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Media Portrayals of Suicide's Risk and Protective Factors in Slovenia (1959–1999)^{*****}

IZVLEČEK

MEDIJSKI PRIKAZ DEJAVNIKOV TVEGANJA IN VAROVALNIH DEJAVNIKOV ZA SAMOMOR V SLOVENIJI (1959–1999)

Študija preučuje zgodovinske spremembe v stališčih slovenske splošne javnosti do samomora z analizo medijskega poročanja v dveh glavnih slovenskih časopisih od leta 1959 do 1999. Članki so se sistematično iskali v podatkovnih bazah časopisov, na podlagi kriterijev pa je bila opravljena analiza 1.785 relevantnih člankov iz prvotnega nabora 13.042 zadetkov. Ugotovitve kažejo, da so mediji v štirih obravnavanih desetletjih pogosteje poročali o dejavniki tveganja za samomor kot o varovalnih dejavniki. Najpogosteje omenjeni dejavniki tveganja so vključevali individualne značilnosti, kot so spol in težave z duševnim zdravjem, pri čemer so v poznejših letih postali izrazitejši tudi dejavniki, povezani s skupnostjo. Pri varovalnih dejavniki je bil poudarek vzporeden z individualnimi dejavniki tveganja; o dejavniki, povezanih z medosebnimi odnosi, se je pogosteje poročalo v šestdesetih letih, v devetdesetih pa je naraščalo poročanje o dejavniki, povezanih s skupnostjo. Izsledki kažejo na premik k celostnejšemu razumevanju dejavniki tveganja in varovalnih dejavniki ter

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k pristopom, ki temeljijo na pomenu skupnosti pri preprečevanju samomora, kar odraža razvoj javnozdravstvene paradigme.

Gljučne besede: samomor, dejavniki tveganja, varovalni dejavniki, mediji, stališča

ABSTRACT

This study examines the historical shifts in Slovenian public attitudes towards suicide by analysing the media coverage in two major Slovenian newspapers published between 1959 and 1999. We conducted a database search and analysed 1,785 relevant articles from an initial pool of 13,042 hits. Our findings revealed that, for decades, the media reported more frequently on suicide risk factors than on protective factors. The most frequently mentioned risk factors included individual characteristics such as gender and mental health issues, with community factors becoming more prominent over time. Regarding protective factors, the focus was comparable to the emphasis on individual risk factors. Interpersonal factors were primarily reported in the 1960s, while community factors became more widely recognised by the 1990s. This underscores a broader shift towards a holistic understanding of the risk and protective factors with community-based approaches to suicide prevention, reflecting the evolving public health paradigms.

Keywords: suicide, risk factors, protective factors, media, attitudes

Introduction

More than 700,000 individuals die by suicide every year,¹ surpassing the combined number of deaths due to homicide and war. In most European countries, suicides outnumber fatalities from road traffic accidents.² Additionally, non-fatal acts of deliberate self-harm are even more common, where international estimates suggest a ratio of around 10-20 such acts for every suicide.³ Therefore, suicidal behaviour is a significant public health and social concern, impacting individuals and extending its effects to families, friends, and communities.⁴

1 World Health Organization, *Preventing Suicide: A Global Imperative* (World Health Organization, 2014).

2 Keith Hawton, *Prevention and Treatment of Suicidal Behaviour: From Science to Practice* (Oxford: Oxford University Press, 2005).

3 Keith Hawton and Kees van Heeringen (eds.), *The International Handbook of Suicide and Attempted Suicide* (West Sussex: John Wiley & Sons, 2002). World Health Organization, "Suicide Huge but Preventable Public Health Problem, Says WHO. World Suicide Prevention Day—10 September," *Cent Eur J Public Health* 12, No. 4 (2004): 196, 200, 206.

4 World Health Organization, *Preventing Suicide: A Global Imperative*.

Slovenia ranks among the more vulnerable countries, as we record a higher mortality due to suicide than the European average.⁵ Differences in suicide mortality worldwide can partly be attributed to variations in data recording and monitoring,⁶ but certainly also result from different risk factors (factors that increase a person's vulnerability to suicidal behaviour), protective factors (factors that improve resilience) and responses to them. Given that suicide is viewed as a behavioural phenomenon rather than a manifestation of a disease, it is noteworthy that cultural factors have even greater influence over behaviours like suicide, in comparison to their influence on disease patterns,⁷ reflecting the zeitgeist of the time.⁸

Suicide in Latter Half of the 20th Century in Slovenia

In the latter half of the 20th century, Slovenia witnessed a puzzling trend in suicide rates, as outlined by the inverted U-shaped pattern of suicide rates between 1965 and 2020. The rates gradually ascended until Slovenia's independence in 1991, then began a steady decline after 1997. During the period from 1985 to 1994, the average suicide rate stood at 31 per 100,000, placing Slovenia among the top four countries in Europe with the highest suicide mortality rates.⁹ This phenomenon could reflect significant societal changes during those years. However, understanding the gravity of the issue was hindered by historical circumstances. While systematic research on suicide commenced in the 1960s, Slovenia, as part of Yugoslavia, concealed its high suicide rates within the broader statistical average of this state. The emergence of independent research in Slovenia post-World War II shed light on the alarming trend, with rates surpassing 25 per 100,000 in the 1960s and exceeding 30 per 100,000 in the 1970s.¹⁰ In comparison to other regions of Yugoslavia, Slovenia consistently exhibited markedly higher suicide rates.

Lev Milčinski, a prominent Slovenian psychiatrist and suicidologist, made significant contributions to the understanding of suicide and its underlying factors. His pioneering studies, particularly in the late 20th century, delved into societal attitudes towards suicide, suggesting that even then, around 30.5% of respondents viewed suicide as a plausible solution to life's challenges.¹¹ This finding emphasises the persistent presence of suicide as a socio-cultural phenomenon that goes beyond purely clinical

5 Lev Milčinski, *Izbrana dela* (Ljubljana: Univerzitetna psihiatrična klinika Ljubljana, 2016).

6 Erwin Ringel, "The Presuicidal Syndrome," *Suicide Life Threat Behav* 6, No. 3 (1976): 131–49, <https://doi.org/10.1111/j.1943-278X.1976.tb00328.x>.

7 Christopher H. Cantor, "Suicide in the Western World," in Keith Hawton and Kees van Heeringen (eds.), *The International Handbook of Suicide and Attempted Suicide* (West Sussex: John Wiley & Sons, 2002), 9–28.

8 Ermina Colucci and David Lester (eds.), *Suicide and Culture: Understanding the Context* (Hogrefe Publishing, 2012).

9 Andrej Marušič, "Suicide in Slovenia: Lessons Learned for Cross-cultural Psychiatry," *Int Rev Psychiatry* 11 (1999): 212–18, <https://doi.org/10.1080/09540269974393>. World Health Organization, *European Mortality Database (MDB)*, WHO Regional Office for Europe, 2006, <https://gateway.euro.who.int/en/datasets/european-mortality-database/>.

10 Lev Milčinski, *Samomor in Slovenci* (Ljubljana: Cankarjeva založba, 1985).

11 Ibidem.

or biomedical explanations. Milčinski explored the philosophical, religious and ethical dimensions of suicide and offered a holistic perspective that integrated different disciplines. Despite the methodological limitations of his time, Milčinski's findings remain relevant and offer valuable insights into complexity of understanding suicide in Slovenia throughout the latter half of the 20th century.

Suicide Within the Historical Context

The narrative of suicide within public discourse has always been deeply entwined with the historical context of its times. Media, acting as the society's mirror and architect, plays a pivotal role in shaping and reflecting the collective consciousness regarding suicide.¹² From the early moral condemnations to the contemporary biomedical and psychosocial interpretations, the representation of suicide in media has evolved, revealing the underlying attitudes and beliefs of different eras.¹³ This relationship is particularly pronounced in societies undergoing significant political and social change, as has been the case with Slovenia through the latter half of the 20th century. The change in the way the media reported on suicide topics was orchestrated by evolving societal attitudes and a growing understanding of mental health. This transition was influenced by significant contributions from mental health professionals and researchers who advocated for a broader understanding of health that includes psychological and social factors alongside biological ones. The groundbreaking work of George Engel in the 1970s,¹⁴ who introduced the biopsychosocial model, played a crucial role in this paradigm shift.

Political and social changes

The socialist mentality that prevailed in Slovenia after World War II emphasized values of responsibility, industriousness, moral and mental strength, and sacrifice for the community, alongside bourgeois morality.¹⁵ Suicides were viewed as national betrayal, indicative of losing faith in the socialist future. Socialism regarded suicide as bourgeois decadence, seeking reasons for its persistence amidst a crisis of traditional values, rapid industrialization, increasing urban isolation, weakening influence of the Catholic Church, and alcoholism.

In the 1960s, a notable phenomenon emerged with a series of suicides among the children of leading officials, shocking the public as they were predominantly educated,

12 Steven Stack, "Suicide: A 15-year Review of the Sociological Literature Part I: Cultural and Economic Factors," *Suicide and Life-Threatening Behavior* 30, No. 2 (2000): 145–62.

13 Jane Pirkis and Richard Warwick Blood, "Suicide and the Media. Part I: Reportage in Nonfictional Media," *Crisis* 22, No. 4 (2001): 146–54, <https://doi.org/10.1027//022-5910.22.4.146>.

14 George L. Engel, "The Need for a New Medical Model: A Challenge for Biomedicine," *Science* 196, No. 4286 (1977): 129–36, <https://doi.org/10.1126/science.847460>.

15 Božo Repe, "Modernizacije pri Slovencih," *Acta Histriae*, 25, No. 3 (2017): 581–596.

cultured, and often privileged individuals. Public discourse oscillated between the prevailing view of suicide as a senseless act of the pampered and cowardly, and the perspective of many intellectuals who argued that youth suicides were rational decisions and a critique of societal conditions.¹⁶ This period also saw broader social and political change, influenced by global movements and internal demands for liberalisation. The influence of the Prague Spring and other liberal movements throughout Eastern Europe began to permeate Slovenian society, creating an environment in which dissent and alternative viewpoints were more openly expressed.¹⁷

Moving to the 1980s, a new shift occurred with the rise of anti-communist discourse¹⁸. Suicide became a means of resistance against communist rule. Its prevalence was seen as evidence that Slovenes no longer could or wanted to live within Yugoslavia. Socialism, its repression and associated national, demographic, religious, and economic policies were directly attributed to the high suicide rates¹⁹. This decade also saw an increased engagement with Western ideas and a gradual weakening of strict socialist controls, culminating in the rise of political pluralism and national movements.²⁰ Furthermore, research in the field suggests that the phenomenon of suicide in socialist societies often intersected with broader political, economic, and social factors. Pressures to conform to state ideology, economic instability, and restricted personal freedoms could contribute to feelings of despair and hopelessness, influencing suicide rates.²¹ Comparative studies, such as the study of suicide rates in Finland, emphasise the effects of social isolation and economic pressures prevalent in similar socialist contexts.²²

During Slovenia's path to gaining independence in the early 1990s, discourse on suicide played a complex role. Slovenia, as one of the constituent republics of Yugoslavia, went through a turbulent period during the dissolution of the country.²³ The historical background of this era was characterised by significant political upheaval and a strong nationalist aspiration, fuelled by the collective memory of historical grievances and the desire for self-determination.²⁴ This period was marked by political tensions, economic instability, and social change, all of which contributed to a sense of uncertainty and despair among some segments of the population. The process of gaining independence was accompanied by political tensions. Discussions might have

16 Ljuba Dornik Šubej, *Med politiko in zgodovino: življenje in delo dr. Dušana Kermavnerja (1903–1975)* (Ljubljana: SAZU, 2005). Meta Remec, "Traitors, Cowards, Martyrs, Heroes: Youth Suicide as a Socio-Historical Phenomenon in the 1960s Slovenia," *Studia Historica Slovenica* 23, No. 1 (2023): 203–38.

17 Peter Vodopivec. "The Conflicting Politics of History and Memory in Slovenia since 1990," *Slovene Studies: Journal of the Society of Slovene Studies* 36, No. 1 (2015): 3–19.

18 Repe, "Modernizacije pri Slovencih."

19 Niko Grafenauer, "Oblike slovenskega samomora," *Nova revija* 6, No. 57 (1987): 229–46.

20 Božo Repe, "Regional Differences, Slovene National Identity, and the Foundation of the Slovene State," *Slovene Studies: Journal of the Society of Slovene Studies* 30, No. 2 (2008): 57–70.

21 Tomas E. Joiner, *Why People Die by Suicide* (Harvard University Press, 2005). Stack, "Suicide: A 15-year Review of the Sociological Literature Part I: Cultural and Economic Factors."

22 Finnish Report, *Suicide Methods in Finland* (Helsinki: Public Health Institute, 2001).

23 Repe, "Modernizacije pri Slovencih."

24 Vodopivec, "The Conflicting Politics of History and Memory in Slovenia since 1990."

revolved around the uncertainty of the future, fears of conflict, and the desire for stability. Political instability and conflict can also have profound effects on mental health and suicide rates. A study by Kohrt et al.²⁵ examined the impact of political violence on suicide rates in Nepal and found a significant association between exposure to violence and suicide risk. Discussions during Slovenia's independence process may have reflected fears and anxieties related to political tensions and the potential for conflict. Similar trends have been found in other regions of political upheaval, where national crises have exacerbated mental health problems and led to increased suicide rates.²⁶

Slovenia, like other parts of Yugoslavia, also faced economic challenges during the transition period. Unemployment, inflation, and economic uncertainty could have heightened feelings of hopelessness for some individuals. The economic transition was a major challenge, marked by the collapse of traditional industries and the struggle to integrate into the global market economy.²⁷ Research has highlighted the link between economic recessions, unemployment, and suicide rates. For example, a study by Stuckler et al.²⁸ found that each 1% rise in unemployment was associated with a 0.79% increase in suicide rates in European countries. Slovenia, undergoing economic challenges during its transition to independence, likely experienced similar pressures.

Slovenian independence movement also brought significant social changes to Slovenia. Discussions might have focused on questions of identity, belonging, and the impact of rapid societal transformations on individual well-being. Societal transitions can lead to feelings of dislocation and uncertainty, which can impact mental health outcomes. During this period, there was a redefinition of national identity and a re-engagement with Slovene cultural and historical narratives, emphasising Slovenia's unique path compared to the other former Yugoslav republics.²⁹ Research by Karam et al.³⁰ explored the mental health consequences of social change and found increased rates of depression and anxiety. Similar dynamics may have been at play in Slovenia during its transition period. In addition, the wider European context of societal change during this period has also highlighted similar mental health challenges, as noted in studies of post-socialist transitions across Eastern Europe.³¹

25 Brandon A. Kohrt, Daniel J. Hruschka, Carol M. Worthman, Richard D. Kunz, Jennifer L. Baldwin, Nawaraj Upadhyaya, Nanda Raj Acharya, Suraj Koirala, Suraj B. Thapa, and Wietse A. Tol, "Political Violence and Mental Health in Nepal: Prospective Study," *Br J Psychiatry* 201, No. 4 (2012): 268–75, <https://doi.org/10.1192/bjp.bp.111.096222>.

26 Balkan Report. "Comparative Analysis of Suicide Trends in the Balkans," *Journal of European Sociology* 38, No. 4 (1997): 567–85.

27 Oto Luthar, *The Land Between: A History of Slovenia* (New York: Peter Lang, 2008).

28 David Stuckler, Sanjay Basu, Marc Suhrcke, Adam Coutts and Martin McKee, "The Public Health Effect of Economic Crises and Alternative Policy Responses in Europe: An Empirical Analysis," *The Lancet* 374, No. 9686 (2009): 315–23, [https://doi.org/10.1016/S0140-6736\(09\)61124-7](https://doi.org/10.1016/S0140-6736(09)61124-7).

29 Repe, "Regional Differences, Slovene National Identity, and the Foundation of the Slovene State."

30 Elie G. Karam, Zeina N. Mneimneh, Hani Dimassi, John A. Fayyad, Aimee N. Karam, Soumana C. Nasser, Somnath Chatterji and Ronald C. Kessler, "Lifetime Prevalence of Mental Disorders in Lebanon: First Onset, Treatment, and Exposure to War," *PLoS Medicine* 11, No. 4 (2014): e61, <https://doi.org/10.1371/journal.pmed.0050061>.

31 European Report. "Mental Health and Societal Change in Post-Socialist Europe," *European Public Health Journal* 44, No. 3 (2005): 220–37.

From Biomedical to Bio-Psycho-Social perspective

The change in understanding of suicide from strictly biomedical causes to a more nuanced bio-psycho-social model has significant implications for public health policies and preventive strategies. The shift from the biomedical paradigm to the biopsychosocial paradigm in medicine has been a gradual process that has evolved over several decades. The biomedical model, which dominated medical thinking for much of the 20th century, focused primarily on the biological aspects of disease and illness, often neglecting the psychological and social factors that can also influence health outcomes. The biopsychosocial model, on the other hand, emerged as a response to the limitations of the biomedical approach. It recognizes that health and illness are influenced by a complex interplay of biological, psychological, and social factors. This holistic approach considers not only the biological mechanisms of disease but also the psychological and social factors that contribute to an individual's health and well-being.³²

One significant milestone in the acceptance of the biopsychosocial model was the publication of Dr. George Engel's seminal paper titled "The Need for a New Medical Model: A Challenge for Biomedicine" in the journal *Science* in 1977.³³ In this paper, Engel argued for a broader understanding of health and illness that incorporates psychological and social factors alongside biological ones. Since then, there has been growing recognition among healthcare professionals and institutions of the importance of addressing the psychological and social dimensions of health. Medical schools have increasingly incorporated training in areas such as communication skills, cultural competence, and understanding the social determinants of health into their curricula.

Overall, while the biomedical model still holds influence in certain aspects of medicine, in latter half of the 20th century there has been a notable shift towards a more holistic and integrated approach to healthcare with the widespread acceptance of the biopsychosocial paradigm.

Factors Associated with Suicide in Public Perspective

In each historical era, the perception and interpretation of suicide have been profoundly shaped by the dominant beliefs, values, and socio-cultural norms of that time. As a result, the risk and protective factors associated with suicide have often been examined through the prism of the prevailing societal mindset. Consequently, through various historical periods, different risk and protective factors for suicide have been highlighted in the lay public, reflecting prevailing attitudes towards suicide and understanding of the suicide phenomenon within specific cultural contexts. Media

32 Heidi Hjelmeland and Birthe Loa Knizek, "The Emperor's New Clothes: A Critical Look at the Interpersonal Theory of Suicide," *Death Studies* 44, No. 3 (2020): 168–78, <https://doi.org/10.1080/07481187.2018.1527796>.

33 Engel, "The Need for a New Medical Model: A Challenge for Biomedicine."

reports, in their portrayal of these risk and protective factors, offer insights into the evolving public narrative and highlight the importance of these factors in both public and academic debates.³⁴

Risk factors

Risk factors can contribute to suicidal behaviours directly, but can also contribute indirectly by influencing individual susceptibility to mental disorders. Identifying these factors and understanding their roles in suicidal behaviour is central to preventing suicides.³⁵ There are a number of specific characteristics that are closely associated with a heightened risk for suicidal behaviour. We can divide them into four groups: individual risk factors, interpersonal, community and societal factors. Risk for suicide can be influenced by individuals' vulnerability or resilience, where individual risk factors are related to the likelihood of a person developing suicidal behaviours in the future. Further, relationships with family, close friends and significant others can have an important impact on suicidal behaviour. Additionally, the communities that people live in also have an association with suicide risk factors. Last but not least, different cultures, religions, historical and legal factors have shaped the understanding and status of suicide, leading to the identification of a wide range of factors that influence suicide risk.³⁶

The focus on risk factors for suicide has historically been dominated by an emphasis on individual pathology, including mental illness and personal crises.³⁷ However, the latter half of the 20th century witnessed a paradigmatic shift, acknowledging the influence of socio-economic and interpersonal factors.³⁸ The evolution of this discourse in media representation provides an invaluable lens through which to observe changing public attitudes.

Protective factors

Even though protective factors have not been studied as extensively as risk factors, identifying and understanding them is equally as important as researching risk factors,

34 Thomas Niederkrotenthaler, Martin Voracek, Arno Herberth, Benedikt Till, Markus Strauss, Elmar Etzersdorfer, Brigitte Eisenwort and Gernot Sonneck, "Role of Media Reports in Completed and Prevented Suicide: Werther v. Papageno Effects," *The British Journal of Psychiatry* 197, No. 3 (2010): 234–43, <https://doi.org/10.1192/bjp.bp.109.074633>.

35 Diego De Leo, Jose Bertolote and David Lester, "Self-directed Violence," in Etienne G. Krug, Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi and Rafael Lozano (eds.), *World Report on Violence and Health* (Geneva: World Health Organization, 2002), 183–212.

36 World Health Organization, *Preventing Suicide: A Global Imperative*.

37 Edwin S. Shneidman, *Suicide as Psychache: A Clinical Approach to Self-Destructive Behavior* (Jason Aronson, 1993).

38 Keith Hawton and Kees van Heeringen, "Suicide," *The Lancet* 373, No. 9672 (2009): 1372–81, [https://doi.org/10.1016/S0140-6736\(09\)60372-X](https://doi.org/10.1016/S0140-6736(09)60372-X).

since protective factors buffer individuals from suicidal thoughts and behaviour. Some protective factors counter specific risk factors while others protect individuals against a number of different suicide risk factors.³⁹

Protective factors, though less frequently highlighted in the media, are essential to understanding and preventing suicide. The gradual introduction of protective factors such as community connectedness into the media narrative indicates a significant shift towards a more nuanced understanding of suicide prevention⁴⁰ at the end of the 20th century. This shift is in line with prevention strategies that have increasingly focused on enhancing resilience and protective factors.

Aims of the Study

In our study, we aim to comprehensively investigate the multifaceted relationship between risk and protective factors associated with suicidal behaviour as portrayed in media reports spanning four decades, between 1959 and 1999. Through a systematic analysis, we seek to uncover the intricate patterns that underlie Slovenian societal attitudes towards suicide over time. By employing a rigorous scientific methodology, our research endeavours to clarify the underlying dynamics driving changes in public perception and understanding of suicide. Ultimately, our findings hold the potential to inform the development of targeted, evidence-based suicide prevention strategies tailored to the unique needs of different populations and historical contexts.

Method

Our research conducted content analysis of articles on suicide in two prominent Slovenian newspapers Delo⁴¹ and Večer⁴² between 1959 and 1999. The time frame from 1959 to 1999 was chosen since the year 1959 marks the start of Delo, a major Slovenian daily newspaper, which is a consistent source for analysing media coverage of suicide. This period encompasses key social and political changes, including liberalisation in the 1960s, socialism and Slovenia's transition to democracy and independence in the 1990s. The conclusion in 1999 provides a comprehensive view of media narratives up to the end of the 20th century, reflecting modern public health paradigms and suicide prevention strategies. Also, the focus on newspapers Delo and Večer was intentional since Delo, a central daily newspaper with a wide reach, provides a national perspective, whereas Večer, an important regional newspaper offers a regional viewpoint, and we aimed to incorporate both of these perspectives. Although the inclusion

39 World Health Organization, *Preventing Suicide: A Global Imperative*.

40 Rory C. O'Connor and Matthew K. Nock, "The Psychology of Suicidal Behaviour," *The Lancet Psychiatry* 1, No. 1 (2014): 73–85, [https://doi.org/10.1016/S2215-0366\(14\)70222-6](https://doi.org/10.1016/S2215-0366(14)70222-6).

41 *Digitalna knjižnica Slovenije - dLib*, <https://www.dlib.si>.

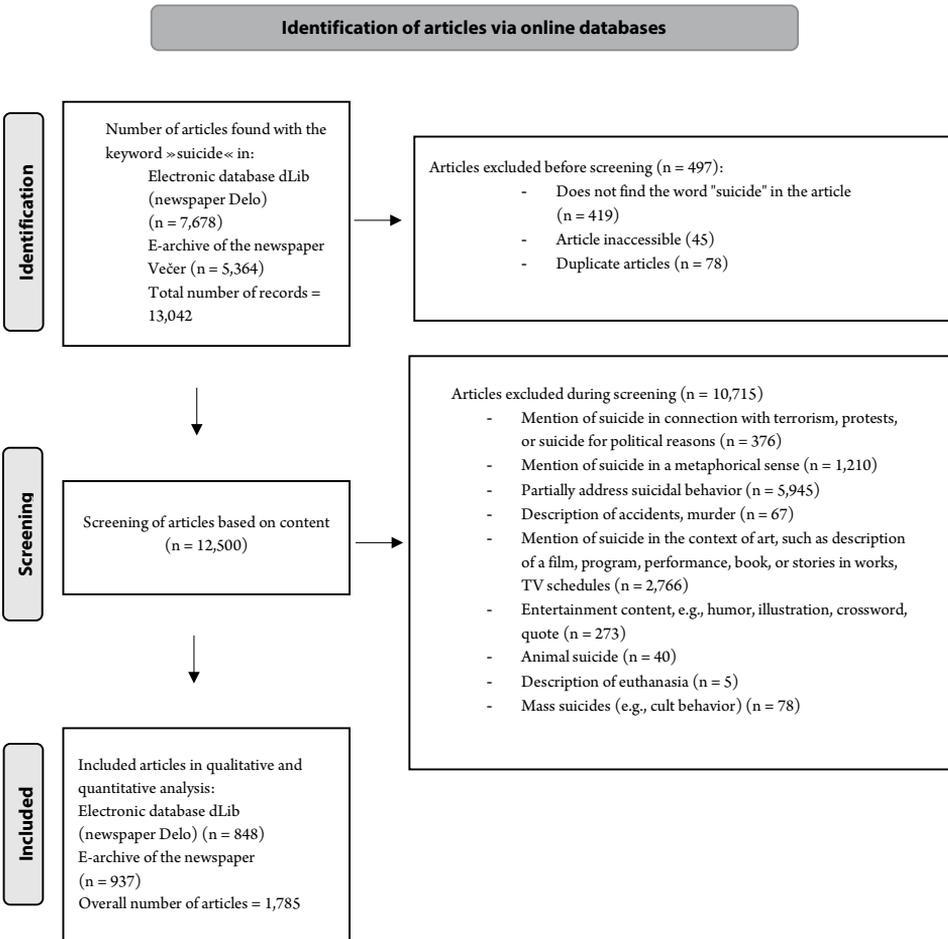
42 Večer, "Arhiv", <https://ris2016-vecer-com.eviri.ook.sik.si/arhivi/arhiv.aspx>.

of other regional newspapers could enrich the study, Delo and Večer were selected due to their significant influence, representativeness and data availability.

Procedure

We used the term *suicide* to search for the articles. A total of 13,042 hits were reviewed, but only 1,785 articles that met our predetermined inclusion criteria were included in the analysis. Identification of articles via online databases and the exclusion process are presented on PRISMA flow diagram in Figure 1.

Figure 1: PRISMA flow diagram.



We applied exclusion criteria to select articles directly relevant to our study. Exclusion criteria included suicide related to terrorism, metaphorical use of suicide, articles with minimal focus on suicidal behaviour, descriptions of accidents, suicide in the context of art, suicide as a form of protest, entertainment content (such as advertisements, crosswords, humour, illustrations), animal suicide, mass suicide, as well as duplicated articles. By implementing these exclusion criteria, we aimed to ensure that only articles directly addressing the topic of suicide were included in our analysis. This approach allowed for a more accurate and focused research study.

Analysis of data

In each article, we analyzed the inclusion of risk and protective factors for suicide. These factors were categorized into four groups: (i) individual factors (characteristics or attributes of an individual that may increase or decrease the likelihood of developing suicidal behaviour, e.g. mental health conditions, genetic predispositions, personality traits, resilience, problem-solving skills, or coping strategies), (ii) interpersonal factors (relationships and interactions between individuals and their social environment, e.g. quality of relationships with family, friends, and peers, social support networks, communication skills, connectedness to others, and exposure to suicidal behaviours within one's social circle), (iii) community factors (characteristics and resources within the broader community that can influence an individual's well-being, e.g., healthcare services, mental health resources, educational opportunities, employment prospects, social and economic inequality, community norms and attitudes towards suicide, and the presence of support networks and community organizations), and (iv) societal factors (broader social, cultural, and environmental influences, e.g. cultural norms and beliefs, media representation of suicide, public policies related to mental health, availability of social services, economic conditions, and societal attitudes towards mental health and help-seeking).

Furthermore, we aggregated the data from all the reviewed articles, organized them by individual decades, and focused on quantitative analysis, including the number of risk and protective factors included in articles in each decade, and which group of risk and protective factors was most frequently reported in each decade. Additionally, we conducted qualitative analysis of the content of the articles. We identified which risk and protective factors were mentioned in each article. For each article, we listed all identified factors on the assessment form. To ensure a systematic approach to the analysis, i.e. to ensure that each risk and protective factor was recognized, randomly selected articles were evaluated and cross-checked for these factors by two separate groups of researchers conducting a content analysis. This was to ensure that regardless of who analysed the article, all factors present were consistently identified.

Results

In the present study, we analysed 1,785 newspaper articles, published in two prominent Slovenian newspapers between 1959 and 1999. Most articles described a death by suicide or a suicide attempt by one or more people. The articles described suicidal behaviour of 1,097 males and 329 females with the average age of 35.47.

Table 1: N of analysed articles per studied period for Večer and Delo.

Studied period	N of analysed articles		
	Večer	Delo	Total
1959-1969	270	142	412
1970-1979	248	260	508
1980-1989	142	199	341
1990-1999	277	247	524
All periods combined	937	848	1,785

Table 2: Proportion of factors per N of articles in each period for Večer and Delo combined.

Studied period	Risk factors		Protective factors	
	Frequency (<i>f</i>)	Proportion of factors per N of articles	Frequency (<i>f</i>)	Proportion of factors per N of articles
1959-1969	422	1.02	38	0.09
1970-1979	638	1.26	50	0.10
1980-1989	616	1.81	58	0.15
1990-1999	1,106	2.11	134	0.26
All periods combined	2,782	1.56	280	0.16

Table 1 shows the number of analysed articles (*N*) per studied period for both Večer and Delo. We can see that the number of analysed articles is the highest in the period between 1990 and 1999, and the lowest between 1980 and 1989. Table 2 shows the frequency and proportion of factors per *N* of articles in each period for Večer and Delo combined. We can see that the proportion of both risk and protective factors increases across studied periods. We also tested whether the frequencies of risk and protective factors across all periods are statistically different from each other, and found that they are not statistically different ($\chi^2_3 = 7.71, p = .05$).

Figure 2: Frequency of cases within risk factor category per studied period.

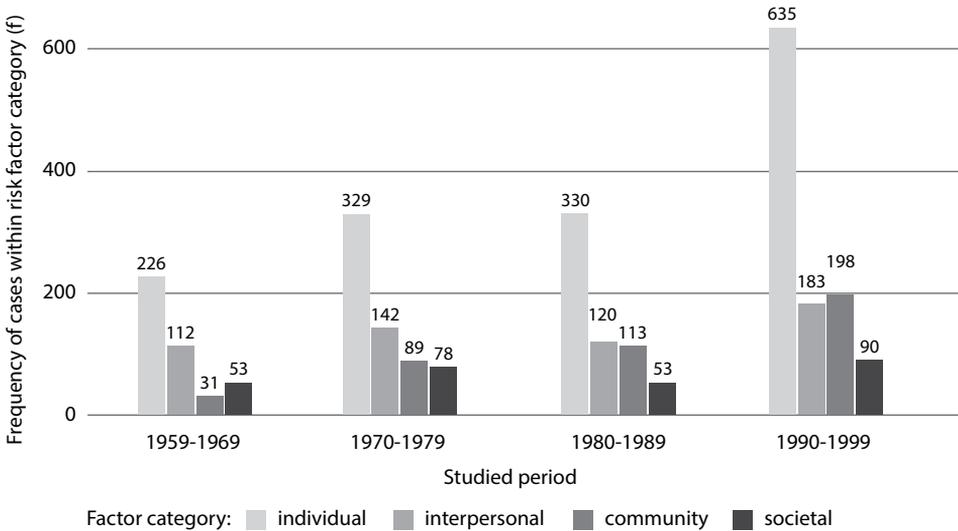
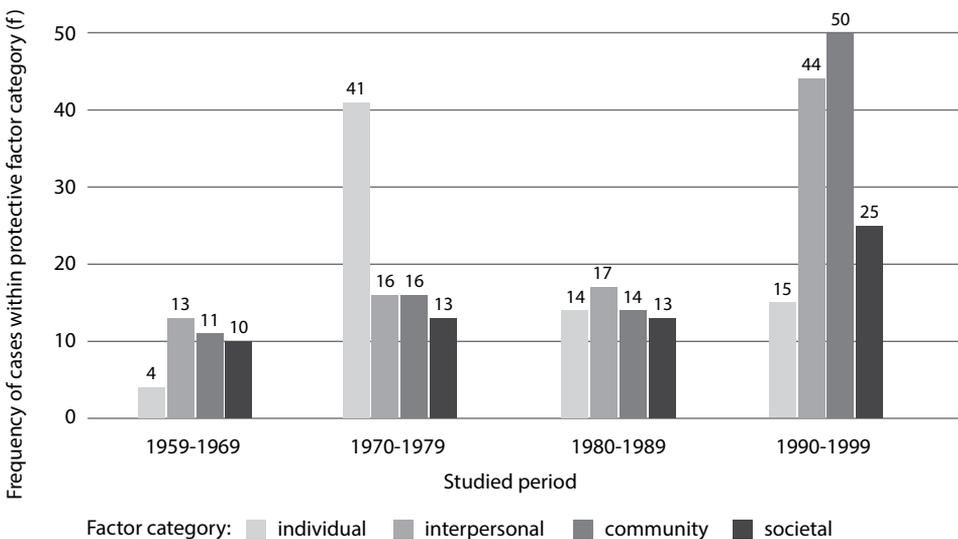


Figure 2 shows the distribution of risk factor categories across studied periods. Most risk factors were included in articles published between 1990 and 1999, and least in articles published between 1959 – 1969. Further, we tested whether the frequencies of risk factors categories across all periods are statistically different from each other, and found that they are statistically different ($\chi^2(9) = 57.69, p < 0.01$). When testing each newspaper separately we found, that for both Večer and Delo frequencies of risk factors categories across all periods are statistically different from each other ($\chi^2(9) = 26.23, p < .01$; $\chi^2(9) = 53.12, p < .01$, respectively).

Figure 3: Frequency of cases within protective factor category per studied period.



The distribution of categories of protective factors is shown in categories across studied periods (Figure 3). The highest frequency of protective factors is seen in 1990 – 1999. When testing whether the frequencies of protective factors categories across all periods are statistically different from each other, and found that they are not statistically different ($\chi^2(9) = 12.34, p = 0.19$). When testing each newspaper separately, we found that for Večer frequencies of risk factors categories across all periods are statistically different from each other, but they are not statistically different for Delo ($\chi^2(9) = 26.23, p < .01$; $\chi^2(9) = 23.23, p < .01$, respectively).

Figure 4: Percentage of cases in risk factor category per studied period.

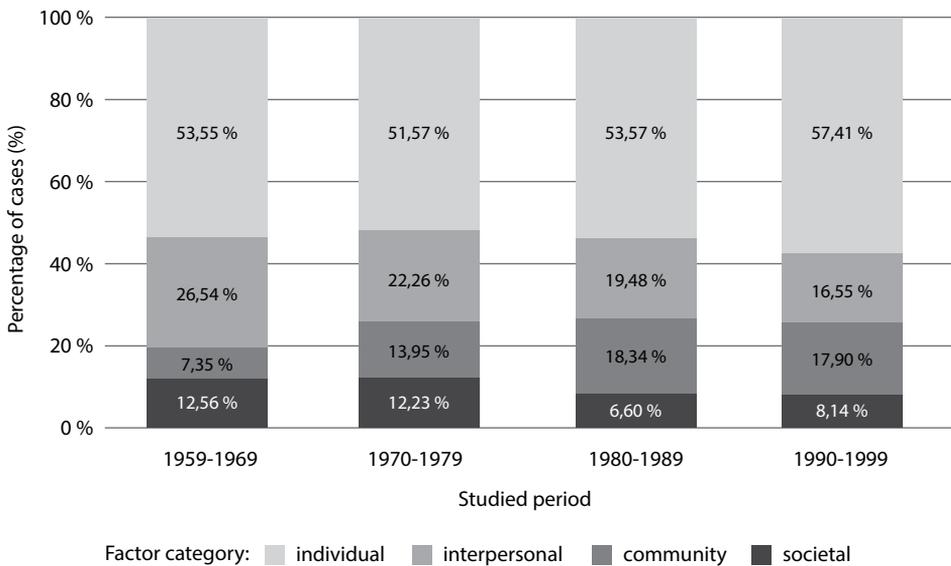


Figure 4 shows the percentage of cases in the risk factor category per studied period. Individual factors seem to be most prominent in all studied periods. Interpersonal factors and societal factors seem to decrease in % of cases, whereas community factors seem to increase in time. When testing whether the percentage of cases in the risk factors category per studied period are statistically different from each other, and found that they are statistically different ($\chi^2(9) = 57.69, p < 0.01$).

Figure 5: Percentage of cases in protective factor category per studied period.

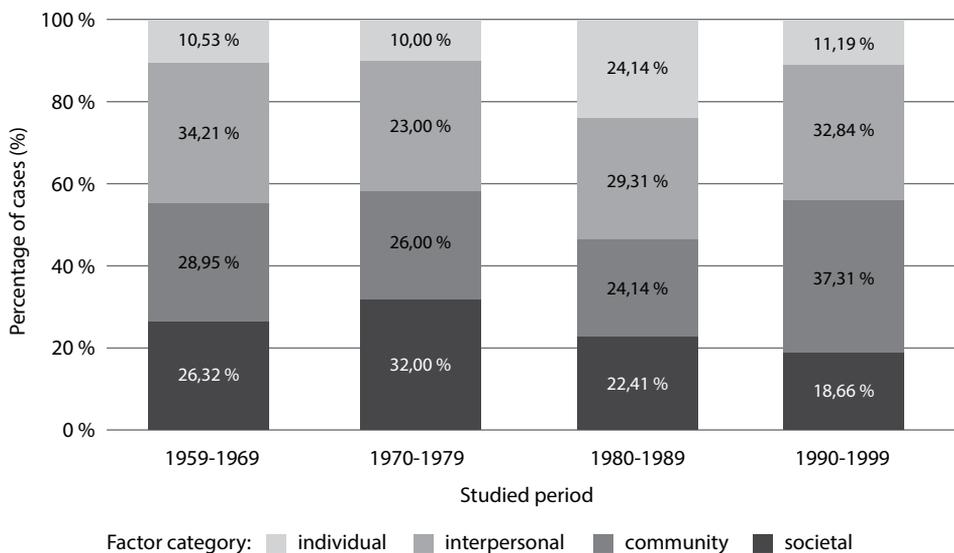


Figure 5 shows the percentage of cases in protective factor category per studied period. Interpersonal factors seem to be most prominent in studied period between 1959 and 1969 and period between 1980 – 1989. In 1970 – 1979 most prominent are both interpersonal and societal. In 1990 – 1999 the most prominent factors are community factors. When testing whether the percentage of cases in protective factor category per studied period are statistically different from each other, it was found that they are not statistically different ($\chi^2(9) = 12.34, p = 0.19$).

Discussion

The quantitative data combined with qualitative analysis of the content of the articles presents a detailed analysis of media coverage of risk and protective factors associated with suicide from the 1960s through the 1990s in Slovenia. It highlights a significant shift in the frequency and depth of reporting on these factors, suggesting a growing public and journalistic awareness of the complexities involved in suicide risk and prevention.

Changes in the frequency of risk and protective factors

The quantitative data show an increase in media coverage of risk factors, from an average of 1.02 to 1.26 mentions per article in the 1960s and 1970s to approximately 1.81 to 2.11 in the 1980s and 1990s. This trend correlates with the research discussed

in the introduction, which notes a high prevalence of suicide in Slovenia. This was particularly noted during the latter half of the 20th century, when suicide rates followed a puzzling trend that reflected significant societal changes.⁴³ The growing media focus on risk factors parallels these societal changes, supporting the notion that increased public awareness could be linked to the shifting dynamics within Slovenian society and its media.

Similarly, protective factors, which received less emphasis in earlier decades, also showed a gradual increase in media attention. Articles in the 1960s mentioned just over 0.09 protective factors on average, while by the 1990s, they mentioned around 0.26 protective factors on average. This aligns with the shift toward a more holistic understanding of suicide, moving from a biomedical model to a biopsychosocial model, as discussed in the introduction.⁴⁴ The media's role in shaping public perceptions, as highlighted by Pirkis and Blood,⁴⁵ underscores the importance of expanding the narrative to include factors that promote mental health resilience, reflecting a broader societal shift toward preventive strategies.

The increase in media attention to both types of factors can be seen as a reflection of the broader socio-cultural shifts discussed in the introduction. For instance, Milčinski⁴⁶ and Hawton and van Heeringen⁴⁷ discuss the complex interplay of cultural, social, and individual factors influencing suicide rates, suggesting a shift in public and academic discourse toward recognizing a broader array of influences beyond individual pathology. The gradual increase in suicide rates until Slovenia's independence and their subsequent decline correlate with the increasing complexity of media reporting on suicide, suggesting that media narratives might have contributed to or reflected a broader public awareness and understanding.

Changes in the content of risk and protective factors

Our examination of the frequency distribution of both risk and protective factors by different content categories across four decades provides a comprehensive view of how these factors have evolved. In the 1960s, individual risk factors dominated the narrative, accounting for 53.55% of risk factors mentioned, aligning with the historical emphasis on individual pathology in suicide discourse.⁴⁸ Additionally, qualitative data from the 1960s, extracted from the newspapers *Delo* and *Večer*, reveal that articles predominantly emphasized individual and interpersonal risk factors like 'mental confusion' and the loss of significant loved ones.

43 Milčinski, *Samomor in Slovenci*. World Health Organization, *European Mortality Database (MDB)*.

44 Hjelmeland and Knizek, "The Emperor's New Clothes: A Critical Look at the Interpersonal Theory of Suicide." Engel, "The Need for a New Medical Model: A Challenge for Biomedicine."

45 Pirkis and Blood. "Suicide and the Media. Part I: Reportage in Nonfictional Media."

46 Milčinski, *Samomor in Slovenci*.

47 Hawton and van Heeringen, "Suicide."

48 Shneidman, *Suicide as Psychache: A Clinical Approach to Self-Destructive Behavior*.

As we transitioned into subsequent decades, the prominence of individual risk factors persisted, indicating a sustained interest in personal aspects of risk. The dominance of individual risk factors in public discourse reflects a historical preoccupation with internal, psychological determinants of suicide, overshadowing broader socio-economic and interpersonal influences.⁴⁹ Similarly, qualitative data from the 1970s from Delo and Večer continued to focus on individual risk factors such as despair and mental illness, often linked to personal crises like failed relationships and career setbacks. However, these reports also began to explore societal factors, albeit less frequently, such as the challenges posed by incarceration and economic hardships, reflecting a growing awareness of the broader social influences on suicide. By the 1980s, the focus remained predominantly on individual despair and stresses related to personal circumstances such as job losses or traumatic events. The media portrayal during this decade continued to lack depth in addressing community and societal factors, which could have contributed to a more rounded understanding of suicide prevention. However, the qualitative data from Delo and Večer in the 1990s, a transformative period for Slovenia post-independence, reveals a complexity of risk factors, including those related to socio-political changes and gender dynamics.

In regard to protective factors, the focus on these factors mirrored the emphasis on individual risk factors, with interpersonal factors predominantly reported in the 1960s, accounting for 34.21% of all protective factors mentioned. Similarly, qualitative data from newspapers Delo and Večer reveal that only incidental references to interpersonal support, such as contact with a former spouse, were mentioned during the 1960s. This period recognized the importance of familial and social relationships in mitigating suicide risk, reflecting prevailing attitudes toward the significance of interpersonal bonds in mental well-being.⁵⁰

However, as we progressed into the 1970s and beyond, there was a shift toward a more balanced representation of protective factors across interpersonal, community, and societal categories. This transition reflects a broader acknowledgement of the multifaceted nature of suicide prevention, encompassing not only individual relationships but also community resources and societal structures.⁵¹ Notably, the 1990s marked a significant turning point, with a pronounced emphasis on community factors in protective narratives. Qualitative data from newspapers Delo and Večer during the 1990s shows a shift toward discussing protective factors, particularly the role of family cohesion and peer support networks, although these aspects were still underrepresented in the media narrative. This shift coincided with Slovenia's journey to independence, highlighting the impact of political and social changes on suicide discourse. The growing recognition of community factors underscores a broader shift toward holistic, community-based approaches to suicide prevention, reflecting evolving public health paradigms.⁵² Protective factors evolved over the four decades included in our

49 Hawton and van Heeringen, "Suicide."

50 Joiner, *Why People Die by Suicide*.

51 World Health Organization, *Preventing Suicide: A Global Imperative*.

52 O'Connor and Nock, "The Psychology of Suicidal Behaviour."

analysis, with a growing recognition of the importance of community factors and a decreasing emphasis on societal factors, especially in the 1990s when Slovenia gained independence.

Conclusions

This analysis, combining both quantitative increases in media mentions and qualitative shifts in the portrayal of risk and protective factors, illustrates a gradual but significant transformation in how suicide is understood and reported in Slovenia.

Main findings of our research highlighted the evolving distribution of risk and protective factors in suicide discourse, reflecting shifting societal attitudes toward individual agency, social support, and community resilience.⁵³ The media has played a critical role in this evolution, progressively shifting from a focus predominantly on individual pathology to a broader consideration of the interplay between personal vulnerabilities and societal structures. While individual risk factors remained prominent in media portrayals, the end of the 20th century saw a shift towards recognizing community and societal factors, reflecting a broader public health approach to suicide prevention. Additionally, from the 1960s through the 1990s, media attention on protective factors increased, highlighting community connectedness and resilience, and shifting focus towards strengthening community ties and support networks.

By including the comprehensive time frame of over four decades, our research offers a robust longitudinal perspective essential for discerning shifts and developments in media reporting. The employment of both quantitative and qualitative analyses enhances the depth of findings, ensuring that numerical data is richly contextualized with the content of the media coverage. The study's focus on a single country allows for an exploration of societal influences on media narratives, particularly in the context of Slovenia's unique socio-political landscape.

However, one notable weakness of our research is the potential for selection bias, as the research relies on articles from only two newspapers, which may not represent the full spectrum of media coverage. The scope of the research is also limited to print media, excluding television, radio, and online platforms that have become increasingly influential. Additionally, the study's focus on media coverage does not directly measure public perception, leaving a gap between reported narratives and societal beliefs.

For future research, it would be valuable to extend the analysis to include a broader range of newspapers. Longitudinal studies could benefit from incorporating public opinion surveys to correlate media trends with changes in public awareness and attitudes toward suicide. Additionally, cross-cultural comparisons could provide valuable insights into how different societies discuss and understand suicide, offering a global perspective on the impact of media narratives.

53 Engel, "The Need for a New Medical Model: A Challenge for Biomedicine." Hjelmeland and Knizek, "The Emperor's New Clothes: A Critical Look at the Interpersonal Theory of Suicide."

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**MEDIJSKI PRIKAZ DEJAVNIKOV TVEGANJA
IN VAROVALNIH DEJAVNIKOV ZA SAMOMOR
V SLOVENIJI (1959–1999)**

POVZETEK

Študija predstavlja analizo sprememb odnosa javnosti do samomora na podlagi poročanja dveh največjih slovenskih časopisov med letoma 1959 in 1999. V skladu z ugotovitvami so mediji dejavnike tveganja za samomor navajali pogosteje kot varovalne dejavnike. Ključni dejavniki tveganja vključujejo spol in težave z duševnim zdravjem, sčasoma pa so postali pomembni tudi vidiki skupnosti. Zgodnje poročanje je bilo bolj osredotočeno na individualne dejavnike tveganja. V šestdesetih letih prejšnjega stoletja so se obravnavali predvsem medosebni dejavniki, v devetdesetih pa so postali pomembnejši dejavniki skupnosti.

V Sloveniji, za katero je značilna višja umrljivost zaradi samomora od evropskega povprečja, se kaže zapleteno razmerje med družbenim odnosom do samomora in številom samomorov. Prikazovanje samomora v medijih se je razvilo od prvotnega strogega poudarjanja biomedicinskega vidika do upoštevanja bolj niansiranega biopsihosocialnega vidika, ki vključuje mešanico individualnih, medosebnih in skupnostnih dejavnikov.

V študiji je poudarjeno, da so bili v medijskem poročanju individualni dejavniki tveganja sicer vedno konstantno v ospredju, vendar lahko proti koncu dvajsetega stoletja opazimo precejšno spremembo v smeri prepoznavanja skupnostnih in družbenih dejavnikov. To kaže na pomemben premik v javnozdravstvenih pristopih k preprečevanju samomora, ki poudarjajo celostno razumevanje dejavnikov tveganja in varovalnih dejavnikov ter pomen intervencij, ki temeljijo na skupnosti.

Pozornost medijev v zvezi z varovalnimi dejavniki se je postopno povečevala od šestdesetih do konca devetdesetih let prejšnjega stoletja. V medijih so se začele pojavljati razprave o povezanosti in odpornosti skupnosti, kar kaže na premik k preventivnim strategijam, ki se ne osredotočajo le na individualno tveganje, temveč tudi na krepitev vezi v skupnosti in podpornih mrež.

Raziskava poudarja ključno vlogo medijev pri oblikovanju javnega dojetja in odnosa do samomora, iz česar so razvidne širše družbene in kulturne spremembe. Z dokumentiranjem razvoja medijskega poročanja o samomoru skozi štiri desetletja ta študija omogoča dragocen vpogled v dinamično interakcijo med medijskim prikazovanjem in javnim razumevanjem samomora, zaradi česar ima pomen za prihodnje strategije preprečevanja samomora, ki so prilagojene kulturi in kontekstu.

Ugotovitve kažejo, da bi lahko trajna zavezanost uravnoveženemu prikazovanju dejavnikov tveganja in varovalnih dejavnikov v medijih izboljšala javno razumevanje

in prispevala k učinkovitejšim prizadevanjem za preprečevanje samomora. Študija poziva tudi k nadaljnjim raziskavam, ki bi vključevale digitalne in družbene medijske platforme, da bi lahko razumeli njihovo vlogo pri oblikovanju sodobnega diskurza o samomoru in duševnem zdravju.

Na splošno ta raziskava bogati naše razumevanje tega, kako mediji vplivajo na javno dojetje in oblikovanje javnozdravstvenih politik glede preprečevanja samomora, ter osvetljuje, kako lahko mediji pripomorejo k ustvarjanju bolj informiranega in podpornega okolja za reševanje izzivov duševnega zdravja.