A PUBLIC HEALTH EMERGENCY: USING THE CAUSE MODEL TO UNDERSTAND JOURNALISTS' IMPLEMENTATION OF SUICIDE REPORTING GUIDELINES

by

NICHOLAS ECKHART

SCOTT PARROTT, COMMITTEE CHAIR
KIMBERLY BISSELL
ANNELIESE BOLLAND
MATTHEW VANDYKE
LEA G. YERBY

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ABSTRACT

The present dissertation uses the framework of social cognitive theory's environmental determinant to understand the World Health Organization's suicide reporting guidelines implementation as a public health intervention. Reporting guidelines like these specifically influence the media environment, having a unique impact on readers who are at risk of death from suicide. Previous research has evaluated not only the effectiveness of these guidelines, but also journalist adherence and perceptions. However, to this date, little research exists regarding journalists in the United States. Therefore, the present study used the CAUSE model to evaluate where gaps exist in the current dissemination of suicide reporting guidelines and their subsequent use. Additionally, the hierarchy of influence was used to understand who within the organization would have the greatest impact on suicide reporting guideline adherence in the newsroom. To achieve this, forty journalism professionals from national and state-level news organizations were surveyed about their awareness, efficacy, use, and willingness to use suicide reporting guidelines. Findings suggest that (a) while many journalists were only somewhat familiar with suicide reporting guidelines, most felt they would be effective at reducing deaths from suicide, (b) they believed that they presently followed these guidelines, and (c) they would be willing to follow them in the future if office leadership supported their use and also used the guidelines in their own work. These results present a fascinating baseline for future research, and also starkly contradict findings in studies of journalism professionals in other countries.

DEDICATION

This dissertation is dedicated to all those who have died from suicide and to those struggling.

LIST OF ABBREVIATIONS AND SYMBOLS

CAUSE	Acronym for Confidence, Awareness, Understanding, Satisfaction, and Enactment model
CBI	Cognitive-behavioral interventions
CDC	Centers for Disease Control and Prevention
M	Mean: sum of a set of values divided by the total number of values in a set
NIMH	National Institute of Mental Health
RQ	Research question
SCT	Social cognitive theory
SD	Standard deviation: indicates the amount of deviation of a group of values
SPJ	Society of Professional Journalists
SPRC	Suicide Prevention Resource Center
SRG	Suicide reporting guideline(s)
US	Unites States of America
WHO	World Health Organization
=	Equal to

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CHAPTER ONE: INTRODUCTION

Importance

In 2018, over 48,000 people lost their life to suicide according to the National Institute of Mental Health (NIMH, 2021). To put that into perspective, someone is twice as likely to die from suicide than by the hands of someone else (NIMH, 2021). Researchers from around the world continue to produce research designed to reduce the number of deaths from suicide. Still, suicide remains a leading cause of preventable death in many countries. According to the Centers for Disease Control and Prevention (CDC) in the United States, suicide remains in the top ten leading causes of death (CDC, 2020). Hedegaard, Curtin, and Warner (2020) note that the rate of deaths from suicide has risen 35% since 1999. More troublesome is that the yearly rate has continued to climb even higher since 2006 (Hedegaard et al., 2020).

The increasing prevalence of death by suicide has been attributed to a number of factors at individual and societal levels. Men die by suicide at a higher rate than women and people who live in rural counties are at greater risk than their urban peers, regardless of sex (Hedegaard et al., 2020). While some individuals in rural areas maintain that they are in control of their health (Florence et al., 2012; Behringer & Friedell, 2006), untreated health issues (mental health included) only get worse over time. This disparity is even more apparent considering what little physical access someone may have to healthcare. With the stigma that mental illness carries, whether one believes in perceived control or has limited access, this disparity is likely to continue. Age also impacts the severity of the risk of suicide. Suicide rates among men are

highest when aged 75 and above and women are most at risk when aged 45-64 (Hedergaard et al., 2020). In addition to these individual characteristics, societal stigma toward mental illness acts as a barrier to health-seeking behavior for people with depression, especially for men. Understandably, the death of a family member from suicide can take an emotional toll, and even puts family members at risk of suicide themselves (CDC, 2020). Suicide can also take a financial toll on a family that ranges from medical costs to lost wages (Suicide Prevention Resource Center (SPRC, n.d.).

Health Interventions

The role of interventions is important in preventing suicide. It is particularly important to understand what each intervention addresses and where it lies in the overall approach in the reduction of deaths from suicide. Interventions that reduce the risk of suicide may be designed to raise awareness about where someone can get help, or how friends and family can identify those at risk and help connect them with mental health resources. To date, interventions have been developed to reduce risk of suicide in a number of demographic sectors and in a variety of different environments (Gould et al., 2003; Tarrier, Taylor, & Gooding, 2008; Christensen, Batterham, & O'Dea, 2014); however, suicide rates continue to climb. Cognitive-behavioral interventions (CBI) represent one method for reducing suicide risk. This happens when a healthcare provider (e.g., therapist, psychologist, or counselor) teaches an at-risk patient how to cope with their own thoughts and feelings, and to recognize negative pathways. Tarrier et al. (2008) found that these types of interventions can be effective, but only in adult participants. Also, those participants need individual coaching. Interventions were effective when targeting a specific risk factor, meaning that broad, general interventions may be less effective (Tarrier et al., 2008). Regardless, Tarrier et al. (2008) point out that any effect was short-term, suggesting

that additional research continue to find solutions for long-term protection. Other studies make an effort to intervene in the digital environment. Christensen et al. (2014) reviewed a number of interventions that sought to identify and intervene with individuals that programs deemed at-risk. Christensen et al.'s (2014) findings indicate that using the Internet may be effective, but only in specific instances. For example, programs are better at identifying youths that are at-risk, and are better in general when designed to specifically identify behavior related to suicide, not parameters that were more general (i.e., including depression). In a different study, Gould et al. (2003) highlight a number of factors that put youth at risk for death from suicide, prevention programs designed to help reduce risk, and what may actually help reduce youth risk of suicide. Specifically, Gould et al. (2003) highlight school-based education, screening for those at-risk, restricting access to tools, and media education. While these interventions highlight the work being done to work within the social cognitive theory (SCT) model, few have focused solely on the media environment. Regardless of an individual's demographics and the interventions targeted to help, suicidal ideation and mental health continues to remain highly stigmatized, and the rate of deaths from suicide continues to climb.

Role of Journalism

Therefore, suicide interventions may need to target an environment that everyone exists in and interacts with, and since stigma acts as a barrier to treatment (Corrigan, Watson, & Barr, 2006), an intervention that is designed to reduce that stigma may be the most appropriate. As Gould et al. (2003) point out, media education is a prime example of an effective tool to reduce suicide rates. Gould et al. (2003) point out that several countries have adopted media education guidelines that help reframe how journalists cover suicide, with positive results. Using media education, journalists were able to cover suicide in an informative and protective way, educating

those at-risk about the benefits of getting treatment and reducing the contagion of high-profile deaths of celebrities and influential figures (Gould et al., 2003). The concept of contagion, or the copycat effect, has been consistently upheld. As Stack (2005) points out, people who are at-risk of death from suicide are at five times greater risk when stories about celebrity deaths are run. The Werther Effect, which relates to how frequently stories about suicide are run as a manner of suggestion, has also been linked to increases in suicide (Phillips, 1974). However beneficial media education guidelines have proven themselves to be (Bohanna & Wang, 2012; Niederkrotenthaler et al., 2020), some journalists may feel restricted in their freedom or simply disagree that their reporting has such an effect (Collings & Kemp, 2010; Markiewitz, Arendt, & Scherr, 2019). In the US, this position is understandable given the First Amendment's guarantee of free press (U.S. Const. amend. I.). Perhaps this is why, regardless of the World Health Organization's (WHO) publication of its initial suicide reporting guidelines (SRG) (2008), and a subsequent update (2017), few studies address our press' adherence. However, this should not be the case. Solutions journalism, according to Curry and Hammonds (2014), is journalistic approach that reports on solutions to problems and why the solutions work (or sometimes do not work). While results indicate that SRGs work, Curry and Hammonds (2014) find that articles that present solutions are more engaging to readers. Perhaps, the use of SRGs is the part of the solution.

One method of investigation includes using the CAUSE model, a model designed to understand why risk is not communicated as effectively as it should be (Rowan, 2013). Since the World Health Organization (WHO, 2008, 2017) considers reporting on suicide to be an effective way of communication risk, this dissertation extends the area in which the CAUSE model can be applied, as well as potentially closes knowledge gaps regarding why US media's adherence to

SRGs is so low, and also provides a map for future dialogue for the inclusion of SRGs in news media production. Bridging this gap is important because media and SRGs play a critical role in the complex sphere of suicide and mental health interventions by removing the potential for copycat behavior, providing positive reinforcement of healthy behavior, and helping those in need of mental health services by providing contact and reducing stigma surrounding depression, suicidal ideation, and treatment options. The use of SRGs are effective and by investigating journalists' and editors' perceptions and usage of SRGs this dissertation's purpose is to position itself to bridge the gap between journalism and public health professionals by understanding what factors encourage or discourage the use of reporting guidelines. This understanding is not only important for the future adoption and use of SRGs, but it will also provide insight into US journalists' position on SRGs by the use of the CAUSE model as well as how levels within the hierarchy of influence that may moderate their use. Finally, this dissertation will expand the use of the CAUSE model by pioneering a quantitative approach.

CHAPTER TWO: LITERATURE REVIEW

This dissertation uses social cognitive theory (SCT) as a foundation to explain where suicide reporting guidelines (SRGs) fall in the scheme of public health interventions. When interventions are coordinated, designed, and implemented together, they present a much stronger approach. Therefore, in order to understand how to better implement the World Health Organization's (WHO) suicide intervention, one must first understand where it lies within the context of a multi-faceted approach.

Social Cognitive Theory

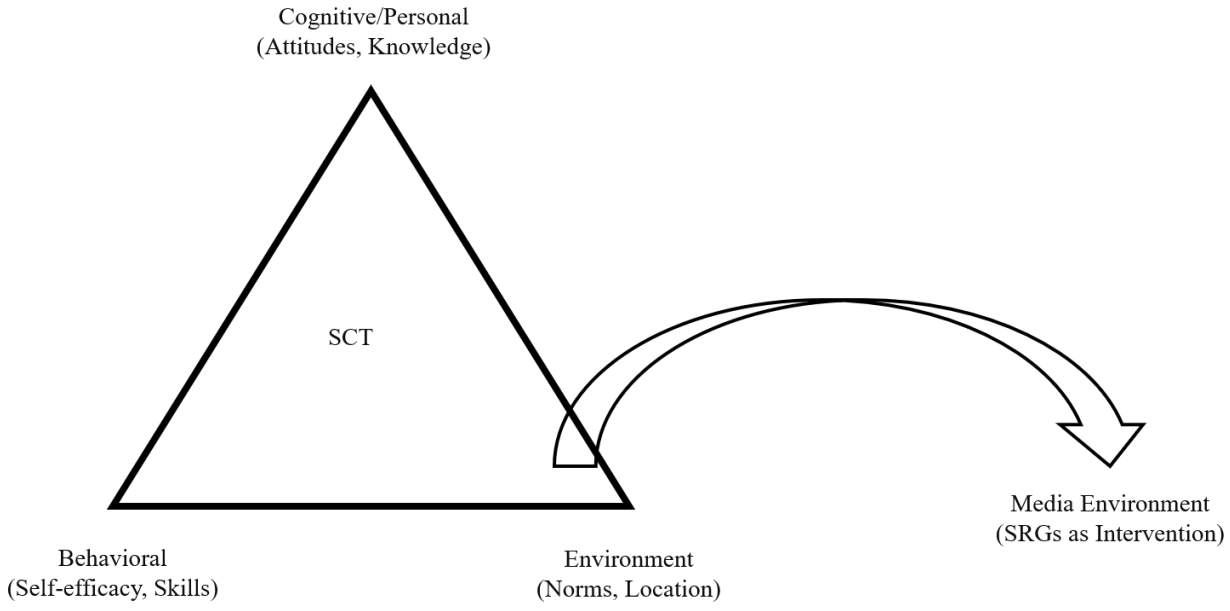
Because journalists deliver their message through mass media, understanding mass media's role in health behavior and where media campaigns are positioned within the environmental context is paramount (see Figure 1). Social cognitive theory provides a complex, but parsimonious understanding of how various health interventions can work in conjunction with one another and effectively target an individual or population (Bandura, 2001). SRGs may not be a silver bullet to stop deaths from suicide from occurring, but by understanding how SRGs fit into the larger context of SCT and health interventions, their need to be implemented is better understood. Bandura's (2001) SCT believes people are able to self-organize, be proactive, be introspective, and self-regulating, as opposed to simply reacting to our environment. SCT also presents the shaping of human behavior by forming what Bandura (2001) calls triadic reciprocal causation. What this means is that three main factors (i.e., personal determinants, behavioral determinants, and environmental determinants) interact, providing solutions and alternatives to

individuals who may or may not choose to use them (Bandura, 2001). Personal determinants are important because they reflect personal agency, or people's ability to control their own lives (Bandura, 1998). Bandura (2001, 1998) goes into great detail about how influential personal determinants can be when interacting with the environment, as well as how an individual learns from those interactions. For example, consider a smoking cessation intervention. The desired behavioral outcome is smoking cessation, achieved by following the intervention, which might address personal, behavioral, and environmental determinants. When talking about personal determinants, this includes a person's ability to perform the desired behavior of the intervention (i.e., smoking cessation) and their level of efficacy in the behavior itself, meaning how strongly the individual believes that they can to perform that behavior. Behavioral determinants, then, include whether or not the individual is able to learn this new behavior and if the behavior delivers the desired effect. If the individual is performing the desired behavior accordingly, but still fails to achieve the positive outcome of the intervention, they will lose efficacy in their ability to change their behavior, or they may lose efficacy in the intervention. Environmental determinants are a little different. Here, personal agency and environmental determinants are highlighted. Using the same example, the individual may have a desire to perform the behavior and belief that the behavior will aid in smoking cessation, but if the environment has created barriers to participate, such as access, then the desired behavior will not be achieved. Social groups and social networks also play a role in SCT as a component of an individual's environment. According to Bandura (2001) social groups and networks can function as a method of modeling a new behavior, behavior reinforcement, and encouragement to perform a behavior to maintain group ties. When thinking of the media environment, this modeling also rings true, the types of health behaviors displayed in the media are going to be the types of behaviors

modeled by the consumers. SRGs works to eliminate reporting that highlights behaviors that may be harmful to consumers by replacing it with content designed to encourage positive health outcomes (WHO, 2008, 2017). Environmental determinants can also refer to the diffusion of the intervention itself, or the dissemination of information. If no intervention is being delivered, if incorrect information is being disseminated, then an individual will either never hear about the intervention or be misinformed about and potentially fail the intervention (Bandura, 2001). Therefore, as Bandura (2001) points out, these three determinants all interact and influence each other to affect a desired outcome.

Figure 1

Media Environment and SRG Role in SCT



Evidence of the media's impact on health interventions like the WHO's can be found in Fu, Chan, and Yip (2009)'s research. Fu et al. (2009) investigated the relationship between media portrayals of suicide and its relationship with suicidal ideation. This research found that for individuals who were at-risk of suicide were more prone to pay attention to suicide-related

content and be motivated to consider suicide. One explanation Fu et al. (2009) provide is that media content is able to make concepts more available, which is part of SCTs explanation of how environmental factors influence behavior. This relationship, then, underscores how necessary it is to educate those who create media content about how to reduce the negative effects their content may have on those who are at risk of death from suicide.

WHO Guidelines

As mentioned previously, SCT is comprised of three different determinants that interact and influence the other (Bandura, 2001) and these determinants can impact the success of health intervention. A person's environment is one of those determinants, and within that environment is media. Therefore, understanding the role and influence of media within the larger environment and health intervention requires looking at efforts to help improve health. In 2008, the WHO released Preventing Suicide: A Resource for Media Professionals and updated the same resource in 2017. In it, the WHO (2008, 2017) indicated that the prevention of suicide requires a multi-faceted approach and they suggest their SRG, which is a collection and culmination of research based on its predecessors, be used to help reframe the conversation surrounding suicide. The WHO's SRG authors also indicate that there will be suicides that are newsworthy and will require their reporting, but the WHO also outline how to be responsible when that is the case. These guidelines start with taking the opportunity to *educate the public on suicide* (WHO, 2008, 2017). If journalism were to take the time to challenge misconceptions about suicide, such as suicide being the result of a single event in the individual's life, then stigma surrounding mental health, and mental health treatment would also be challenged by providing education and refuting myths surrounding suicidal ideation, steps deemed critically important by Corrigan, et

al. (2012). Taking the time to explain how suicide impacts an individual's friends and family could help educate the public (WHO, 2008, 2017).

The WHO's (2008, 2017) SRG also state that journalists should *avoid language that sensationalizes or normalizes suicide*. When society uses suicide as a standard or meaningless term, such as "career suicide," or jokes about suicide by saying, "if they don't win, I'll kill myself," the public becomes desensitized to how serious suicide and suicidal ideation truly is (WHO, 2008, 2017).

In addition, the WHO (2008, 2017) adds that using terms such as "suicide epidemic," or *including the term suicide in a headline* only serves to sensationalize suicide, instead of reporting on the increasing trends, which is their recommended phrasing. In 2020, military veteran Ronnie McNutt broadcast his death on a Facebook livestream. Reporting of Ronnie McNutt's death seemed to defy these SRGs. For example, Steinbuch's (2020) story *Army veteran Ronnie McNutt commits suicide in Facebook livestream*, included not only suicide terminology in the headline, but also sensationalizes the death itself by adding the location. This is the headline alone; the story goes on to violate more of the WHO's SRGs. Finally, focus on terminology and phrasing is required. Using "unsuccessful or committed suicide" is strongly discouraged because it sends the message that death from suicide is a desirable outcome or that suicide maintains some criminal intent (WHO, 2008, 2017).

Often, during the death of a celebrity, the story may be placed on the front page of a newspaper or at the top of a news website, but the WHO (2008, 2017) advises against this. Their recommendation is that *journalists avoid the prominent placement and undue repetition of stories about suicide* and instead place stories inside the newspaper or deeper into the news cycle. Also, while celebrity suicides are newsworthy, sensationalized reporting can influence at-

risk individuals. Therefore, the media should *exercise caution when reporting on celebrity suicide* (WHO, 2008, 2017). Journalists should also *avoid explicit description of the method used in a suicide*, which includes any step-by-step details because people who are at risk could copy their behavior (WHO, 2008, 2017). Just because the details of a death are unusual or newsworthy, does not mean that all of the details should be provided. Kim et al. (2013) echo this statement with their study of the increased suicide following the death of two prominent figures. Kim et al.'s (2013) findings show that when the method of suicide was provided, an increase in that method occurred. Following this same line of detail, journalists should *avoid information about where a suicide occurred* (WHO, 2008, 2017). As the WHO (2008, 2017) points out, locations can become "suicide sites" if numerous deaths by suicide occur there. In some cases, graphic images are obtained either during or after a suicide. Using the same example, when Ronnie McNutt died from suicide, the images of his death were repeatedly shared online (Steinbuch, 2020). While these images were shared by users, the lesson can be applied to all media users and contributors. The WHO (2008, 2017) strongly recommends that journalists *exercise caution in using photos or videos*. Part of this stems from the visibility of the locations and tools used in a suicide, but these images should also only be used at the discretion of family members because they will have to relive this traumatic event every time the images are shared, which leads to *showing due consideration for people bereaved by suicide*. As noted earlier, and again by the WHO's (2008, 2017) SRGs, people who have lost someone to suicide are at increased risk of suicide themselves (CDC, 2020). Thus, stories about suicide should *provide information about where to get help*. For people who are at risk of suicide, including this information at the end of story can serve as a prompt for them to reach out and seek help. Also, as noted by the WHO's (2017) updated SRG, this information needs to be accurate. Journalists

need to be armed with working numbers and websites were competent people are ready to help. Finally, journalists need to take care of themselves and *realize that they, too, can be affected by covering stories about suicide* (WHO, 2008, 2017). A journalist covers many stories and encounters countless individuals over their career, and an individual's life and death could resonate with them. For journalists, the WHO (2008, 2017) recommends that other journalists be aware of this and that media organizations provide the support needed for individuals covering stories about suicide.

Effects of SRGs

There are real effects to journalists covering suicide. Pirkis et al. (2006) note that there is strong evidence of the Werther effect, also known as contagion and wanted to investigate the similarities across various SRGs. They reviewed SRGs from Australia, Canada, Hong Kong, New Zealand, Sri Lanka, the UK, the US, and the WHO and note that many of the SRGs are quite similar, except that some do not note that journalists covering suicides are also at risk of suicide (Pirkis et al, 2006). They also differ in their creation, noting that some may have been developed in conjunction with media organizations, while others were simply compiled and made available. Regardless of their differences, Pirkis et al. (2006) suggested that further research pair journalists' and news organizations' adherence with suicide rates before and after implementation.

When interviewing journalists from New Zealand about SRGs and reporting, Collings and Kemp (2010) found five themes. First, participants felt it was their public duty to report on suicide. By avoiding stories about suicide, they felt it would become too taboo and that current restrictions have already made it taboo to report on (Collings & Kemp, 2010). This finding reflects what other media researchers uncovered in separate studies (Pirkis et al., 2006). Next,

they explain that reporting on suicide helps to provide context, meaning that if they are able to explain the events leading up to the death, readers might have more to think about. Further, the journalists suggest that it is important for readers to know just how awful suicide is (Collings & Kemp, 2010). Another theme uncovered was that journalists see reporting on suicide as a part of their trade. Essentially, suicides, depending on the identity or novelty, are interesting enough to get extra attention by media professionals because they sell. However, the journalists also positioned this as part of their responsible reporting by trying to reduce suicide (Collings & Kemp, 2010). Collings and Kemp (2010) also reveal that personal experiences matter to journalists as they explain that knocking on the door of a recently deceased loved one and asking for details is distressing, for both the family and journalist, thus requiring a level of professionalism and professional distance from the stories themselves. Finally, journalists spoke about the restrictions around reporting on suicide. Only a few of the journalists interviewed were aware of SRGs, and no one reported following any of the guidelines. For those who chose not to use them they again reported that they did not want to reinforce any taboos surrounding suicide (Collings & Kemp, 2010). Considering the journalists' good intentions, explaining what led to a suicide and how it occurred can breed contagion and repeat suicides. In fact, following SRG guidelines can help reduce taboos and stigma surrounding suicide and mental health, a point discussed at length later.

Collings and Kemp's (2010) findings were reinforced in another study conducted in Europe by Markiewitz et al. (2019). Markiewitz et al. (2019) interviewed journalists after seeing the SRGs comprised of the WHO as well as German and Austrian ministries' recommendations. They found that journalists are first concerned with the circumstance surrounding the death. Interestingly, in this study, journalists understood that reporting on suicide did have an effect on

the readers, but stated that it still needed to be covered if the method was somehow bizarre or extreme, if there was some level of criminality, or if it was a celebrity. Essentially, journalists still felt that the risk was "worth a story" (Markiewitz et al., 2019, p. 8). Journalism, like any other business, faces competition and economic pressure, so a death by suicide becomes "worth a story" if it increases sales. Next, the journalists indicated that they simply did not want "to be told what s/he has to do" (Markiewitz et al., 2019, p. 10). This relates to the freedom of the press, in that there is an argument to be made that any guidelines, SRGs or not, limits that freedom. However, there also seemed to be a level of responsibility that journalists did not want, as one participant noted that the ability to prevent suicide was a great responsibility, they also indicated the felt it was a threat, as in they also cause suicides (Markiewitz et al., 2019). This spurred a defensive reaction and resistance to SRG implementation. The third theme found in Markiewitz et al.'s (2019) research was a little more promising in regards to SRG compliance. While some journalists were open to using SRGs, they wanted explanation from the beginning, as well as explanation about what the benefits and consequences of this type of reporting. They also indicated that editors needed to be included in their implementation. Regardless, their findings suggested a balance between their freedoms and SRG adherence needed to be struck together (Markiewitz, et al., 2019).

Bohanna and Wang's (2012) systematic review sought to gauge the effectiveness of SRGs altogether. To do this, Bohanna and Wang (2012) reviewed 10 studies and compiled data regarding suicide rates, awareness and use of SRGs, and how well the media has followed the SRGs. Their results indicate that there is a relationship that indicates that when SRGs are introduced and followed, deaths from suicide decrease. They also found that when locations were removed, they found large decreases in deaths in the removed locations, and remained low

for nearly five years. However, one problem that Bohanna and Wang (2012) identify is that compliant news organizations only have so much population coverage, so the effect is only for the area within reach of the compliant organization. Regardless, when news organizations were made aware and adhered, SRG conflicting behavior was reduced greatly, which is reflected in overall reductions in deaths from suicide. Unfortunately, Bohanna and Wang (2012) found that while some journalists were simply not aware that SRGs existed, many others are not convinced by the data related to the ability to reduce deaths from suicide, and some believed it would have a negative effect on stigma related to suicide and mental health. For example, by not talking about deaths related to suicide, the topic of suicide is then made more taboo.

As noted by Collings and Kemp (2010), high profile deaths are considered especially newsworthy by both the media and public. A study by Niederkrotenthaler et al. (2020) highlights the need for SRGs, particularly when covering these deaths. Their systematic review of 31 studies reviewed whether suicides increased after reporting on a celebrity suicide. The findings indicated that yes, a 13 percent increase following media coverage of a celebrity's death. The study also included analysis regarding details of the reporting. When stories included the method used in the suicide, on component of the WHO's SRGs, an increase of 31% of deaths were related to that same method or tool (Niederkrotenthaler et al., 2020). While the study was not able to find any relationship between general reporting and deaths from suicide, their findings related to high profile deaths suggest that journalists need to include SRGs for responsible reporting.

Till et al. (2018a) investigated one primary component of the WHO's (2008, 2017) SRGs, the refutation of myths about suicide and suicidal ideation. The study does so by examining the effect that expert interviews have on people when reading articles about suicide.

In this study, three groups were tested, one where a medical expert refuted myths about suicide, one where an expert refuted myths about suicide using first-hand knowledge, and one where readers did not read articles about suicide at all. Their findings indicate that the refutation of myths was significant in both decreasing suicidal ideation and increasing suicide prevention knowledge, regardless of first-hand knowledge (Till et al., 2018a). Conversely, Till et al. (2018b) found that the more an individual reads news, the more likely they will have lower levels of suicide-related knowledge, greater adherence to myths about suicide, and a greater level of stigmatizing attitudes of suicide. The explanation Till et al. (2018b) provide for this is that news outlets do not refute myths about suicide, further cultivating and supporting misinformation about suicide. These findings are important not only for the support of utilizing SRGs when developing news stories, but also how refutation of myths relates to increased education and the potential for decreased stigma surrounding mental health.

How stories are framed also plays a role in suicide contagion (Arendt et al., 2018). One of the WHO's (2008, 2017) guidelines suggests that stories about suicide avoid using the term suicide in the headlines, or terms like epidemic or crisis. Arendt et al.'s (2018) study of German-speaking countries examined the effects of using neutral terms such as suicide (suizid), and associative terms like self-murder (selbstmord) or free death (freitod). Depending on the condition that participants were assigned to, they would read stories about suicide using those terms. Interestingly, they found that the frames did relate to how they talked about suicide afterward. Indicating that participants in the free death category actually viewed suicide more favorably for people with incurable disease than the other groups. These findings are important, considering stories that readers might find outside of the lab may also contain components of their own lives and may also find a more favorable view (Arendt et al., 2018). Using the same

terms (suizid, selbstmord, and freitod), Arendt (2018) reviewed whether or not their appearance in news media was related to Google searches. These terms are important because it is recommended to use neutral terms such as suicide (suizid) over problematic terms such as selbstmord and freitod. What was found is that as the reduction in selbstmord decreased, so did Google searches containing that term. However, while there was no real change in the use of, or searches related to freitod, the frequency it was used and the frequency of searches were already quite low.

Research regarding SRGs and social media continue to find engaging results. Sumner, Burke, and Kooti (2020) investigated how closely news articles related to suicide that are exchanged on the popular social media site Facebook follow SRGs. Of over 600 news article shared, SRGs were most commonly not followed (Sumner et al., 2020). Over half of all article contained personal details of the victim, the term suicide in the headline, explicit details of the location of the death, and identifying the tool used in the death (Sumner et al., 2020). However, some articles did contain elements of the guidelines, such as providing statistics instead of sensationalized wording. The average article shared violated at least four of the SRGs guidelines and from the entire sample, only one article closely adhered. The most important finding of this study, however, is that articles that did follow elements of the SRG often experienced greater mobility online (Sumner et al., 2020). While these results show that media outlets in the U.S. do not closely adhere to SRGs, it does highlight that readers respond more positively to health-conscious reporting than articles that contain more sensationalized content. Regarding the media's role in health intervention, Sumner et al.'s (2020) results also highlight that articles containing content designed to improve health behavior and reduce stigma have a positive potential for change.

The use of SRGs has also been added into journalism curriculum. Skehan et al. (2009) combined both mental health professionals and journalism professors to educate and train future journalists about the effectiveness and use of SRGs when reporting on deaths from suicide. While the study was performed in Australia, Skehan et al., (2009) made a significant note that curriculum varies widely from program to program, thus any curriculum developed would have to be able to fit simply in any institution. Their findings indicate that students found the inclusion of SRGs interesting, improved their understanding of suicide and mental illness, and students indicated that the course would impact how they wrote stories in the future. Further, students also indicated that the course motivated them to want to learn more about the representation of mental health and suicide in the media (Skehan et al., 2009).

Stigma

Stigma is often used in the media to describe anything from playing the accordion to box wines (Parrott & Eckhart, 2019). However, stigma is actually conceptualized as four different components that separate an individual or group as different, and use stereotypes and discrimination to strip them of any social capital or power (Link & Phelan, 2001). These components are (a) that society recognizes a difference between the majority and the individual or group, (b) that society uses negative stereotypes to connect undesirable characteristics to the individual or group and become labeled as such, (c) that those labeled are then separated from the majority, and (d) that discrimination occurs against the individual or group based on those negative stereotypes (Link & Phelan, 2001). In a fifth component, added later by Link and Phelan (2001), stigma is also performed by the use of power to remove social capital or social power from the individual or group. From a public health perspective, stigma can have a profound impact. Stigma acts as a barrier to someone's ability to work, go to the doctor, or

simply live their life. This barrier, then, can result in a loss of income, increased stress, and negative physical and psychological health outcomes related to stress, which are perpetuated by a loss of income or a barrier to treatment (Link & Phelan, 2006).

Corrigan and Kleinlein (2005) point out that the stigma surrounding mental health is two-fold. Individuals with mental health diagnoses often deal with public stigma and self-stigma. Here, the public holds their stereotypes, prejudices, and discriminatory behavior toward the individual, but they also point out that the individual affected does something similar (Corrigan & Kleinlein, 2005). Here, the individual will hold negative beliefs or stereotypes about themselves, and have a negative prejudice against themselves or their ability to overcome their diagnoses or follow their treatment. In fact, they may even discriminate against themselves by not seeking treatment because they either do not believe they are capable of following through with the recommendations or that the treatment simply will not work for them (Corrigan & Kleinlein, 2005; Vogel, Wade, & Hackler, 2007). The effect of *self-stigma* is so strong that regardless of whether an individual agrees with the stereotype about themselves, as long as they self-stigmatize, their self-esteem and self-efficacy will be low (Corrigan et al., 2006).

Fortunately, there are ways of removing stigma. Corrigan, et al. (2012) state that there are three ways of doing so: protest, education, and contact. Protest calls for the reduction of stigma toward individuals and groups and the restoration of their social capital and power, and it can work in some instances; however, as Corrigan et al. (2012) point out, protest does not always lead to a reduction in stigma and can sometimes increase prejudice toward individuals and groups. Education, on the other hand, simply challenges stereotypes about the individual or group by teaching society about the reality of an illness or condition. Finally, and what Corrigan et al. (2012) state is most effective, is contact. Contact reduces social distance between society

and the stigmatized individual or group. This can be done through media interviews, relationship development, or simple interactions where society can identify similarities between themselves and the stigmatized individuals (Corrigan et al., 2012).

What this means is that there is an opportunity for SRGs to play a role not only in the reduction of deaths from suicide, but also the reduction of stigma surrounding mental health. Niederkrotenthaler et al. (2014) explain that SRGs may play a role in both, as many of the WHO's (2008, 2017) guidelines target dispelling myths and providing information about where treatment can be found. In fact, there appears to be a complete misunderstanding between SRGs and stigma. Revisiting Collings and Kemp's (2010) study where journalists did not want to perpetuate taboos and stigma, following SRGs specifically targets these concerns. Also, when using SRGs, there is greater opportunity to interview people who have sought treatment. Doing this accomplishes two goals: it creates contact with a stigmatized group, which has been shown to be the most effective method for stigma reduction, and provides an avenue for an increase in self-efficacy for those who may be struggling with their mental health and suicidal ideation. Thus, the use of SRGs accomplishes a number of efforts designed to reduce stigma and deaths from suicide.

Hierarchy of Influence Model

Given media's important and significant role in our society, journalists have an opportunity to help save many lives and significantly impact many more. Therefore, a question needs to be raised about why a journalist or news organization does or does not adopt SRGs. Sure, some journalists state that free press should not be regulated by guidelines (Markiewitz et al., 2019), but little is known about their feelings toward SRGs as a whole. If a journalist or

media organization supports the idea of SRGs in their reporting, maybe additional forces are discouraging their adherence.

The theory of influences (Shoemaker & Reese, 1996), later coined the hierarchy of influences model (Reese & Shoemaker, 2016), relates to media sociology and how it impacts the journalist and media content (Reese & Shoemaker, 2016; Shoemaker & Reese, 1996). Imagine a stereotypical newsroom complete with corporate owners, editors, and journalists. What this model does is clarify how decisions are made and content is created based on the pressures of each party. To explain, Shoemaker and Reese (1996) start with individual *journalists* who all have their own identity, beliefs, and backgrounds (Reese & Shoemaker, 2016). As journalists, their education and training could vary and the direction of a newsroom can be based on the employers needs and wants. For example, a journalism major and a liberal arts major will interview and research differently, and potentially focus on different information as it pertains to the news article (Reese & Shoemaker, 2016; Shoemaker & Reese, 1996). Additionally, a journalist might have personal experience with an article's topic, which could affect how they cover a story or what information they choose to include. How journalists understand their roles can impact coverage as well. If journalists consider themselves to be solely providers of information, they might disseminate content without much story development, but if they play the role of "adversary of the powerful," then they may dig deeper or analyze a story further (Reese & Shoemaker, 2016; Shoemaker & Reese, 1996). The *routines* of the journalist and organization also play a role in content development. There are unspoken, and spoken, rules that journalists understand of their role within the organization (Reese & Shoemaker, 2016). If a sports reporter knows they are covering the same event, they will likely provide the same level of analysis each time. However, if a news story falls outside the norm and if it aligns with the news

organization's scope, then a journalist knows it should be picked up. If the story is too far outside of the scope of the organization, it will go uncovered (Shoemaker & Reese, 1996).

This leads to the influence of the *organization* itself. As Shoemaker and Reese (1996) point out, the finances and notoriety of the media organization is very important. This can impact whether or not its journalists will be similar to the general population or not, as well as whether or not their coverage and content of a story is dependent on the funding it will gain (or lose). Think of how often advertisements occur during a television news cycle compared to how advertisements are sold in a print newspaper. If a televised news station loses a sponsor or advertiser because of a story, they might opt to cover stories that do not conflict, whereas print advertisers have already bought a week, month, or year-long block of advertisement. More to the point, Shoemaker and Reese (1996) state that when profit is on the line, news content takes a lower priority.

In their early work, Shoemaker and Reese (1996) call the next level of influence extramedia. However, this term is now identified as *social institutions* (Reese & Shoemaker, 2016). Originally meant to capture everything outside of the traditional media organization (Shoemaker & Reese, 1996), social institutions include external organizations such as government or advertisers and sponsors. Essentially, any external organization that can, in some way, influence the media organization (Reese & Shoemaker, 2016). Of course, as mentioned earlier, the government is beholden to the media's First Amendment rights; however, government sources do hold the power to moderate the flow of information to media. For example, a confidential source may choose to go to one media organization over the other based on how they want the story to be framed. If the story that was missed out on was big enough, or the organization continues to be passed over, the organization will lose influence and potentially

bend to the will of the source. Finally, ideology (Shoemaker & Reese, 1996), now known as the *social system* (Reese & Shoemaker, 2016). The social system includes ideological influence from external powers such as sources, advertisers and sponsors, and other elites and elite media. News organizations and journalists are under constant influence to reinforce and progress the interests of these external groups. Culture, values, and their influence on the desire to have news media play a role in social change also shows how the social system of the consumer impacts the organization, and subsequently, the journalist (Reese & Shoemaker, 2016).

Communication theory, specifically SCT, understands that the media play an integral role in the environmental component of health interventions. Bandura himself states that because of the media's ability to influence individuals, the media is also under various pressure to accommodate external needs (2001, p.279). In this case, the external need is to encourage or influence media organizations and journalists to adopt the WHO's (2008, 2017) SRGs. The problem, though, is that if a young journalist in college hears about SRGs from their university professor, or perhaps while writing a research paper, they might take that knowledge with them to their next newsroom. However, if that is the last time the budding journalist hears about this style of reporting, they may never use it. Using the hierarchy of influence, peers, editors, and society can all encourage or discourage (or allow) a journalist to use these SRGs. Skehan et al. (2006) highlight this point in their Australian study, noting that the greatest amount of SRG inclusion was achieved by engaging face-to-face with media professionals. Therefore, it is important to consider the entire media hierarchy. However, before pressure and influence can be considered, more needs to be known about why journalists and editors do not use them. This can be done by focusing on journalists' and editors' perceptions of their peers', superiors', and organization's willingness to use SRGs. Or, perhaps the media is unaware of SRGs' effect, or

how SRGs fit in a triadic approach to suicide intervention. Thus, a more dynamic and cooperative approach might be more effective.

CAUSE Model

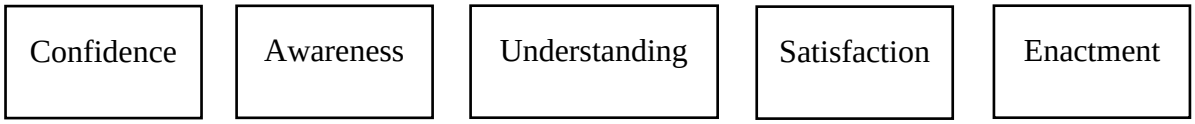
Because of the frequent negative attitudes toward adopting or implementing SRGs (Collings & Kemp, 2010; Markiewitz et al., 2019), the CAUSE model is an appropriate way to attempt to solve this stalemate. According to Rowan (2013), the CAUSE model is used to study risk and crisis communication. Rowan (2013) suggests that when an organization communicates about dangers in the world, the receivers of the message can often be wary of the intent of, or confident in the solution set forth by, the organization. This happens because sometimes the receivers are not fully aware of the potential risk, or the receivers may simply disagree with the solution. Therefore, it is the motive of the CAUSE model to increase credibility and motivation toward the organization's recommendations, and agreement that the recommendations are good (Rowan, 2013). VanDyke and King (2018) also include that while the CAUSE model can identify barriers, it can also highlight areas where an organization might lack the appropriate resources to use SRGs in the story development. The use of this model will help public health officials understand why journalists either do not agree that they are effective in reducing deaths from suicide or that they inhibit and infringe on their freedoms as press by either providing insight that further explanation is required or including journalists in the development of SRGs specific to fit the U.S. media environment.

The CAUSE model (Figure 2) has five major components: *confidence*, *awareness*, *understanding*, *satisfaction*, and *enactment* (Rowan, et al., 2008). When an emergency happens, a health official faces the challenge of appearing credible and gaining the *confidence* of the community. Unless the health official is in a small community, or a highly publicized health

official (e.g., Dr. Anthony Fauci), they are typically not very well known. This lack of personal knowledge creates uncertainty about the official and their message. Another issue is that the more health officials warn about impending crises, the less confident people are in their ability as a health official (Rowan et al., 2008). Of course, it is logical that the more a health official warns people about something that has not yet occurred, they will perceive the lack of an emergency as evidence of the official's perceived error. So, while the population is more aware of how to react to the crisis, the health official has to reinforce their credibility as they and the community wade through the crisis, or impending crisis (Rowan et al., 2008). This can, however, be remedied. As Rowan et al. (2008) point out, if the official hails from a reputable organization, it can bolster their credibility. In fact, the more consistently the organization conducts evaluations in the community, more credibility and trust can be gained overall. Additionally, if the organization itself gets community members to come to it for guidance about how to deal with a specific crisis or risk, it can maintain its credibility and build trust within the community, regardless of the employees or health officials within the organization.

Figure 2

CAUSE Model



The role of *awareness* in the CAUSE model is quite complex. In the context of SRGs, journalists must be informed and have the SRGs explained to them (Rowan et al., 2008). Awareness is complex because it is easy to get wrong. If journalists are simply never informed, they would not know that SRGs have ever been compiled. However, if journalists are informed,

then the SRGs (and their effect) need to be explained. Additionally, the intent of the SRGs needs to be clearly communicated (Rowan et al., 2008), otherwise the health organization may appear to simply be restricting the press' constitutional freedom. Finally, there needs to be a way to highlight how real the risk of suicide is, and how effective SRGs can be at helping reduce those deaths.

In the CAUSE model, *understanding* is different from *awareness* because it speaks more to why specific terms are used or how various alerts fit into a larger emergency system (Rowan et al., 2008). Considering SRGs, making journalists aware that the recommendations exist is one thing, but reducing confusion by explaining the difference between the effects of one guideline compared to another creates understanding. For example, there could be confusion over the when statistics should be used, or how to talk about suicide as a death instead of a criminal behavior. These are micro-level discrepancies that can occur when working with SRGs, but helping journalists understand the role of journalism in the larger media and SCT environment can also foster understanding on a macro-level.

When two parties (e.g., public health educators and journalism professionals, in the case of SRG adoption) have reached understanding about how to mitigate their risk in a crisis or emergency, *satisfaction* occurs (Rowan et al., 2008). However, as Rowan et al. (2008) point out, satisfaction may not be immediate. For example, there may still be doubts about the plan's efficacy or if the event may ever occur. There may also still be disagreement about whether or not it is worth following the agreed upon plans, or maybe if abiding by the health official's plan, they will lose face within the community for being amicable to the new recommendations (Rowan et al., 2008). While the other steps within the CAUSE model can be seen related to the SRGs, the *satisfaction* step has not been as readily applied. Many studies (Collings & Kemp,

2010; Markiewitz et al., 2019) have shown that some journalists do not believe that SRG adherence relates to lower deaths from suicide. These same studies also indicate that journalists are worried about giving up their constitutional rights. Given this, further research regarding how to foster satisfaction with SRG usage is necessary.

Finally, just because satisfaction is achieved, it does not mean that *enactment* of the proposed plan will occur. Rowan et al. (2008) notes that this is one of the largest challenges for any measure designed to reduce risk. While the plan may progress through the different segments of the model, they often come apart here as users tend to revert back to their previous behaviors and beliefs (Rowan et al., 2008). Also, the new plan needs to be an integrated part of the users' lives. Regardless, people need to be motivated to enact the new plan or policy (Rowan et al., 2008). In the instance of SRGs, journalists' adherence needs to become commonplace, and essentially required by editors, otherwise it will not be frequently practiced and likely not executed properly. Furthermore, this requirement across all media platforms will not only motivate journalists to follow SRGs, but it will also give them confidence that someone else will not be able to capitalize on a high-profile death by sensationalizing their reporting. Therefore, it is important to explore what journalists and editors perceive as barriers to their enactment. Informed by the CAUSE model, the present study takes an exploratory approach to examine the different factors influencing journalists' attitudes and use of SRGs. Using a national survey of American journalists, the study examines the following research questions:

1. How familiar are journalists with SRGs?

To understand the role the CAUSE model could play in future interventions, the following questions were asked:

2. Who do journalists feel are most capable of developing methods to reduce suicide?

3. Do journalists consider SRGs efficacious in their ability to reduce deaths from suicide?
4. Do journalists use SRGs when writing stories about deaths from suicide?
5. Are journalists willing to use SRGs when writing stories about deaths from suicide?
6. What are the strongest personnel influences on a journalists' willingness to use or use of SRGs?
7. What challenges do journalists encounter when covering suicide?
8. Do journalists believe that they should cover deaths from suicide?

CHAPTER THREE: METHODS

All study-related procedures were approved by the Institutional Review Board (Appendix B). In the following chapter, recruitment of participants will be described as well as the survey instrument and measures, and analysis plan.

Participants

Journalism professionals were surveyed, representing online media journalists from major national news outlets and two major news outlets from each state (listed in Table 1). Participants from digital print media were recruited, opposed to broadcast reporting outlets due the relationship journalists and leadership play in the depth of content in stories related to suicide.

Table 1

List of News Publications (Recruitment Pool)

State	Publication	State	Publication
US	USA Today, Society of Professional Journalists, The Washington Post	MT	The Billings Gazette, Missoulian
AK	Anchorage Daily News, Juneau Empire	NC	Charlotte Observer, The Herald Sun
AL	The Birmingham News (AL.com), Montgomery Advertiser	ND	Valley News Live, The Bismarck Tribune
AR	Arkansas Democrat Gazette, Arkansas Times	NE	KETV.com, The Daily Nebraskan
AZ	The Arizona Republic (azcentral.com), Tuscon Sentinel	NH	Union Leader, The Concord Monitor
CA	Los Angeles Daily News, San Diego Union-Tribune	NJ	NJ.com, northjersey.com
CO	The Denver Post, Colorado Springs Gazette	NV	Las Vegas Review-Journal, Reno Gazette Journal
CT	CT Post News, The CT Mirror	NM	Albuquerque Journal, Las Cruces Sun News
DE	The News Journal (delawareonline.com)	NY	Times Union (Albany), The Post-Standard

FL	First Coast News, Orlando Sentinel	OH	The Columbus Dispatch, Dayton Daily News
GA	Atlanta Journal Constitution, The Augusta Chronicle	OK	The Oklahoman, Tulsa World
HI	Hawaii News Now, Honolulu Star-Advertiser	OR	Portland Tribune, The Oregonian
ID	KTVB7, Idaho Press	PA	The Philadelphia Inquirer, Pittsburgh Post-Gazette
IA	Des Moines Register, Telegraph Herald	RI	The Providence Journal, ricentral.com
IL	Chicago Tribune, The Daily Illini	SC	Post and Courier, The State
IN	IndyStar, The Time – nwi.com	SD	Argus Leader, Brookings Register
KS	The Wichita Eagle, The Topeka Capital-Journal	TN	The Tennessean, Daily Memphian
KY	The Courier Journal, Lexington Herald-Leader	TX	Houston Chronicle, The Dallas Morning News
LA	NOLA.com, The Advocate	UT	The Salt Lake Tribune, Daily Herald
MA	Boston Globe, Greenfield Recorder	VA	The Virginian-Pilot, Alexandria Times
MD	The Baltimore Sun, The Daily Record	VT	Burlington Free Press, VTDigger.org
ME	Portland Press Herald, centralmaine.com	WA	Seattle Times, The News Tribune
MI	The Detroit News, Lansing State Journal	WI	Milwaukee Journal Sentinel, Wisconsin State Journal
MN	Star Tribune, MinnPost	WV	Charleston Gazette-Mail, The Dominion Post
MO	The Kansas City Star, The St. Louis American	WY	The Cheyenne Post, Wyoming Tribune Eagle
MS	Clarion Ledger, Sun Herald		

Recruitment emails were sent to journalism professionals working for 103 publications and recruitment was aimed at making contact with journalists via social media. Outlets (see Table 1) were chosen because of their geographic diversity. State news outlets were selected based on city population (Lakritz, 2018) — publications representing the largest metropolitan areas were selected because of their potential to reach large audiences. Emails were drawn from publication websites by searching the term “suicide,” selecting the first five articles from the search results, and then documenting the author's email address. Other emails were retrieved from newsroom staff pages. At the end of the survey, participants were asked to forward the survey to other journalists.

Participants were offered a chance to win one of five $100 American Express gift cards. For email solicitation, 591 emails were sent, 40 survey responses were recorded. Participants were mostly female (67.5%), white (87.5%), and a mean age of 35.64 (*SD*=11.74). Respondents were mostly liberal-leaning (very liberal, 24.3%, liberal,37.8%), or independent (35.1%), with one participant stating they were conservative (2.7%). With respect to job classification, reporters were most represented in the sample (57.5%), followed by producers (20%), video crew (20%), and writers (2.5%). While most said they had covered a suicide (82.5%), just under half said they had any formal training in the use of SRGs (47.5%) (see Table 2).

Table 2

Demographics

Characteristic	***n, (%)***
Age	*M* = 35.64, *SD* = 11.744
Gender	
Female	27, (67.5%)
Male	13, (32.5%)
Race	
White/Caucasian	35, (87.5%)
Black/African American	1, (2.5%)
Asian	1, (2.5%)
Native American	0, (0%)
Pacific Islander	1, (2.5%)
Other	2, (5%)
Political Affiliation	
Very Liberal	9, (24.3 %)
Liberal	14, (37.8%)
Independent	13, (35.1%)
Conservative	1, (2.5%)
Very Conservative	0, (0%)
Occupation	
Reporter	23, (57.5%)
Writer	1, (2.5%)
Photographer	0, (0%)
Copy Editor	0, (0%)
Editor	8, (20%)
Producer	0, (0%)
Videographer	8, (20%)

Other	0, (0%)
Covered Suicide	
Yes	33, (82.5%)
No	7, (17.5%)
Formal SRG Training	
Yes	19, (47.5%)
No	21, (52.5%)

Instrument

The approved Qualtrics survey was distributed via email and made available for a 34-day period, March 28 – May 1, 2021. The survey (Appendix A) took approximately 10 minutes to complete and used questions related to the WHO's (2008, 2017) SRGs aligned with the CAUSE model. Additionally, to answer questions related to the hierarchy of influence, journalists were asked if they were willing to utilize SRGs compared to their organization's, superiors', and peers' willingness, as well as how their hierarchy would influence their own usage if SRGs were used in their newsroom. The survey is the first of its kind to quantitatively investigate this relationship. Quantitative survey responses were analyzed by calculating frequencies and descriptive statistics, using SPSS 26. Additionally, this survey provided two open-ended questions to provide qualitative context to the quantitative results. These questions asked about challenges journalism professionals faced when reporting on deaths from suicide, as well as whether or not the participant believed journalism should even cover suicide. Qualitative responses were analyzed by using an emergent thematic analysis approach (Nowell et al., 2017). This approach provides flexibility and credibility. Specifically, results were triangulated by reading responses, being organized into categories, and developed into themes that answer the research questions.

While the survey only shows a snapshot of the perceptions of SRGs, it will highlight individual components of SRGs and can be used for future experiments or qualitative

investigation regarding why challenges exist. The inclusion of national news outlets and regional outlets, the snapshot of these feelings toward SRGs can be applied to all major news outlets.

Measures

Demographics

Participants were asked to self-report their (a) gender, (b) race, (c) age, (d) political affiliation, (e) occupation, (f) whether they have covered suicide, and (g) formal SRG training.

CAUSE Model

To measure components of the CAUSE model, this study examined participants' *confidence* (efficacy) in SRGs and their confidence in organizations that may distribute SRGs. This study also measured *awareness* (familiarity) with SRGs, *satisfaction* (willingness) with, and *enactment* (use) of SRGs.

Efficacy. Efficacy in SRGs was measured with one Likert-type item measuring how strongly the participant agreed that SRGs reduced the risk of suicide (1 = strongly disagree, 5 = strongly agree). Participants were also asked to rank organizations (WHO, CDC, their state public health agency, their local public health agency, and academia) based on the organizations' perceived knowledge about risk factors of suicide.

Familiarity. Familiarity with SRGs was measured with one Likert-type item measuring how familiar participants are with SRGs (1 = not familiar at all, 5 = very familiar).

SRG use. SRG use was measured with two Likert-type items measuring (a) how often participants used SRGs (1 = never, 5 = always) and (b) how frequently they performed each of the WHO's (2008, 2017) guidelines (see Table 3). Resulting is a scale ranging from 1-5, where higher scores indicating more SRG use.

Willingness to use SRGs. Willingness to use SRGs was measured with two Likert-type items measuring participants' (a) willingness (1 = not willing, 5 = very willing) to use SRGs and (b) how willing to perform each component of the SRGs (see Table 3). Resulting is a scale ranging from 1 to 5 where higher scores indicate more willingness to use SRGs.

Table 3

World Health Organization Suicide Reporting Guidelines

2008 Guidelines
1. Take the opportunity to educate the public about suicide
2. Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems
3. Avoid prominent placement and undue repetition of stories about suicide
4. Avoid explicit description of the method used in a completed or attempted suicide
5. Avoid providing detailed information about the site of a completed or attempted suicide
6. Word headlines carefully
7. Exercise caution in using photographs or video footage
8. Take particular care in reporting celebrity suicides
9. Show due consideration for people bereaved by suicide
10. Provide information about where to seek help
11. Recognize that media professionals themselves may be affected by stories about suicide
2017 Guideline Additions
12. Report stories of how to cope with life stressors or suicidal thoughts, and how to get help

Hierarchy of Influence

Newsroom SRG use. Barriers to SRG use was included to ascertain how peer, superior, and organization use of SRGs would influence participant willingness to *use* SRGs. This was measured, with three Likert-type items, if their peers, superiors, and organization used SRGs when reporting on suicide, how willing would the participant be (1 = not willing, 5 = very willing). Resulting is a scale ranging from 1 to 5 where higher scores indicate peer, superior, or organization *usage* resulted in greater willingness to use SRGs.

Newsroom support for SRG use. Hypothetical SRG use was used to measure how perceived peer, superior, and organizational support for the use of SRGs related to the

participant's willingness to use SRGs. This was measured by using a Likert-type item that asked if peers, superiors, and the organization supported the use of SRGs, how willing would the participant be to use SRGs (1 = not willing, 5 = very willing). Resulting is a scale ranging from 1 to 5 where higher scores indicate a greater influence on the participant's willingness to use SRGs.

Qualitative items

Challenges. Participants were asked an open-ended question about challenges they faced when reporting on deaths from suicide. Using emergent thematic analysis, these responses were analyzed and coded into two different themes (Nowell et al., 2017). These themes are avoiding sensationalization and discomfort.

Covering suicide. Participants were asked an open-ended question about whether or not deaths from suicide should be covered. Using emergent thematic analysis, these responses were analyzed and coded into three different themes (Nowell et al., 2017). These themes are yes, no, and it depends.

CHAPTER FOUR: RESULTS

In the present study, journalism professionals (n = 40) were asked to respond to survey items about their usage of SRGs, willingness to use SRGs, and beliefs about covering deaths from suicide. Research questions (RQ) one through six were analyzed with descriptive statistics using SPSS 26, while research questions seven and eight were answered using a qualitative emergent thematic analysis (Nowell et al., 2017) (see Table 4).

Table 4

Research Question Analysis

RQ	Statistical Analysis
RQ1: How familiar are journalists with SRGs?	Descriptive Statistics
RQ2: Who do journalists feel are most capable of developing methods to reduce suicide?	Descriptive Statistics
RQ3: Do journalists consider SRGs efficacious in their ability to reduce deaths from suicide?	Descriptive Statistics
RQ4: Do journalists use SRGs when writing stories about deaths from suicide?	Descriptive Statistics
RQ5: Are journalists willing to use SRGs when writing stories about deaths from suicide?	Descriptive Statistics
RQ6: What are the strongest personnel influences on a journalists' willingness to use or use of SRGs?	Descriptive Statistics
RQ7: What challenges do journalists encounter when covering suicide?	Emergent Thematic Analysis
RQ8: Do journalists believe that they should cover deaths from suicide?	Emergent Thematic Analysis

RQ1: How familiar are journalists with SRGs?

On a scale of 1 to 5 (1 = not familiar at all, 5 = extremely familiar), participants were asked to respond to one item: how familiar are you with suicide reporting guidelines. Results indicate that journalists are slightly to moderately familiar with SRGs (M = 2.16, SD = 1.312). This finding is further supported by the number (n = 21, 50%) of journalists who stated they have not received formal training on SRGs.

RQ2: Who do journalists feel are most capable of developing methods to reduce suicide?

Participants were asked to rank several organizations and individuals with respect to their capability of developing methods to reduce suicide (1 = not capable, 5 = very capable). Participants ranked local public health officials highest (M = 3.88, SD = 1.274), followed by academics (M = 3.24, SD = 1.653), state public health officials (M = 2.97, SD = 1.167), the CDC (M = 2.50, SD = 1.108), and the WHO (M = 2.41, SD = 1.373).

RQ3: Do journalists consider SRGs efficacious in their ability to reduce deaths from suicide?

Participants were asked to rank how strongly they agreed (1 = strongly disagree, 5 = strongly agree) that suicide reporting guidelines can impact people at risk of suicide. Overall, participants felt that SRGs did, in fact, fulfill their intended purpose (M = 4.03, SD = 0.947).

RQ4: Do journalists use SRGs when writing stories about deaths from suicide?

Participants were asked to rank their overall use (1 = never, 5 = always) of SRGs and then their usage of each individual guidelines (1 = never, 5 = always). Overall, participants stated they used SRGs about half the time (M = 3.05, SD = 1.584). When guidelines were measured individually, participants stated that they mostly followed each of the SRGs. The most strictly adhered to were avoiding writing stories that normalized, sensationalized, or presented suicide as

a solution (*M* = 4.77, *SD* = 0.891), avoiding the use of photographs, videos, or links to digital media from the scene of the suicide (*M* = 4.69, *SD* = 0.521), and exercising caution and/or considering those bereaved (*M* = 4.53, *SD* = 0.933). The least strictly followed guidelines were refuting myths about suicide, suicidal ideation, and/or mental health (*M* = 2.70, *SD* = 1.285), reporting on people who positively cope with stress and suicidal thoughts, and how they got help (*M* = 3.00, *SD* = 1.359), and educating the reader about facts related to suicide and suicide prevention (*M* = 3.68, SD = *1*.269) (see Table 5).

RQ5: Are journalists willing to use SRGs when writing stories about deaths from suicide?

Next, participants were asked how willing they are to use SRGs overall (1 = not willing, 5 = very willing) and then asked about their willingness for each individual guideline (1 = not willing, 5 = very willing). Overall, participants stated that they were very willing to use SRGs (*M* = 4.20, *SD* = 1.114). When further explored, participants were much more willing to provide details about where people at risk of suicide could seek help (*M* = 4.70, *SD* = 0.687), refrain from normalizing, sensationalizing, or presenting suicide as a solution (*M* = 4.70, *SD* = 0.608), and consider those bereaved by a suicide (*M* = 4.60, *SD* = 0.744). Participants were less willing to refrain from reporting on the location or time of suicides (*M* = 3.43, *SD* = 1.238), refrain from using the term suicide in headlines (*M* = 3.55, *SD* = 1.319), and to refrain from prominently placing stories about suicide in their news outlet (*M* = 3.87, *SD* = 1.244) (see Table 5).

Table 5

WHO SRG responses

Item	***M, SD***
Use SRGs in general	3.05, 1.312
Specific SRG use	
Provide where to find help	4.25, 1.276
Educate the reader	3.68, 1.269
Refute myths	2.70, 1.285

Report positive coping	3.00, 1.359
Consider bereaved	4.53, 0.933
Refrain from normalizing	4.77, 0.891
Refrain from listing tools	4.18, 0.997
Refrain from listing location/time	3.74, 1.163
Refrain from using "suicide" in headline	3.85, 1.136
Refrain from using graphic digital content	4.69, 0.521
Willingness SRGs in general	4.20, 1.114
Specific SRG willingness (willingness to)	
Provide where to find help	4.70, 0.678
Educate the reader	4.53, 0.751
Refute myths	4.18, 1.059
Report positive coping	4.28, 0.847
Consider bereaved	4.60, 0.744
Refrain from normalizing	4.70, 0.608
Refrain from listing tools	4.00, 1.198
Refrain from listing location/time	3.43, 1.238
Refrain from using "suicide" in headline	3.55, 1.319
Refrain from using graphic digital content	4.37, 1.102
Refrain from placing stories prominently	3.87, 1.244

RQ6: What are the strongest personnel influences on a journalists' willingness to use or use of SRGs?

To answer this question, participants were asked about both their peers', superiors', and organizations' SRG usage and their support for SRG usage, and then asked to rank how these factors would impact their willingness to use SRGs (1 = not willing, 5 = very willing). First, journalists were more willing to use SRGs based on their superiors' usage (M = 4.28, SD = 1.031), followed by their organization's use (M = 4.24, SD = 1.090), and peer usage (M = 4.22, SD = 1.031). Next, journalists were more willing to use SRGs if their superiors supported their use (M=4.32, SD=.973), followed by peer support (M = 4.28, SD = 1.031), and their organization's support (M = 4.27, SD = 1.045).

RQ7: What challenges do journalists encounter when covering suicide?

To answer research question seven, participants were asked what challenges, as journalists, they face when covering suicide. A qualitative emergent thematic analysis was

conducted (Nowell et al., 2017). Results suggested two primary themes surrounding challenge, *avoiding sensationalization* and *discomfort*.

First, reflecting the theme of avoiding sensationalizing, one participant noted, "the biggest challenge is in describing the actual act without being disrespectful or sensational" and another participant note that "it is sometimes difficult to avoid sensationalizing…" when reporting on deaths from suicide. Highlighting the theme of discomfort, other participants noted that speaking to the bereaved can be challenging when the situation is "uncomfortable," and that they felt they were "often having to overstep boundaries in ways to get the story." Challenges speaking to the bereaved are furthered by concerns such as an unwillingness of the family to speak to the press, and balancing reporting with the fact that the bereaved are real people who are hurting, with one participant saying it caused them "extreme discomfort" and that "it felt wrong and intrusive." Other challenges were reporting in detail without encouraging "copycats," pressure from supervisors to report on deaths from suicide, and balancing reporting with not perpetuating the stigma of suicide.

RQ8: Do journalists believe that they should cover deaths from suicide?

To answer research question eight, participants were asked if they believed that deaths from suicide should even be covered. To answer this, a qualitative emergent thematic analysis (Nowell et al., 2017) was again conducted producing themes of *yes*, *no*, and *it depends*.

First, all but six participants said that deaths from suicide should be covered, with many noting that coverage should be dependent on a number of factors. Notably, deaths of public figures (celebrities, government officials, police) were considered newsworthy because they are notable members of the community and would reduce any misinformation or thoughts of coverups. Other reasons participants said deaths from suicide should be covered were if it was in

a public place, or if it related to public health. For participants that were unsure, they suggested that any death that is covered should be done thoughtfully and that there needs to be specific guidelines. Finally, for those who believe that deaths from suicide should not be covered, concerns of "copycats" was mentioned along with the belief that death is a private matter[1].

[1] Emergent thematic analyses typically contain supporting quotes; however, participants' responses were mostly yes, no, or it depends, which did not provide enough thick description to enable the use of quotes.

CHAPTER FIVE: DISCUSSION

The present study is the first to explore US journalism professionals' attitudes toward, as well as their use and willingness to use, suicide reporting guidelines (SRGs) when reporting deaths from suicide. Many interesting results have been discovered. As previously discussed, the CAUSE model is used to highlight areas that a CAUSE model approach would help create a successful adoption of SRGs. Results will be discussed in light of the CAUSE model.

First, journalists in the US are only moderately familiar with SRGs. This is interesting considering the World Health Organization (WHO)'s SRGs have been published since 2008, and subsequently refreshed in 2017. However, results from this study are consistent with Collings' and Kemp's (2010) study finding that very few of the journalists were aware of SRGs. Perhaps the presence of SRGs is simply not being communicated as a public health intervention to all appropriate stakeholders and influencers. When applying this finding to the CAUSE model, *awareness* (see Rowen et al., 2008) is lacking. According to Rowan et al. (2008), to truly achieve awareness, the presence and function of these SRGs must be communicated to *all* appropriate parties. Given the responsibility of journalists to cover deaths from suicide and given the influence of their stories (WHO, 2008; 2017), it is reasonable to include journalists in the list of relevant parties.

Interestingly, journalism professionals in this study rank the WHO last (when given the choices also including local and state public health agencies, the CDC, and academia) in identifying experts in reducing suicide, which could indicate that the WHO is too far removed

from our public health structure. Alternatively, perhaps journalists feel that the WHO is not culturally relatable to US news. As Markiewitz et al. (2019) point out, German and Austrian ministries of health use the WHO's SRGs, so perhaps the low ranking of the WHO is a combination of being too far removed from the system and not being culturally competent. Considering cultural competence, it is reasonable to assume that journalists in the US would assume the WHO's SRGs would violate their First Amendment by dictating what is newsworthy and placing limits on their journalistic freedom, an issue that Markiewitz et al.'s (2019) participants pointed toward. The low ranking of the WHO is a concern when considering the components of the CAUSE model, specifically with respect to *confidence*. That is, confidence in the WHO, the organization directly responsible for these guidelines. This lack of confidence does not necessarily reflect any perceived efficacy of SRGs. In fact, in spite of this lack of communication about the WHO's SRG development, and the WHO's low efficacy ranking, journalists still stated they believed that the use of SRGs could help reduce deaths from suicide. This challenge to confidence can be overcome by moving the implementation of the intervention to public health officials that journalists do have confidence in, particularly local and state officials. However, there exists an issue with the WHO holding lower levels of trust from US journalists (or put differently, US journalists having little confidence in the WHO as an expert), which is troubling for the implementation of SRGs. Even though US journalists are less supportive of the WHO, their opinions on and support for SRGs is good news. In fact, Collings and Kemp (2010) and Markiewitz et al. (2019) found that their journalism professionals were less supportive of SRGs than this study's US participants. In other words, any lack of implementation of SRGs in the US could be related to a lack of information or training, or a need to have a more localized implementation effort, signaling a need for a CAUSE model approach.

While US journalists believe in the efficacy of SRGs, understanding their usage is also important. Results of this study suggest that journalism professionals use SRGs only about half the time. However, results also suggest that journalists were more likely to refrain from sensationalizing, normalizing, or presenting suicide as a solution. They were also more likely to avoid the use of graphic media from scenes of suicide, as well as exercise caution when reporting on suicide for those bereaved. Even some of the guidelines that journalists followed least (e.g., providing resources about where to get help with suicidal ideation and educating the public on facts related to suicide) were followed at least half the time. This is a promising finding, because even without much formal training on SRGs (e.g., guidelines, newsroom training, academic training), US journalism professionals believe they are already reporting on suicide in a way that would help reduce the risk of death from suicide. Furthermore, most respondents were willing to implement the guidelines into reporting. When willingness for each guideline was measured individually, US journalists were extremely willing to inform readers of where to get help, refrain from normalizing or sensationalizing deaths from suicide, and be cognizant of those in mourning. While journalist willingness is similar to what participants in this study already consider themselves doing, it shows that they are indeed willing to follow the guidelines, something not found in Collings' and Kemp's (2010) or Markiewitz and colleagues' (2019) studies. Even guidelines that ranked at the bottom (i.e., refraining from reporting location, using suicide in the headline, and placing articles prominently) still garnered some willingness, another finding not present in previous research. The willingness found in this study can serve as a basis for future use of the CAUSE model as it appears to meet the qualification of the *enactment* component. As Rowan et al. (2008) point out, typically *enactment* is the more challenging part of implementing a proposed plan. Because journalists consider themselves already using SRGs, and

willing to use them, intervention can focus on *awareness* and *understanding* what SRGs are, how they work, and how to use them appropriately. For example, given the ranking of public health organizations as trusted, a suggested approach would be first, for the CDC to create US-specific SRGs, crafted from the present WHO guidelines. Next, public health educators could be utilized at state and local levels to use a CAUSE model approach to implement these guidelines with a variety of media outlets and organizations. A successful integration would further highlight the functionality of a CAUSE model approach.

In addition to the lessons drawn from the CAUSE model, journalism's hierarchy of influences also sheds light on how health communicators might assist journalists in responsibly sharing news about suicide. Factors influencing the willingness to use SRGs can be numerous, and this study highlights which components of the hierarchy of influence should be the focus of any future intervention. When considering which personnel's use of SRGs would influence the participant's willingness to use SRGs, their superior's usage edged out the organization. This is interesting because it does not indicate a top-down effect, instead it shows that *superiors* may have more influence on the routines of the *journalist* and the *organization*. Even when the concept of personnel supporting the use of SRGs was introduced, superiors still had more impact on an individual's willingness to use SRGs. When reflecting on participants concerns about superiors pressuring them to cover suicides, and lacking any specific guidelines on what to report or how to speak to the bereaved, it is logical that the primary audience for intervention be superiors in the newsroom. An intervention targeting newsroom leadership could be implemented by local, state, or national public health officials, but also through promotions from *social institutions* such as the Society of Professional Journalists (SPJ). Better yet, a combined approach from the SPJ and public health officials would reinforce these SRGs even more.

Again, these findings highlight just how influential the routine of the newsroom, and *social institutions*, can be on an individual. Finally, while not measured, the *social system*, such as public health officials, will play a vital role in any future implementation (Reese & Shoemaker, 2016; Shoemaker & Reese, 1996). By adopting a CAUSE model approach, local, state, and national organizations can capitalize on the efficacy journalism professionals have in their ability to help reduce deaths from suicide. Health educators can not only demand better reporting, as they should, but can be the corner stone of the CAUSE model approach applied to SRGs.

Affirming the quantitative analysis is the qualitative component of this study. Interestingly, many responses suggest that journalists' main challenge was avoiding sensationalizing deaths from suicide. This finding warrants discussion, particularly because journalists also identified this guideline as one they followed. It is possible that this incongruence is that journalists make an effort to refrain from sensationalism, but are unsure if they achieved this goal. Additional challenges participants experienced when covering these deaths included investigating a suicide while trying to balance respect for the bereaved. This is an understandable challenge. In fact, one participant noted this as "taxing." Other participants were concerned that their reporting on suicide was encouraging "copycats." Educating journalism professionals, at all levels, about how adhering to SRGs is related to suicide reductions would help alleviate these fears. Unfortunately, journalists in this study also noted that their organization and leadership pressure them to cover these deaths. This finding directly relates to how important the hierarchy of influence is when implementing a health intervention like the WHO's SRGs (or a similar US CDC-created guidelines). Using the CAUSE model to guide intervention would enable a more effective understanding and enactment of these SRGs, ultimately changing from the *organizational* level and *routines* of the organization. By changing from the organizational level,

new *routines* are likely to be adopted, which are likely to have a much greater impact on new and young journalism professionals entering the newsroom. Unlike the findings in Parrott and Eckhart (2019), journalists in this study are concerned with how their reporting influences the stigmatization of suicidal ideation. This concern about stigma could function as another middle-ground for those apprehensive about implementing SRGs. Some components of the SRGs function to help reduce stigma surrounding suicide and mental health, specifically educating the public on facts about suicide, refuting myths about mental health, and linking people with mental health resources (Corrigan et al., 2012; WHO, 2008; WHO, 2017). Another WHO (2017) guideline suggests highlighting stories of those who have found positive coping mechanisms and overcome mental health challenges or suicidal ideation. As Corrigan et al. (2012) point out, stories like these provides contact (or a connection) between those who perceive the stigma of mental health treatment to be too high, and those who have found a way to seek treatment.

Regardless of the challenges journalism professionals identified about reporting on suicide, participants were adamant that deaths from suicide should be covered, but many journalists included the caveat that "it depends." As previously noted, most participants mentioned public figures such as celebrities, public officials, and police as newsworthy because of their impact on the community. That is, covering any news related to these people, including death from suicide, is important. While this may be true, the WHO (2008, 2017) specifically suggests caution when reporting on high-profile individuals who have died from suicide as these deaths can lead to what participants often referred to as "copycats." Kim et al. (2013) furthered this line of caution finding that when stories about celebrities who have died from suicide were reported, an increase in deaths from suicide followed. This increase was attributed to the

reporting of celebrity death from suicide because the manner of suicide following the celebrity death was consistent with the celebrity death (Kim et al., 2013).

If the death was in the public eye (e.g., Ronnie McNutt), journalists also felt that it should be covered. However, the participants' belief about caution regarding "copycats" was still common. Even participants who thought suicide should not be covered agreed that "copycats" were their primary concern. Again, a CAUSE model intervention approach for SRG implementation could be appropriate. Journalists are not unaware of the real danger of a potential increase in deaths from suicide due to reporting. However, increasing understanding could help journalists realize that adhering to SRG standards is an effective practice that would likely reduce deaths from suicide (Rowan et al., 2008; WHO, 2008; WHO, 2017).

Having identified a number of barriers that journalism professionals encounter (e.g., discomfort talking to the bereaved, concern over sensationalization, fear of copycats), public health educators can help bridge the gap of these concerns and education of SRGs. In fact, an intervention that seeks to change the routines of the newsroom, as well as increase SRG instruction at the university level, could help create a work environment that significantly reduces stress on journalism professionals, as well as greater adherence to SRGs. Regardless of which community is the focal point of intervention, it is clear that public health educators from the local and state level would generate the greatest level of confidence (or academics if taking the university route). While the SRGs were developed by the WHO, journalism professionals may be more trusting of public health educators that are more familiar with their local and state news outlets, or perhaps there is an underlying concern about journalistic integrity that the WHO may not understand.

Limitations and Future Research

While this dissertation is the first to sample US journalism professionals about their perceptions, use, and willingness to use SRGs, there are still limitations of this study. One of the primary limitations of this study is its low sample size. With only 40 participants, conclusions must be made with caution. Email recruitment for study participation is flawed. It is possible that the recruitment email was filtered to junk mail or perhaps that the email was perceived by recipients as a phishing scam and deleted. This is a challenge that researchers will continue to have to contend with. Other research recruitment options, such as mTurk or Prolific, do not contain journalism specific occupations to allow for recruitment of journalists, so were not appropriate for this study. In future studies of journalists, alternative recruitment strategies may result in a larger sample. Additionally, the participants were mostly female, and primarily white and liberal, leading to a relatively homogeneous sample that may not be representative of the population of US journalists. Again, results from this study should be interpreted cautiously. It is also possible that journalism professionals who did chose to participate were already more concerned with suicide reporting and mental health, which could create more favorable results for SRGs. However, the purpose of this study was more exploratory and does achieve its purpose of serving as a foundation for future research regarding intervention design and implementation of SRGs adherence. While many participants stated they believed they did follow these guidelines, or that they were willing to follow them, studies regarding functional adherence should supplement the results of this study. For example, a content analysis of national and local media outlets based on adherence to SRGs in news stories could yield revealing results. Furthermore, social media posts relating to deaths from suicide could also be analyzed, as character count and immediacy could produce different challenges in adherence.

Another interesting factor that should be included in future research is the participants' membership to professional organizations such as SPJ. Organizations such as SPJ promote their own codes of ethics, which could impact adherence and willingness to adhere to SRGs. Professional organizations could position themselves within the hierarchy of influence as a *social institution* (Reese & Shoemaker, 2016). Furthermore, because this study only included those within the newsroom, this study fails to capture the *social system* of the hierarchy of influence. Future studies comparing news stories that adhere to SRGs and those that do not, could provide understanding of the news consumer. A study of this nature could also be used to influence social institutions to adhere to these journalistic standards as well (Reese & Shoemaker, 2016). Finally, this study was unable to capture whether or not journalism professionals truly understood how to utilize SRGs in their reporting. Again, while SRGs are looked at favorably, and journalism professional seem willing to utilize them, the understanding component of the CAUSE model must be met for these guidelines to be implemented correctly. This creates another interesting research opportunity to include whether or not the social system found in the hierarchy of influence (Reese & Shoemaker, 2016), demands a level of corporate responsibility to implement SRGs correctly.

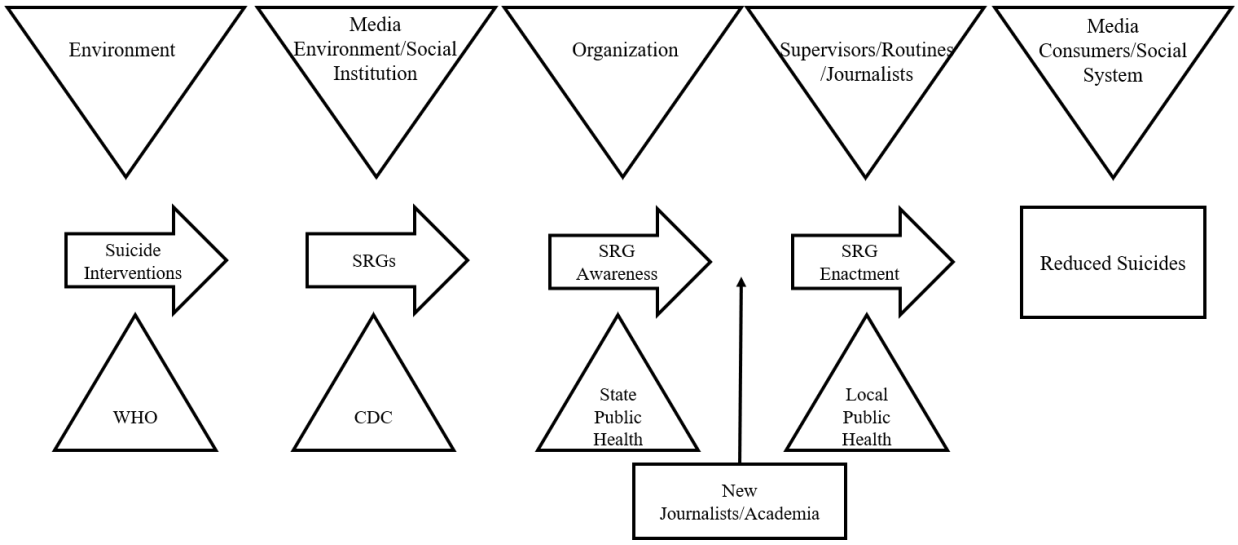
Conclusion

This study fills an immense information gap and provides the foundation for future research for SRG implementation strategies, SRG adherence, and SRG effectiveness. By using the CAUSE model to understand where limitations exist in the current adaptation of SRGs, the CAUSE model provides a roadmap to understanding how to improve journalism professionals' adherence to these guidelines.

How SCT, SRGs, the CAUSE model, and the hierarchy of influence come together under these results is complex (see Figure 3).

Figure 3

Theory informed model for implementation of SRG intervention



First, as noted before, SCT serves to highlight the news media's role in the *environmental component* of suicide interventions such as SRGs. This study's results highlight that SRGs, developed by the WHO, should be agreed upon by *social institutions*, such as SPJ, along with the CDC, which has been shown to be more credible (*confidence*) than the WHO among those sampled. Then, at the *organization*'s level, SRG *awareness* can be strengthened by including public health educators from state public health agencies. As this occurs, newsrooms will gain new journalism professionals as they graduate from college. It is important that journalism students also learn how to report on deaths from suicide using these guidelines, as participants ranked academics second most credible regarding SRGs. Finally, including local public health educators (ranked most credible) in newsroom SRG *enactment* will help ensure that superiors, *routines*, and *journalists* understand and are adhering to these guidelines correctly. This level of adherence and enactment is designed to help the *social system* by reducing deaths from suicide.

As previously noted, over 48,000 people died from suicide in 2018 (NIMH, 2021). These numbers are likely to be even higher given the COVID-19 pandemic. An individual faces a greater risk of dying from suicide than dying from violent crime (NIMH, 2021). That is, an individual is twice as likely to die from a preventable death, than one that is not. This statistic is alarming, particularly because it is changeable. One avenue for change, as indicated by this study, is for efforts to be made to implement SRGs within the newsroom. This recommendation, however, comes with a caveat: newsroom staff must include local and state public health educators and officials in conversations about policy and interventions. When applied to social cognitive theory, SRGs represent only one component of the environmental determinant, the media environment. In today's society, however, individuals live in a media saturated environment, providing a rich opportunity to influence those at risk. In this way, SCT approach focused on the media environment can influence the way our media content is constructed and delivered. Furthermore, the media's adherence to SRGs are likely to bolster the entire environmental component of other SCT based interventions, potentially increasing the effectiveness to a number of different programs.

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APPENDIX A

Survey

Demographics/Professional Experience

What is your gender?
Male
Female
Other

What is your race?
White/Caucasian
Black/African American
Asian
Native American
Pacific Islander
Other

What is your ethnicity?
Hispanic
Non-Hispanic

What is your age?
(open-ended)

How would you describe your political ideology?
1=Very liberal, 5=Very conservative

What is the name of the publication for which you work?
(open-ended)

What is your publication's online circulation?
(open-ended)

How would you describe your job?
Reporter
Writer
Photographer
Copy editor
Editor
Producer
Videographer
Other

If other, please describe.

(open-ended)

How long have you worked as a professional journalist? (Please round to the nearest year)
(open-ended)

Suicide Coverage Experience

As a journalist, have you ever covered someone's death by suicide?
No
Yes

How many deaths by suicide have you covered, in your estimation?
(insert number here)

In your opinion, should journalists cover deaths by suicide? Why?
(open-ended)

In the area below, please describe any challenges you faced when covering suicide.
(open-ended)

Have you received formal instruction in how to cover suicide?
No
Yes

If yes, from where did the instruction come (e.g., an editor, a professor, a professional organization, an advocacy organization)?
(open-ended)

Please rank these groups in terms of their knowledge about the risk factors of suicide? *(CAUSE)*
World Health Organization
Centers for Disease Control
State public health agencies
Local public health agencies
Academia

Suicide Reporting Guidelines

Health organizations around the world have studied various risk factors for death from suicide. Risk factors associated with media have been made into suicide reporting guidelines (SRGs). These SRGs provide details about how journalists can report on stories about suicide with the goal of reducing the rate of death from suicide.

How familiar are you with suicide reporting guidelines? *(CAUSE)*
1=not familiar at all 5=extremely familiar

How often do you use suicide reporting guidelines when reporting on suicide? *(CAUSE)*

1=never 5=always

How strongly do you agree that suicide reporting guidelines can impact people at risk of suicide? *(CAUSE)*
1=strongly disagree 5=strongly agree

WHO Guidelines

When writing stories about suicide, please mark the frequency in which you do each of the following (matrix) (1=never 5=always) *(CAUSE)*

Provide information about where those who are at-risk can get help.
Educate the reader about facts related to suicide and suicide prevention.
Refute myths about suicide, suicidal ideation, and/or mental health.
Report on people who cope with stress and suicidal thoughts, and how to get help.
Exercise caution and consider the bereaved.
Ensure that stories about suicide are not repeated or prominently placed.
Write stories that normalize, sensationalize, or present suicide as a solution.
Report on the method or tool used in a suicide.
Report details about when and where a suicide has taken place.
Use sensational headlines or using the term “suicide” in headlines.
Use photographs, videos, or digital media links to content.

Overall, how willing are you to use suicide reporting guidelines when writing stories that talk about suicide? (1=not willing 5=very willing) *(CAUSE)*

When writing stories about suicide, please mark your willingness to do each of the following (matrix) (1=not willing 5=very willing) *(CAUSE)*

Provide information about where those who are at-risk can get help.
Educate the reader about facts related to suicide and suicide prevention.
Refute myths about suicide, suicidal ideation, and/or mental health.
Report on people who cope with stress and suicidal thoughts, and how to get help.
Exercise caution and consider the bereaved.
Ensure that stories about suicide are not repeated or prominently placed.
Refrain from writing stories that normalize, sensationalize, or present suicide as a solution.
Refrain from reporting on the method or tool used in a suicide.
Refrain from reporting details about when and where a suicide has taken place.
Refrain from using sensational headlines or using the term “suicide” in headlines.
Refrain from using photographs, videos, or digital media links to content.

Thinking about your professional environment and the use of suicide reporting guidelines, please rank the willingness of the following (1=not willing 5=very willing) *(HoI)*

Other peers in the newsroom.
Superiors in the newsroom.

The organization that you work for.

How supportive are the following personnel in your current use of suicide reporting guidelines. (1=not supportive 5=very supportive) *(HoI)*

Peers
Superiors
Organization

If the following personnel used suicide reporting guidelines when they wrote articles about suicide, how willing would you be to use suicide reporting guidelines? (1=not willing 5 =very willing) *(HoI)*

Peers
Superiors
Organization

Finally, if the following personnel were supportive of the use of suicide reporting guidelines, how willing would you be to use them when writing articles about suicide? (1=not willing 5=very willing) *(HoI)*

Peers
Superiors
Organization

For the purposes of registering for the gift card drawing, please type your email below.
Please note: Your email will be removed from the survey responses and stored in a separate file on a password protected device.
(open-ended)

APPENDIX B

Institutional Review Board Acceptance

THE UNIVERSITY OF ALABAMA® | Research & Economic Development
Office for Research Compliance

March 22, 2021

Nicholas Eckhart
Department of CIS Graduate Studies
College of Communication & Information Science
Box 870172

Re: IRB # 20-12-4164 : "A Public Health Emergency: Using the Cause Model to Understand Journalists' Implementation of Suicide Reporting Guidelines"

Dear Mr. Eckhart,

The University of Alabama Institutional Review Board has granted approval for your proposed research. Your application has been given exempt approval according to 45 CFR part 46. Approval has been given under exempt review category 2 as outlined below:

(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

(i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

The approval for your application will lapse on March 21, 2022. If your research will continue beyond this date, please submit the annual report to the IRB as required by University policy before the lapse. Please note, any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Sincerely,

Carpantato T. Myles, MSM, CIM, CIP
Director & Research Compliance Officer

Jessup Building | Box 870127| Tuscaloosa, AL 35487-0127 | 205-348-8461
Fax 205-348-7189| Toll Free 1-877-820-3066 | rscompliance@research.ua.edu