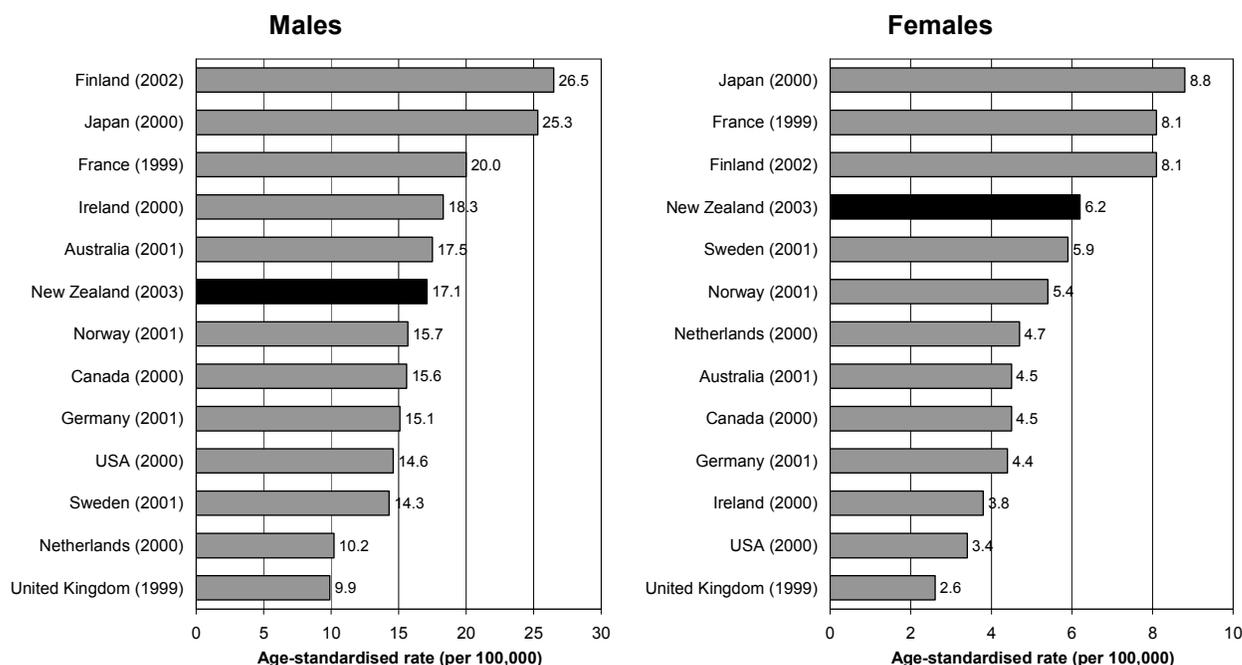


# Background information

## International Comparisons

- Comparing international rates of suicide is inherently problematic because countries have different evidentiary standards in determining death by suicide.<sup>1</sup>
- In 2003, New Zealand's all-ages suicide rate for males was sixth highest among selected OECD countries.
- In 2003, New Zealand's suicide rate for 15-24-year old males was third highest among selected OECD countries
- In 2003, New Zealand's all-ages suicide rate for females was fourth highest among selected OECD countries (Figure 13).
- In 2003, New Zealand's suicide rate for 15-24 year old females was highest among selected OECD countries.

**Figure 13:** Total male and female suicide rates for selected OECD countries



Source: World Health Organization (WHO)

<sup>1</sup> The New Zealand age-standardised rate in the international comparison data has been calculated in a manner consistent with the international figures available. Consequently there may be a slight discrepancy with the New Zealand rates presented elsewhere.

## Latest research

### [The relationship between media reporting of suicide and actual suicide in Australia](#)

Pages 2874-2886

Jane E. Pirkis, Philip M. Burgess, Catherine Francis, R. Warwick Blood and Damien J. Jolley

The relationship between media reporting of suicide and actual suicide in Australia  
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## Abstract

This study aimed to determine whether media items about suicide were associated with differential increases in actual suicides. Data were available on 4635 suicide-related items appearing in Australian newspapers and on radio and television news and current affairs shows between March 2000 and February 2001. These data were combined with national data on completed suicides occurring during the same period, by a process that involved identifying the date and geographical reach of the media items and determining the number of suicides occurring in the same location in selected weeks pre- and post-item. Regression analyses were conducted to determine whether the likelihood of an increase in post-item suicides could be explained by particular item characteristics. We found that 39% of media items were followed by an increase in male suicides, and 31% by an increase in female suicides. Media items were more likely to be associated with increases in both male and female suicides if they occurred in the context of multiple other reports on suicide (versus occurring in isolation), if they were broadcast on television (versus other media), and if they were about completed suicide (versus attempted suicide or suicidal ideation). Different item content appeared to be influential for males and females, with an increase in male suicides being associated with items about an individual's experience of suicide and opinion pieces, and an increase in female suicides being associated with items about mass- or murder-suicide. Item prominence and quality were not differentially associated with increases in male or female suicides. Further research on this topic is required, but in the meantime there is a need to remain vigilant about how suicide news is reported. Mental health professionals and suicide experts should collaborate with media professionals to try to balance 'public interest' against the risk of harm.