

Commentary

Suicide in the media: suicide in the Economist

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An article in The Economist, “[Why suicide is falling around the world...](#)” (Nov 24) illustrated by a falling graph line, is incomplete and misleading. The title implies the total suicide numbers of the world are falling and it offers as evidence flimsy data such as the fact that we are seeing fewer forced marriages in Asia and reduced alcohol consumption in Russia (both of which can end in suicide).

Suicide is examined from every perspective and the numbers are analysed according to age, gender, religion, socioeconomic and employment status, and geographical location, to name a few. It is not surprising that if you look at data repeatedly, you will eventually come up with something which looks “significant”.

To consider whether “suicide is falling” we should look at the scientific literature of the last 12 months, not at slivers, but at total populations.

The most dramatic statement comes from the United States (population 326 million), - during 1999-2016 - the suicide rates increased significantly in 44 states, with 35 states experiencing increased >30% (1). Brazil (population 209 million) reports during 2006-2015 a 9% increase in the nation suicide rate (2). Spain (population 47million) reports during 1980-2016 an annual increase of 1% (3). Australia (population 25 million) reports an increase in suicide rate from 10.6/100 000 2007 to 11.7/100 000 in 2016 (4). New Zealand (population 4.8 million) in 2018 reported a rate of 13.7/100 000 - the highest ever recorded (5).

Canada (population 38 million) during 1999-2011 happily experienced a 25% reduction in male suicide, but 1990-2012 there was no change in female suicide rate (6). In the United Kingdom (population 66 million) there was a solid reduction in the 2017 suicides, led by a reduction in males suicides – however the rate in 15-19 year old females rose to 3.3/100 000 – the highest on record (7). China (population 1.4 billion) is anticipating rising suicide rates among the young, particularly females, as a consequence of continuing modernization (8).

There is some support for a reduction in suicide rates in some groups in some regions. However, with overall increases in the USA, Brazil, Australia and New Zealand there is no evidence of a general reduction in suicide rates.

One of the major factors contributing to public ignorance about suicide and suicide prevention is the media’s uncritical and biased approach to reporting suicide matters. The media presumption they know what is in the public interest better than those with experience in the field has led to a misguided portrayal of suicide and suicide prevention.

Apart from mystifying suicide and leading to a climate of secrecy – thus preventing appropriate information reaching the public domain – the media seem to feel privileged in printing anything they like. Often statements are made about causes of suicide without thorough research and usually it is the mental health services that are under media's scrutiny.

A major problem is the media's presumption that they are serving public interest by insisting the problem will be solved by increasing the resources of mental health services. Yes, mental health services do require proper and appropriate funding. But the media time and again miss the point – what has happened with the millions of dollars given to mental health services specifically to prevent suicide? And why are suicide numbers increasing despite decades of additional investments in mental health services specifically for suicide prevention?

The media's one-sided reporting often assuming suicide is a medical (mental illness) issue does not help to develop a suicide discourse. One often finds ridiculous statements made in the media about causes of suicide - mainly related to the medical concept of suicide. We are constantly told that an unemployed person is more at risk of suicide (because they bound to be depressed) - forget about the negative impact of employment and the well-off person who suicided!

Unfortunately, the academic media is little better – in spite of access to a huge literature on suicide. One of the major problems here is that psychiatry and suicidology journals are unwilling to publish anything other than a medicalised view of suicide. Few of the leading researchers contributing to such journals ever question their medical approach – in spite of it having no impact on suicide rates.

The role of media has been discussed in the past issues of DHH e.g. see “How to prevent suicide” https://journalofhealth.co.nz/?page_id=1432, and “Reporting suicide” https://journalofhealth.co.nz/?page_id=1442. Personal experience suggests that the media's agenda in reporting suicide is driven by a desire to report operational problems with services without understanding the relevance or effectiveness of that service or apportioning accountability for service outcomes.

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