide could inform the content of clinical conversations with patients.

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## 1. Introduction

Restricting physical access to methods of suicide is an effective means of suicide prevention that forms a key component of national prevention strategies. A less considered aspect of access is the cognitive availability of suicide. This

encompasses an individual's awareness of suicide as an option in response to distress and their knowledge of possible methods, including how these can be implemented and their apparent acceptability in terms of factors such as painfulness (Florentine and Crane, 2010). Cognitive availability may therefore influence choice of method, which is of particular importance where methods with high fatality rates, such as hanging, gain social popularity.

Cognitive availability of suicide has been considered almost exclusively in relation to the media (Pirkis and Blood, 2001a, 2001b; Stack, 2005) and calls for restricted media

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reporting are widely incorporated into suicide prevention strategies (Department of Health, 2002). However, an imitation effect, whereby individuals act out behaviour they have seen modelled, is difficult to prove. Evidence is frequently based on natural experiments where official statistics have indicated increases in suicide corresponding with the time of a media portrayal and often it is not known whether the suicide victim had been exposed to the media in question (Schmidtke and Schaller, 2002). Some studies provide more direct evidence. Hawton et al. (1999), for example, demonstrated an increase in hospital presentations for self-poisoning in England immediately following portrayal of an overdose on a television drama; 20% of suicide attempters surveyed said the broadcast had influenced their behaviour and 17% that it had influenced their drug choice. In a study of people who had attempted suicide by charcoal burning in Taiwan, 87% said their choice of method had been influenced by the media compared to just 8% of a comparison group who had ingested poisons (Tsai et al., 2011).

Attention is currently focused on the Internet. Pro-suicide sites have been documented which provide details and images of others' suicide, advocate particular methods with information about lethal doses, degrees of certainty and estimated time to death, and host bulletin boards providing a forum for individuals to discuss plans (Biddle et al., 2008) (Alao et al., 1999; Becker and Schmidt, 2004; Thompson, 1999). These provoke concerns about opportunities for imitation amongst vulnerable individuals. Single case reports describe patients who have attempted suicide using a method they claim to have discovered on the Internet (Alao et al., 1999; Baume et al., 1997; Beatson et al., 2000; Becker and Schmidt, 2004; Prior, 2004), however, rigorous empirical evidence of the role of the Internet is absent, debate hinging mostly around anecdotal evidence and speculative assertion.

It is important to identify the sources of information influencing choice of suicide method in order to engage in clinical conversations with vulnerable individuals and target interventions designed to alter cognitive availability. This paper describes results from a qualitative study of individuals who had made near-fatal suicide attempts. The study explored in detail decision-making surrounding choice of method (Biddle et al., 2010). As part of this, we enquired about the sources of information that respondents had drawn upon, how these shaped their understandings of possible methods, and the role they had in directing choice. These data are reported here.

## 2. Methods

### 2.1. Participants

Semi-structured interviews were conducted with twenty-two individuals who had made a 'near-fatal' suicide attempt. Ethical approval was obtained. 'Near-fatal' was defined as where the individual was likely to have died had they not received emergency medical intervention (for instance, admission to intensive care for management of overdose), or unequivocally employed a method with high case fatality (for instance, jumping from height) and sustained injury (Douglas et al., 2004). The study of near-fatal cases thus makes it possible to access the accounts of individuals who

can act as proxies for completed suicides. Individuals were identified prospectively from 2006 to 2009 and, where possible, also retrospectively (past two years) from the clinical records at nine collaborating centres in England. First, all eligible adults were contacted, except those deemed to be too unwell. Sampling then became purposeful to focus on attempts involving particular methods. This was to ensure that the sample represented a range of methods including those commonly used in completed suicide, such as hanging. Recruitment continued for as long as practical and until a diverse group had been interviewed and a consistent understanding of their accounts reached.

### 2.2. Data collection

Interviews were in-depth and open-ended allowing respondents to offer full accounts in their own words. Most lasted 1 to 2 hours and were conducted by LB ( $n=17$ ). Others were conducted by DG, AOS and JD. A topic guide was used to ensure the main issues relating to the research question were covered by all respondents and to maintain consistency across interviewers. In relation to sources of knowledge, respondents were prompted to discuss where or how they had heard about possible methods of suicide, the extent to which such information was influential, and any resources they had consulted to research methods. Respondents' broader history of self-harm and attempted suicide was examined in addition to the index episode. The Suicide Intent Scale (Beck et al., 1974) was used to assess the degree of suicidal intent associated with the act.

### 2.3. Analysis

Preliminary analysis of completed interviews took place alongside further data collection allowing an iterative and progressive process where early understandings and questions were checked and expanded through further interviewing. All interviews were audio-recorded with the respondents' consent and transcribed in full. Transcripts were examined in detail and coded for emerging themes by LB. A coding frame was generated and revised until a refined version had been arrived at which could be applied consistently to all the data. This involved a double-coding exercise whereby DG independently coded a sub-sample of transcripts and the two sets of coding were compared, checking for consistency, completeness and that interpretations corresponded with the data. All data relating to sources of knowledge were retrieved. Themes were identified using a constant comparison technique and descriptive accounts produced to summarise these (Glaser and Strauss, 1967).

## 3. Results

Eighty-three individuals were contacted and 22 (26.5%) took part, including 12 men and 10 women aged 19 to 60 years. A range of suicide methods had been used. Seven attempts were described as impulsive but the remaining involved moderate or extensive planning. Suicide intent scores ranged from 8 to 27 (maximum score 30) with 13 respondents' scores demonstrating 'very high' intent. Over half reported previous attempts. Full details are published elsewhere (Biddle et al., 2010).

A range of sources had informed respondents' choice of method (Table 1). Many were media sources. Experience from previous self-harm was also important. Additionally, a few respondents referred to fictional books and celebrity suicides but none reported having modelled a celebrity suicide. One described an advert for carbon monoxide smoke detectors in which this was described as 'the silent killer'. Exposure was often haphazard, respondents having unintentionally seen stories or portrayals of suicide in the media, or gaining knowledge from information not intended to inform about suicide, such as the advert noted above. However, some respondents deliberately consulted sources to research a method.

Most respondents also referenced a general stock of lay knowledge about suicide. This included notions of 'popular' methods and beliefs about these and on occasion ideas about implementation, for instance, the direction along the wrist that one should cut. These ideas were mostly unformed, of unknown origin and regarded as something "everyone knows" (R10 male, electrocution.) or "you've always heard" (R15 male, hanging.). Several respondents located ideas about suicide by hanging with knowledge of capital punishment: "It's [hanging] one of those things everyone knows about just because people used to be executed by being hanged" (R11 female, jumping.).

### 3.1. Television and film

Seventeen of the twenty-two respondents discussed the potential role of Television and Film as a source of information about suicide methods. Over half gave specific examples of suicides they had seen portrayed, including 'The Bridge' (film about jumping), 'Casualty' (UK television hospital drama, various methods), 'Shawshank Redemption' (film featuring hanging), 'CSI' (American television crime drama, hanging) and others. Some said television or film was the only place they had seen a method of suicide depicted. The most commonly acknowledged effects of such portrayals were to introduce ideas of possible methods, sometimes also appearing to demonstrate the basics of how to implement these:

R: TV – they show you how to do it.

I: Anything you can remember seeing?

R: *Full Monty*. One of the blokes in the car, it's broken down. Got the hose going from the back of the exhaust into the car. (R2: female, overdose.)

You see some on T.V... *Casualty*. I used to watch that... the ambulance gets called to where someone's tried com-

mitting suicide, or someone's put their car in the garage and put an exhaust pipe in, you know. (R22: male, hanging.)

Television portrayals created impressions of particular methods, including images of the likely nature of death or outcomes of using a particular method, such as speed, certainty and 'cleanliness'. While some argued that such portrayals did not directly 'cause' them to use a particular method, there was acknowledgement that these ideas may be drawn upon to evaluate methods. They could thus encourage or dissuade.

There was a television programme called *The Colonel*. And it was going on about people's methods of dying and one of the methods was jump in front of a train. And that was a hundred miles an hour the train was going and they found bits of body half a mile up the line. (R6: male, attempted hanging describing this as a 'clean' method on the basis: "you don't get damaged like if you jump in front of a train".)

You see it [hanging] on like Clint Eastwood films – do you know what I mean? You see people in the films, you know and you realise how quick it is. (R15: male, attempted hanging on the basis: "I thought it would be quick – your neck breaks and you're done".)

Six respondents stated they had 'picked things up' or gained 'ideas' from television/film portrayals that had directed their own behaviour. Three had imitated a portrayal, in one instance using this to inform about dosage:

I: Can I ask where the idea of attempting suicide in the way you did came from?

R: I can remember an old black and white film where somebody stuck an electric fire in the bath... an *Alfred Hitchcock* film. (R10: male, electrocution.)

I took [drug name]. I watched an episode of 'Casualty' and this young kiddie took about 4 but I think I took about forty odd so I knew what I was doing. (R18: male, overdose.)

They show it [hanging] on telly quite a lot. That's when it gets into my head – 'oh that could be a good idea'. It's in a lot of like police programmes. (R16: female overdose and previous hanging attempt.)

### 3.2. The internet

Thirteen respondents identified the Internet as a source of information about suicide and just over a third (n = 8) discussed its role in shaping their own attempt. It had a similar effect to television in exposing respondents to examples of suicide from which impressions and information could be derived. For instance, one respondent was introduced to the method they subsequently adopted via a web-based news report:

I tried to kill myself with carbon monoxide [details method]. Why did I do that? I read on the Internet that people had succeeded in killing themselves [in that way]... I felt it was going

**Table 1**  
Main sources of information about suicide.

Information source	Discussed (n)	Direct use reported (n)
Television/film	17	6
Internet	13	8
News stories of others' suicide	12	5
Respondents' past suicide attempts/self-harm	11	11
Professional knowledge/resources	7	4
Personal knowledge of others' attempts	6	2
Healthcare professionals	3	3

to work because I'd read that these people had successfully killed themselves... I thought here's a fairly strong, um a fairly potent way of killing yourself... I mean, I don't go seeking chat rooms, it's just the BBC website and trawling the news, this happened, that happened. I'm not really into negative surfing (R9: male, carbon monoxide poisoning).

Impressions formed through online portrayals could also be preventative:

Looking at the [online footage of Saddam Hussein execution], I can imagine an awful lot of potentially suicidal people would have watched that video and maybe thought twice about it thinking they've got to get it right... there was mention of, you know, if the executioner doesn't get it right the prisoner is strangled or decapitated... a lot of people would have seen that and thought you've got to make damn sure they get [it right] or actually just choose a different method (R8: male, overdose. Rejected hanging.).

Five respondents deliberately used the Internet to find out about suicide methods. It was perceived as an obvious source of information that could be accessed easily and privately. For instance, one respondent had used a search engine to discover a recommended 'best' method after previous failed attempts:

Last time I got tablets I got them from America because I researched it on the internet and I found what would actually work... I put in on [search engine] I think I put in 'what is the best tablet to kill yourself', I think I actually typed that in... or how, I think I put in 'how's the best way to kill yourself' something like that... it came up with that name of that [group of drugs]... then I looked on the list of tablets on the site which came up for selling them... I have taken [other drugs] before and stuff and I thought I really need to find out how to do this properly so I thought I'm sure I can find out how to do it properly if I look for information about it. You're not likely to just sort of ask about it to anybody so... it [the Internet] gives you all the information you need. (R20: female, carbon monoxide poisoning and previous near-fatal overdose.)

Others sought further information about methods already known to them such as their lethality, likely effects and how to implement effectively.

I've accessed it [the Internet] for information I've wanted in relation to this sort of thing. Looked up suicide by means of overdose of [states drug]... When I looked into carbon monoxide poisoning more deeply I decided that had a high risk of failure and that there were risks that you'd be found and you may be incapacitated for life. (R1: female, overdose.)

I: Where do you get your information from about methods of suicide?

R: The Internet. You search hard enough there's some quite good stuff... I've used it to look up sort of dangerous levels of tablets, what's meant to be fatal and what's not. I've used it to read stories of other people's suicide attempts just to get an overall picture of what it's like...there was one [site]

– it was something like mysuicide.com or something like that – and it was just about somebody's, all their different attempts that they'd made and it had links to where they'd got information from, and where you can get extra information from. That was really good. (R16: female, overdose.)

The internet was thus used throughout various stages of planning an attempt from searching for possible methods through researching details of a chosen method to accessing necessary materials. Four respondents used the Internet to access poisons.

R: It [planning] was a couple of weeks, may be three weeks. First I looked on the Internet for ways to do it... [Chosen method of poisoning] was what I thought would be like a good option I suppose and um yeah, I can't actually remember where I could get it from. I went to Google and just ordered it from somewhere.

I: Where did you find out the information about how to use it?

R: That was Wikipedia. That was one of them anyway. That came through Google as well... like how it grows and stuff, um, different parts of it that are poisonous, the symptoms of after you've taken it... it said that the berries are poisonous and two berries is enough to be able to kill a child... I'd researched after a few days and I thought this sounds good so I ordered it. (R3: male, self-poisoning.)

Notably, the sites accessed by these respondents tended to be those containing professional information and resources (including online chemists), general knowledge sites (e.g. Wikipedia), or news sites, including BBC news. Specific 'suicide sites' were accessed less frequently, one respondent (R1) having 'briefly' consulted these and another (R16) more extensively.

### 3.3. News stories

Over half the respondents (n = 12) recalled hearing of suicide methods through stories of others' attempts in newspapers, magazines, and the Internet. Several respondents indicated a generalised effect on their thoughts about suicide and possible methods, and five described instances where a method they used had been determined by a specific story. Stories could introduce or popularise certain methods, create impressions about the likely mode of death, and facilitate attempts by offering information about implementation:

I'd heard on the news of people that had done it [jump from local bridge] and I thought maybe I can do what they did. (R16: female, overdose and previous interrupted jumping attempt.)

I swallowed [name] berries... I read [name] berries at a certain time of the year are lethal if you swallow the seeds in a magazine article about someone. Woman's Own or something (R18: male, overdose.)

I've used an indoor barbeque and, well, I only realised that a disposable barbeque could be used by reading something in

the [national daily] paper about a woman who'd killed herself in her house and her son with a disposable barbecue... it said she blocked the air, you know the doorway up and she'd just had this indoor barbecue smoking and then it sort of, it was, you know it was toxic, what is it, causes carbon monoxide and that is caused by a disposable barbecue, so that's what it said and that was enough to give the idea... I thought it seemed a nice way, um gentle way, 'cos you'd just drift off (R20: female, carbon monoxide poisoning).

News stories also provided encouragement by giving 'real', personalised examples of 'successes' using particular methods:

I: When you put something around your neck, what made you think of doing that?

R: Just hearing things about people like hanging themselves, thinking that they've killed themselves, just through the news and newspapers and things. If you see like a news report and you see that someone's managed to kill themselves it looks feasible. (R11: female, jumping with previous episode of strangulation.)

Two respondents demonstrated that information obtained did not require immediate effect but could be stored and recalled in moments of crisis:

I didn't use it [method from news story] soon after, might even have been 6–8 months after... when I started feeling low it came back to me, what she done [person in story], I could do (R20: female, carbon monoxide poisoning).

### 3.4. Respondents' past suicide attempts/self harm

Half the respondents described how the planning of their more recent suicide attempts was shaped by experiential knowledge gained from previous episodes. Such experience allowed respondents to identify effective or 'best' methods while 'ruling out' those that had been unpleasant or, more commonly, which had 'not worked'.

It [history of past attempts] does change what you do, because you know that isn't a successful way... if I feel very low I will go back to [methods used in near-fatal attempts] and sometimes it's a comfort to know that it's there. (R20: female, carbon monoxide poisoning and previous near-fatal overdose.)

It [overdosing] was just experimenting and giving myself that break that I wanted. And then it sort of, I took three overdoses of [quantity] each time, I took three in a week, and that was when I started to realise it could be quite serious... once I knew it could harm me, I just thought of it as a good way out one day. (R16: female, overdose.)

Some respondents described fine-tuning a method through 'trial and error'. This emerged most frequently in relation to self-poisoning where past attempts provided information about lethal dosages and effective drugs. It was also evident

in relation to hanging where previous attempts informed choice of ligature and ligature point:

You've got to make the knot so it doesn't give way. See [named ligatures] all give way. I've tried them out. (R6: male, hanging.)

Perfecting a method could also incorporate the logistics of staging an attempt to overcome previously encountered barriers or failures of implementation, for instance, choices about timing, location, opportunities to call for help, and means of overcoming fear.

### 3.5. Professional knowledge

Seven respondents drew upon professional knowledge to inform their attempt. These included two healthcare professionals, two police workers, a counsellor and two non-professionals accessing medical literature.

Four respondents had become aware of others' suicide attempts in their professional capacity. This familiarised them with a range of possible methods creating impressions about their fatality rate, the possible experience of death and impact on the body, allowing these respondents to evaluate possible methods for themselves:

The method chosen for me was accessibility and experience of the effects of that drug that it's had on patients when, you know, I know that they've been admitted pretty sick when they've bugged up their doses. You know, it happens, and that's kind of much smaller doses than I tried (R8: male, overdose).

Professionally derived technical information (for example, medical training and literature) added to this evaluation and assisted with planning once a method had been selected:

It was my own medical knowledge that brought me to come to the decision to take [drug]... I did know what was likely to work and what wasn't... I checked out doses, looked up in [medical book] and worked out what most people couldn't cope with...brought up [on Internet] research related to suicide by [method] and read research papers on it (R1: female, overdose).

Two non-professionals also purposefully accessed medical literature:

There's a book in central library that tells you about how many roughly to take and stuff ... I've read about it. A big red medical book. (R18: male, overdose.)

### 3.6. Personal knowledge of others' attempts

Many respondents recalled stories of friends or acquaintances that had attempted or completed suicide but most said this had not influenced own decisions. There were a few exceptions. One respondent (R2) said she had 'learnt' about overdosing from her mother who had taken multiple overdoses. Another (R19) said she had selected her method

(hanging) in part because of “knowing that it'd worked for somebody else”. Four respondents also reported sharing knowledge of methods with other inpatients during periods of hospitalisation, though none had directly imitated a method.

### 3.7. Healthcare professionals

Three respondents described how healthcare professionals had imparted information to them which they had subsequently used to plan an attempt, though in one instance, the same information had originally acted as a deterrent.

I knew it was lethal what I was taking because of the amount I took. I know how dangerous they are. I was told by one consultant I was never ever to take an overdose of them. He said “it'll take an army to bring you back”... it did ward me off for a good few years... but then things haven't been as bad as they've just got lately (R2: female, overdose).

[Describes hanging attempt] I knew it was possible 'cos when I was in therapy we had to do a risk assessment of all potential suicide or self-harm things that people could do with all different structures and one of them we discovered was [ligature point]... it comes to the front of my mind when I'm not feeling great (R19: female, hanging).

## 4. Discussion

Respondents derived information about methods of suicide from two main types of source. The first and most common was the media. Most respondents discussed the role of television, film, news stories, and the Internet in introducing possible methods, creating impressions about these and suggesting how they should be implemented. The effect could be implicit and pervasive, infiltrating individuals' consciousness and shaping public perceptions, or explicit, directing individuals to specific methods through example or detailed information. Media messages also had longevity, several respondents drawing upon portrayals they had been exposed to earlier when *not* actively suicidal. The Internet was commonly recognised as a resource that could be used purposefully to search for information about methods. Such use was evident in several accounts. The second main type of information source was experiential knowledge accumulated throughout an individual's ‘suicidal career’. This derived from past attempts and from information gleaned from other patients or inadvertently from healthcare professionals. Additionally, a small number of respondents drew upon their own professional knowledge or, as non-professionals, sought this from professional literature.

Our study suggests a range of sources that may contribute towards the cognitive availability of suicide methods in society and confirms the primary importance of the media (Florentine and Crane, 2010) with several respondents providing examples of direct imitation. For instance, two respondents attempted suicide by charcoal burning – a method described as currently cognitively unavailable in UK society (Florentine and Crane, 2010) – after reading news reports

of this method thus illustrating how media portrayal may bring about cognitive availability of a ‘new’ method.

To date, evidence of media effects has mostly derived from ecological studies while individual-level data is anecdotal (Hawton and Williams, 2001; Schmidtke and Schaller, 2002). This study has provided qualitative evidence from systematic questioning of a sample of individuals who have made near-fatal suicide attempts. It includes examples of internet use, an area about which there is a particular lack of current empirical data (Boyce, 2010) despite being a topic of considerable contemporary interest. The study also highlights how, due to its pervasiveness, the media may subliminally generate a stock of lay knowledge and impressions about suicide methods. This observation may be overlooked where research focuses on testing an imitation effect but it is of crucial importance in relation to the concept of cognitive availability.

This study sought to understand the factors influencing choice of suicide method rather than the actual decision to attempt suicide as a response to distress. The broader question of whether sources of information such as the media prompted respondents to attempt suicide where this may not otherwise have taken place was not directly explored. However, it seems likely that the decision to attempt suicide and the decision about *how* to attempt suicide are often concurrent or at least interrelated. Suicide may become cognitively available to an individual when there is a proposed and acceptable method just as it becomes physically available through access to means. Further, there was evidence that sources of information such as the Internet could be actively sought by suicidal individuals to enable implementation of a determined act but equally media information about suicide could be unintentionally encountered seeding ideas that otherwise may not exist. These broader issues about the suicidal process and the media's influencing role within this could be explored through further work with near-fatal attempters.

The actual frequency with which sources are ‘used’ and their relative importance cannot be inferred from a qualitative sample of this nature. The emphasis on experiential knowledge probably relates to the high number of repeaters with complex histories of self-harm in this sample. Approximately 40–50% of people who die by suicide do so at their first attempt (Gunnell and Frankel, 1994). Internet use may differ by age. The ordering of sources in Table 1 therefore cannot be generalised and additional sources may emerge in other groups. Although recruitment was challenging, a diverse sample was achieved including some respondents who had deliberately researched a method and some who had not. There is no obvious reason to believe that self-selection would bias data in relation to the themes described. It is possible that those who complete suicide research methods more than those who survive.

## 5. Implications and conclusions

This study demonstrates that the media can be a powerful source in introducing and informing people about methods of suicide. In particular, the Internet provides an instantaneous gateway for the communication of ideas about suicide, either inadvertently through everyday usage or where searched

deliberately as a readily available resource for accessing professional papers, general knowledge and its own unique information via dedicated 'suicide' sites. The typical response to these problems has been to argue for restrictions on reporting of suicide (World Health Organisation, 2008) or regulatory guidelines about how suicide should be portrayed (for example, the UK Press Complaints Commission code of practice, 2011). The findings of this study lend some support to these approaches. In particular, there is a need to work with news editors to minimise information about methods contained in reports of suicide, especially those that are novel but accessible, such as charcoal burning, or which have a high fatality rate, such as hanging. Prioritisation of help sites and 'pop-ups' to support services in response to Internet searches using certain terms may also be effective (Boyce, 2010).

However, restricting the media, especially the Internet, is inherently difficult and may deny a primary opportunity for intervention whereby the media is used to discourage suicide. This possibility is highlighted where the concept of cognitive availability is applied to debate about media influence. This concept moves beyond notions of direct cause and effect implied by imitation theory and instead encapsulates the pervasiveness of the media detected in this study and its ability to contribute to a generalised lay knowledge about suicide, which may more subtly influence individuals' responses to distress. The media could be used to manipulate the cognitive availability of suicide via strategic portrayals designed to depopularise common methods by generating negative lay perceptions about these. Key factors influencing choice of method include the certainty, ease, speed and 'cleanness' of a method, including its impact on others (Biddle et al., 2010). Portrayals would need to focus on these areas. This may be more effective than a lack of information brought about by media restriction, which could lead to erroneous beliefs about the ease and acceptability of some methods. Respondents' frequent references in this study to popular television dramas suggest these as a likely medium for such an intervention.

The finding that some respondents obtained information from healthcare professionals should alert clinicians to the varied meanings that can be derived during clinical encounters. Clinicians may also usefully discuss with patients the impact of media portrayals and past attempts on their perceptions of methods and enquire about internet usage while conducting assessments.

With evidence of the importance of the media in contributing to public awareness of suicide mounting, research must progress to exploring how this can be exploited for the purposes of suicide prevention either through public health or in clinical practice. The challenge is to deliver information of content and in form that most people would find dissuasive. Further research and extensive piloting is essential to explore how individuals interpret and make meanings from media information about suicide. There is also a recognised lack of knowledge about instances where media has deterred suicidal behaviour (Hawton and Williams, 2001). Studies such as ours inevitably identify negative accounts since the respondents were those who had attempted suicide. Nevertheless, even amongst this sample there were some examples of media portrayals being discouraging. Further examples should be sought through systematic research and analysed

to identify their particular features. It is also necessary to scope the current cognitive availability of suicide methods across various groups to identify existing perceptions that could be addressed.

A recent study suggested choice of suicide method might be more pliable in younger adults (Lin et al., 2010). Young adults may also be more susceptible to imitation effects (Pirkis and Blood, 2001b) and have higher rates of internet usage. Piloting could therefore begin with this age group. An alternative would be to target those who have made a previous near-fatal suicide attempt. Their sources of knowledge and views about methods could be elucidated in clinical appointments, with a view to discouraging further attempts. Whatever approach is taken, further research will be challenging methodologically.

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