



Taylor, Janette, 'Why is it Important to Cover Suicide Responsibly in Young Adult Fiction and How Can This be Achieved?'

*Leaf Journal*, Volume 1, Issue 1, April 2023

DOI: <http://doi.org/10.58091/je7w-t284>

URL: <https://ojs.library.lancs.ac.uk/lj/index>

## **Why is it Important to Cover Suicide Responsibly in Young Adult Fiction and How Can This be Achieved?**

**Janette Taylor**

### **Abstract**

Over recent years, there has been growing concern about the mental well-being of young people. Those who are suffering from mental ill-health represent a vulnerable group who could, studies suggest, be influenced by what they view or read. There is compelling evidence that exposure to coverage of suicide in the news or in fictional media can put vulnerable individuals at risk of imitative suicide. I contend that writers of fiction have a duty of care to avoid including content that will increase the risk of suicide amongst vulnerable individuals. However, not all aspects of suicide coverage are negative. Exposure to accounts of suicidal behaviours can have a positive effect in that it can be used to educate, provide solutions to problems and show ways to cope with suicidal thoughts. Using the World Health Organisation's *Preventing Suicide: A Resource for Media Professionals*, this essay looks at how suicide can be covered in a constructive and responsible way and considers the positive and negative aspects of suicide coverage in three novels aimed at the Young Adult market: *All the Things We Never Said* by Yasmin Rahman; *Thirteen Reasons Why* by Jay Asher and *All the Bright Places* by Jennifer Niven.

**Keywords:** *suicide, Young Adult, Fiction, Author responsibility*

In recent years, there has been growing concern about the mental well-being of young people. Those who are suffering from mental ill-health represent a vulnerable group who, studies suggest, could be influenced by what they view or read (Philips, D. (1974; Pirkis, J., Blood, *et al* (2006), Domaradzki, J. (2021)). There is compelling evidence indicating that exposure to coverage of suicide in the news or in fictional media can put vulnerable individuals at risk of imitative suicide. Therefore, I contend that all those who work within the media, whether they are journalists, involved in screen drama, or writers of fiction, have a duty of care to avoid including or creating content that will increase the risk of suicide amongst these vulnerable individuals. There has been a great deal of research into what aspects of coverage are associated with an increased risk. As a result, the World Health Organisation (WHO) has produced a set of guidelines which I will use as a benchmark to determine what constitutes good practice (WHO, 2008, updated 2017).

However, not all aspects of suicide coverage are negative. According to Domaradzki, exposure to accounts of suicidal behaviours can have a positive effect in that it can be used to educate, provide solutions to problems and show ways to cope with suicidal thoughts (Domaradzki, 2021). Including suicide in Young Adult (YA) fiction can open up suicide as a topic of conversation; provide a resource for discussion in schools, and direct those who are struggling with mental health issues and suicidal thoughts towards the help available. In this essay, I consider which of the WHO guidelines are most relevant to writers of YA fiction and relate these to the coverage of suicide in three young adult novels: *All the Things We Never Said*, by Yasmin Rahman; *Thirteen Reasons Why*, by Jay Asher and *All the Bright Places*, by Jennifer Niven. Though other similar guidelines exist (for example, the Samaritans' *Guidance on Reporting Suicide for Broadcast Media*), I chose to use the WHO guidelines because they have been widely adopted internationally. I chose these three books because they all approach the topic of suicide in very different ways, each having positive aspects, but also having deviated from the WHO guidelines in some way. As I go on to demonstrate, all three authors express the intention that their books should be beneficial. I consider how they have set about this and what helpful elements they have chosen to include. Using the WHO guidelines as a benchmark, I evaluate whether there are any aspects of these works that could potentially cause harm.

Suicide amongst young people is a serious cause for concern and has been for a number of years. In a recent survey carried out from 2018-19 amongst 17-year-olds, it was found that just over 7% of the respondents had attempted suicide and a considerable number claimed to have experienced "high psychological distress" (Patalay and Fitzsimons, 2020). Recent figures released by The Office of National

Statistics show that suicide and injury or poisoning of undetermined intent was the most common cause of death for young people aged 5 to 19 in 2019 (Office for National Statistics, 2020). While these figures are already alarming, according to the Royal College of Paediatrics and Child Health (2021), an even larger number will experience suicide ideation. The Mental Health Foundation (2021) states that 75% of young people who are experiencing mental health difficulties do not access the help and support that they need. Among 17 to 19 year olds, the rate of mental disorders increased in 2022, with a new report from NHS digital showing, 'One in four 17 to 19 year olds in England had a probable mental disorder in 2022 – an increase from one in six in 2021,' (Newlove-Delgado et al, 2022).

According to the World Health Organisation (2008), a link between media coverage and imitative suicide has been demonstrated in more than 50 studies, the risk being greater when more detail is included in the account or where the individuals exposed to the content are vulnerable. It is therefore vital that we try to protect vulnerable young people from harmful content. Gould, Jamieson and Romer (2003) state that the best way to ensure that the media content relating to suicide young people are exposed to is as safe as possible, is to ensure that those working within all forms of media are aware of the aspects of coverage that could be harmful and ways in which those with suicidal thoughts can be encouraged to seek help.

The link between suicidal content in novels and imitative suicide is more difficult to study than news or screen drama, as there is no particular date on which a large number of people are exposed to the same content. It is therefore difficult to study statistical anomalies in suicide rates, linked to a particular book. However, discussion surrounding the effect media can have on suicidal acts began as the result of a novel published in 1774 by Johann Wolfgang von Goethe. In the novel, *The Sorrows of Young Werther*, the protagonist takes his own life due to unrequited love. After the launch of the book, there were a number of suicides in which those who died were dressed in the same clothes as the character, had a copy of the book with them or died in an identical way. This resulted in the book being banned in many European countries (Pirkis et al., 2006). This shows that, in common with other forms of media, novels are able to trigger imitative suicides. In 1974, sociologist David Philips named the phenomenon of imitative suicides due to media coverage the 'Werther Effect' (Philips, 1974).

Authors try hard to create protagonists with whom the reader can identify and to draw the reader close to their character's thoughts and feelings. According to the World Health Organisation, individuals are more likely to engage in imitative behaviour if they feel that they are similar to the character who has carried out the suicidal act (WHO, 2008). As authors take care to develop a bond between the reader and their characters, it is therefore particularly important to ensure that any depictions of suicide are handled responsibly. Readers who are experiencing similar problems to the protagonist or are from a similar background, may be more likely to

adopt the same solution. This can be beneficial, if the protagonist seeks help and has a positive outcome.

To assist those working in the media to cover suicide responsibly, the WHO has created a set of guidelines. Not all of these guidelines are directly relevant to writers of fiction, but those that I consider most relevant are as follows: use suicide depiction as a chance to inform the public; don't make the suicide seem like a solution to the problem, make it sound romantic or normal; don't give too much detail about how or where a suicide attempt is carried out, and encourage vulnerable readers to seek help, including information about organisations who can provide support (WHO, 2008). So, considering the vulnerability of the audience of YA fiction, the risk of imitative suicide and the intention of authors to create relatability in their characters, writers of YA fiction should pay careful attention to the guidelines when including depictions of suicide within their work.

In the foreword to *All the Things We Never Said* Yasmin Rahman explains her intentions for writing the book. She talks about her personal struggles with mental health and the comfort she derived from reading fictional stories with protagonists experiencing similar difficulties. She explains that, while she identified with the struggles of these characters, none of them came from a similar cultural background. She set out to write "the book I wish I'd had as a teenager" (Rahman, 2019). This shows her desire to educate readers around the issues of mental health and suicide, as encouraged by the WHO (2008) guidelines.

One of the WHO guidelines is to include information about where to find help. In her message to the reader, Rahman warns that some content could be triggering and signposts the reader to the list of organisations that can provide support located at the back of the book. This list contains details of seven different support organisations, in each case detailing the type of support they can provide. This is an excellent example of signposting vulnerable individuals to the help they need. Help-seeking is also encouraged through the narrative arcs of the characters. The plot centres around three girls, Mehreen, Cara and Olivia, who all have suicidal intentions for different reasons. However, suicide is not presented as the solution to their problems. They meet via a website which arranges suicide pacts, but once the girls meet and begin to talk about the issues that led them to the website, they begin to feel more positive about life. They agree that they no longer want to go ahead with the suicide as finding people to talk to who understand their problems has made a difference (Rahman, 2019, pp. 167-179). Although the girls originally believed that suicide was their only option, they now realise that this is not true. Readers are given reason to hope – there are people out there who will be able to understand their difficulties and help. The girls then go on to encourage each other to talk to their parents about their problems, although this is not achieved until towards the end of the book. All three girls find that their parents are supportive, and they go on to have better relationships. Help-seeking is portrayed as something that can bring about positive change.

The WHO guidelines clearly state that detail about the method of a suicide attempt should be avoided. (WHO, 2008) Once the three girls decide they no longer want to carry out the suicide, the website becomes increasingly sinister. Mehreen is the one who struggles most with this and makes a suicide attempt, only to be saved by the other two girls. During the suicide attempt, explicit detail is given: "I pick up some stones and start shoving them down my top, in my underwear, anywhere they'll hold. Then...then I start walking forward" (Rahman 2019, pp.346). Mehreen then walks into the sea. This level of detail carries a significant risk of imitative suicide. The risk is further amplified by the fact that Rahman is writing in the first person, present tense. This keeps us close to Mehreen and creates uncertainty about whether or not she will be successful. Individuals who relate closely to Mehreen's cultural background or sense of not fitting in may also be at greater risk.

Clearly, the inclusion of such detail about a suicide attempt is a risk and goes against WHO guidelines. However, there are many positive aspects to this book. Having three protagonists with very different issues and backgrounds allows a much larger number of people to identify with the struggles they are experiencing. It also serves to educate readers about some of the many reasons a person may feel suicidal and where appropriate help can be found. The book also offers hope, with all three main characters finishing in a better place and no longer wishing to attempt suicide. The book promotes help-seeking by demonstrating the positive impact of talking to someone who understands.

At the end of his novel, *Thirteen Reasons Why*, Jay Asher talks about his reasons for writing the book. He explains that a family member had attempted suicide and he was struck by the fact that there was no one single cause. He says,

"Basically, even though Hannah admits that the decision to take her life was entirely her own, it's also important to be aware of how we treat others. Even though someone appears to shrug off a sideways comment or to not be affected by a rumour, it's impossible to know everything else going on in that person's life, and how we might be adding to his/her pain." (Asher, 2007, pp.288-9)

Asher wanted to prompt young people to consider how they treat others, so they do not contribute to making someone's pain overwhelming. The message about the way we impact other people's lives is communicated effectively and repeated throughout the book. However, there may be issues surrounding the depiction of suicide as a means of seeking revenge or apportioning blame.

Asher seeks to show his readers that suicide is often the result of many issues, all impacting each other. The plot centres around Hannah Baker, a girl who has killed herself leaving behind a series of tapes to be listened to by the people who had most impact on her decision to die. "I hope you're ready, because I'm about to tell you the story of my life. More specifically, why my life ended. And if you're listening to these tapes, you're one of the reasons why." (Asher, 2007 pp. 7) She goes on to explain that

although the actions of one person may not have seemed that significant, all the events impacted on each other until she no longer wanted to live.

“You don’t know what goes on in anyone’s life but your own. And when you mess with one part of a person’s life, you’re not messing with just that part. Unfortunately, you can’t be that precise and selective. When you mess with one part of a person’s life, you’re messing with their entire life. Everything... affects everything.” (Asher, 2007, pp. 201-202).

The book is written in the first person from the dual perspectives of Hannah and Clay (a recipient of the tapes). This brings the reader close to Hannah, as she explains her reasons for wanting to die. As shown above, when a reader identifies with a character, the likelihood of their imitating that characters’ behaviour is increased, therefore the plot models suicide as an effective means of revenge. The second narrative perspective is that of Clay as he struggles to come to terms with her suicide.

One concerning aspect of *Thirteen Reasons Why* is that suicide may be interpreted as an effective solution to Hannah’s problems, going against the WHO guidelines. There is very little in the book to make us feel that her problems were surmountable or that effective help could have been sought. In fact, immediately prior to carrying out her suicide, Hannah tries to seek help, “I’m giving life one more chance. And this time, I’m getting help. I’m asking for help because I cannot do this alone. I’ve tried that.” (Asher 2007, p. 269) Hannah goes to see the school guidance counsellor but he fails to understand what she’s trying to say. He fixates on one aspect of the problem and suggests that she confronts the boy involved or moves beyond it. (Asher 2007, pp. 268 - 289) This unsuccessful meeting with the counsellor will not encourage readers to seek help, suggesting that it may be pointless. It leaves the reader feeling that it would have been very difficult for Hannah to overcome her problems and that suicide was an effective solution.

Unlike Mehreen’s suicide attempt in *All the Things We Never Said* by Yasmin Rahman, very little detail about the manner of Hannah’s suicide is included in *Thirteen Reasons Why*. The tapes end just after the close of her meeting with the counsellor. As we hear no more from Hannah, the reader is protected from a first-person view of the actual suicide. Although earlier in the tapes she mentions the idea of taking pills, we don’t know specifics about which pills or where she intends to get them from, and there is ambiguity about whether this is the method she uses in the end. We are introduced to her death from a distance and in the third person, “Then a girl whispered, ‘Someone saw an ambulance leaving her house.’” (Asher, 2007 p.56) It would be difficult for anybody to copy a suicide about which so little is known. However, using suicide as a means for apportioning blame by writing letters or recording tapes is a behaviour that could be copied.

Since the release of the Netflix adaptation, a great deal of controversy has surrounded ‘13 Reasons Why’, with concerns relating to imitative suicide. A study

published in *Child and Adolescent Psychiatry* found: “The release of *13 Reasons Why* was associated with a significant increase in monthly suicide rates among US youth aged 10 to 17 years. Caution regarding the exposure of children and adolescents to the series is warranted” (Bridge et al., 2020). So, if Jay Asher’s description of Hannah’s suicide is in line with the WHO guidelines even though it predates them, why was the Netflix series considered so triggering? The screenplay for the Netflix series was written by Brian Yorkey and differs from the book in some key elements, in particular, the way Hannah’s suicide is handled. In the series, Hannah’s suicide is portrayed in a very graphic and detailed manner. When the series was originally shown, viewers saw Hannah in the bath, slitting her wrists. It was a ‘no holds barred’ approach which showed her wrists opening up, the bath filling with blood and her breathing slowing and stopping. Clearly this is a serious deviation from the guideline, “Avoid explicit description of the method used in a completed or attempted suicide” (WHO, 2008). After a great deal of controversy, Netflix altered the scene and removed much of the graphic content.

*Thirteen Reasons Why* has sparked a lot of discussion around the topic of suicide and the author succeeded in showing that there are often many factors that contribute to a suicide attempt. In the original book, the depiction of the suicide was in line with guidelines, although we are left feeling that Hannah had no alternative path she could have followed, and that seeking help was futile.

In an interview for *Publishers Weekly* in 2014, Jennifer Niven, author of *All the Bright Places*, said:

“There’s such a difference between losing someone to suicide and to cancer in terms of the reaction you get, and I think that stigma has kept people from talking about it ... If people feel like there’s help out there and know that they’re not alone, that will be such a good thing.”

The book follows the dual narratives of Finch, a boy suffering from undiagnosed mental illness, and Violet, a girl who is struggling to cope after the death of her sister in a car accident. The two characters meet at the top of the school bell tower, where they are both considering jumping. Finch talks Violet down and a friendship begins to develop. It is written in the first person, present tense which keeps us close to the thoughts and feelings of both characters (Niven, 2015).

Violet’s narrative follows a fairly positive trajectory. We meet her at her lowest point, considering suicide, but Finch helps her to become involved in life again and overcome her fears, in particular her fear of getting into a car. Although she is seeing a counsellor at school, it is Finch who gives her the understanding and forward nudge that she needs, and this meets the guideline for not presenting suicide as the solution to Violet’s problems. It sends the positive message to young people going through difficult times that things can get better and it will be possible to enjoy life again. After the initial tower incident, Violet does not consider suicide again.

Finch's narrative, however, follows a darker and more concerning path. Mr Embry is the main avenue of professional help that Finch is exposed to, and this is not voluntary but an outcome of being on probation at school for his previous erratic and violent behaviour. Right from the start of the book, Finch talks about 'the awake' and 'the asleep' periods of his life, suggesting that he is suffering from bipolar disorder. The condition isn't named until more than halfway through the book, when his counsellor, Mr Embry, asks him, "What do you know about bipolar disorder?" (Niven 2015, p. 271). Mr Embry tells him that bipolar can be treated, however Finch sees the label as a negative thing and there is no point in the book where he is directed towards specific medical help. There is also no information in the book that would direct readers who may be suffering from bipolar disorder towards the help that they may need. This is a missed opportunity to educate readers about bipolar disorder, to direct them toward help and to portray help-seeking in a positive light.

Later in the book, Finch tries a support group, but this also fails to provide the help he needs. At the group, Finch notices, "A number of these kids have the slightly dull, vacant look of people on drugs, and I wonder what they're taking to keep them here and breathing." (Niven 2015 p. 283) He goes on to refer to medical diagnoses as labels that he wants to get away from. This is a very negative view of diagnosed mental illness and could discourage young people from seeking professional help that could result in a diagnosis, and taking prescribed medical treatment.

Throughout the book, Finch is obsessed with the idea of suicide, weighing up the benefits of different methods. He regularly quotes from the authors Cesare Pavese and Virginia Woolf, both of whom committed suicide. He quotes the poet Pavese, "Love is truly the great manifesto; the urge to be, to count for something, and, if death must come, to die valiantly, with acclamation—in short, to remain a memory." (Niven, 2015, p. 56) Including quotes such as this risks romanticising death and suggesting that a good and memorable death is an achievement. Finch goes on to describe Pavese's method of suicide, "On the bedside table were sixteen empty packets of sleeping pills and a note: 'I forgive everyone and ask forgiveness of everyone. OK? Not too much gossip, please'" (Niven, 2015, p. 57). Finch then goes on to take an overdose of sleeping pills which he has taken from his mother's medicine cabinet. Not only are we told about the type of pills and where he procured them, but Finch's suicide attempt is itself an example of an imitative suicide. This is a very dangerous idea to be communicating to potentially vulnerable young people. Later in the book, Finch tells us about Virginia Woolf's suicide, "In March of 1941, after three serious breakdowns, Virginia Woolf wrote a note to her husband and walked to a nearby river. She shoved heavy stones into her pocket and dove into the water" (Niven 2015, p. 106). This is very similar to the method of suicide that Finch eventually uses.

Finch's narrative ends before his successful suicide attempt, so we view his death through the eyes of Violet. Although we don't see the actual death, there are elements around his death that could trigger imitation, especially as this is already imitative suicide. Violet drives to the lake, already fearing the worst,



“The place is deserted and peaceful. So deserted and peaceful that I almost turn around and go back to the car. But then I see them. His clothes, on the bank, folded neatly and stacked, collared shirt on top of jeans on top of leather jacket on top of black boots.” (Niven 2015, p. 335)

Using words like peaceful and neat make his death sound clean and calm, almost beautiful. This romanticises Finch’s death and presents it as a solution to his problems, no other solution having been offered. In Finch’s death, Niven has contravened the WHO guidelines by presenting suicide as a solution, giving excessive detail about method and detail about the site.

While Jennifer Niven’s book certainly has the potential to stimulate discussion around the topic of suicide and mental illness, there are many aspects of Finch’s narrative arc which contravene guidelines and present risk for vulnerable readers. Violet’s arc, however, offers more hope and moves on to a more positive place in her life. This could have the unfortunate aspect of suggesting that difficult periods in life are surmountable, but mental illness, such as bipolar, is not. There are missed opportunities for directing readers towards help for the specific issues raised in the book, in particular bipolar disorder and bereavement.

In conclusion, we have seen that suicide is a serious problem amongst young people today, with a high number of deaths by suicide, but an even larger number of young people experiencing suicidal ideation. There is mounting evidence that the portrayal of suicide in the media encourages vulnerable young people to carry out imitative suicides. Much research has been carried out into imitative suicide and guidelines are available to allow suicide to be depicted more safely. Young Adult fiction dealing with the issue of suicide can have positive outcomes such as encouraging dialogue around the topic and directing vulnerable individuals towards the help they need, but it needs to be handled carefully and conscientiously, in line with the guidelines available. When dealing with the issue of suicide within their work, authors who wish to protect vulnerable readers should take care not to include specific details about method or location, avoid using language which romanticises suicide or presenting it as a solution to the protagonist’s problems and ensure that vulnerable readers are guided towards the help available. The three books that I have discussed all have some positive elements to them, but they all contravene at least one of the WHO guidelines and therefore carry the risk of imitative suicide. Whilst it is not the responsibility of the authors to *prevent* suicides in teens, the evidence that romanticised or detailed depictions of suicide can lead to imitation suicide means that there is a serious ethical consideration when writing about suicide for young adults. Deaths that occur as a result of published YA fiction may not be statistically measurable, but one avoidable death is one too many and, when covering difficult topics, authors writing for the young people have a duty of care towards their readers.

Researching and writing this essay has made me very aware of the vulnerability of readers within the young adult market. It has also made me think about the wider issues around the positive impact writers can have on their readers, not just in relation to suicide prevention. Thoughtfully written protagonists can make readers feel that they are not alone in their struggles and can be strong role models, showing that difficulties can be overcome in positive ways. In the future, I will think carefully about the impact my writing could have, covering sensitive issues with care and trying to ensure that I lead vulnerable potential readers towards help and positive outcomes.

### Works Cited

- Asher, J. (2007) *Thirteen Reasons Why*. New York: RazorBill
- Bridge, J., Greenhouse, J., Ruch, D., Horowitz, L., Kelleher, K. and Campo, J. (2020) 'Association between the release of Netflix's 13 Reasons Why and suicide rates in the United States', *Child and Adolescent Psychiatry*, 59 (2) pp. 236-243. doi: [10.1016/j.jaac.2019.04.020](https://doi.org/10.1016/j.jaac.2019.04.020)
- Domaradzki, J. (2021) 'The Werther effect, the Papageno effect or no effect? A literature review.' *International Journal of Environmental Research and Public Health*, 18(5), pp.2396. doi: 10.3390/ijerph18052396
- Gould, M., Jamieson, P. and Romer, D. (2003) 'Media contagion and suicide among the young', *American Behavioral Scientist*, 46 (9), pp.1269-1284 doi: [10.1177/0002764202250670](https://doi.org/10.1177/0002764202250670)
- Gould, M.S. (2006) 'Suicide and the Media.' *Annals of the New York Academy of Sciences*, 932(1), P200-224. doi: [10.1111/j.1749-6632.2001.tb05807.x](https://doi.org/10.1111/j.1749-6632.2001.tb05807.x)
- Newlove-Delgado, T., Marcheselli, F., Williams, T., Mandalia, D., Davis, J., McManus, S., Savic, M., Treloar, W., Ford, T. (2022) *Mental Health of Children and Young People in England, 2022*. NHS Digital, Leeds. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey#> (Accessed 3rd March 2023)
- Niven, J. (2015) *All the Bright Places*. New York: Alfred A. Knopf
- Niven, J. (2014) 'Q&A with Jennifer Niven.' Interview with Jennifer Niven. Interviewed by Schulman, M for *Publishers Weekly*, 12 February, P 89.
- Office for National Statistics (2020) *Deaths registered in England and Wales: 2019*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriage/s/deaths/bulletins/deathsregistrationsummarytables/2019#leading-causes-of-death> (Accessed 29 November 2021)
- Mental Health Foundation (2021) *Children and young people*. Available at: <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people> (Accessed: 2 December 2021).

- Patalay, P. and Fitzsimons, E. (2020) *Mental ill-health at age 17 in the UK*: Available at: <https://cls.ucl.ac.uk/wp-content/uploads/2020/11/Mental-ill-health-at-age-17-/E2/80/93-CLS-briefing-paper-/E2/80/93-website.pdf> (Accessed 29 November 2021)
- Philips, D. (1974) 'The influence of suggestion on suicide: substantive and theoretical implications of the Werther Effect', *American Sociological Review*, 39(3), 340-354.
- Pirkis, J., Blood, R.W., Beautrais, A., Burgess, P. and Skehan, J. (2006) 'Media guidelines on the reporting of suicide', *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 27(2), pp. 82-87. doi: 10.1027/0227-5910.27.2.82.
- Samaritans, *Guidance on Reporting Suicide for Broadcast Media* (2020) available at: <https://media.samaritans.org/documents/Guidance on reporting suicide for broadcast media FINAL eUubqSi.pdf> (Accessed 3rd March 2023)
- Rahman, Y. (2019) *All the Things We Never Said*. London: Hot Key Books.
- Royal College of Paediatrics and Child Health (2021) *State of child health: suicide*. Available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/suicide/> (Accessed: 29 November 2021)
- World Health Organisation (2008) *Preventing suicide: a resource for media professionals*. Geneva: World Health Organisation production services ISBN 978 92 4 159707 4

#### Author Biography

Janette Taylor studied Biochemistry before training as a primary school teacher. After teaching for many years, she decided to devote more time to her passion for writing. She is currently in the second year of her MA in Writing for Young People at Bath Spa University, working on a YA Climate Fiction novel.

This article was prepared with additional editorial assistance by Lucy Cuthew.