



**Reporting suicide and  
mental ill-health:  
*A Mindframe* resource  
for media professionals**



This document was developed by **Everymind**.

Preferred citation: **Everymind** (2020). *Reporting suicide and mental ill-health: A Mindframe resource for media professionals*. Newcastle, Australia.

Contact:

**Everymind**  
72 Watt Street (PO Box 833)  
Newcastle NSW 2300  
+61 2 4924 6900  
everymind@health.nsw.gov.au  
everymind.org.au

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ISBN: 978-0-6489212-1-9

*Mindframe* is supported by funding from the Australian Government under the National Suicide Prevention Leadership and Support Program.

An initiative of  **EVERYMIND**

# Foreword

The media has an important role to play in shaping and reinforcing social attitudes towards, and perceptions of, suicide and mental ill-health. For more than 15 years, the media has been actively working with *Mindframe* to promote reporting and portrayals that reduce potential harm and enhance community understanding about suicide and mental ill-health.

The evidence\* shows reporting of both issues has increased and improved in quality since the introduction of *Mindframe*.

Rather than being rules per se, *Reporting suicide and mental ill-health: A Mindframe resource for media professionals\*\** is a practical resource that builds on existing codes of practice and editorial policies to ensure reporting is based on research evidence and industry standards.

This resource is supported by more detailed information online at [mindframe.org.au](http://mindframe.org.au) including quick and comprehensive guides on safe media reporting, portrayal and communication about suicide and mental ill-health, contact details for organisations which can provide comment for stories, up-to-date facts and statistics, as well as detailed evidence about the impact of media reporting.

We would like to acknowledge those who have assisted with the resource development, including media professionals and peak media bodies, suicide prevention and mental health organisations, consumer networks and *Mindframe* advisory groups.

As representatives of the *Mindframe* Media Advisory Group, we recommend this resource to others in the media.

***Mindframe* MEDIA ADVISORY GROUP**

\*References are detailed on the *Mindframe* website.

\*\* The first edition of Australian media resource, 'Achieving the Balance', was produced in 1999. The first *Reporting suicide and mental illness* media book was produced in 2002 and revised in 2004, 2006, 2007, 2009 and 2020.



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Media outlets have a powerful role to play in breaking silence and stigma surrounding suicide but it must be done with care and caution and for a reason. Stories can still have so much impact without being sensationalist or brutal and they should never be gratuitous. *Mindframe* can guide the way.



SENIOR JOURNALIST, NEWS CORPORATION

# The *Mindframe* Approach

*Mindframe* is managed by **Everymind**, building capacity through education and training activities, working collaboratively with the media, those influencing the media (health and police sectors), journalism and public relations university programs, and the Australian film, television and theatre industry.

Also funded under *Mindframe* and managed by SANE Australia, is the SANE Media Centre and StigmaWatch program. For more information visit [mindframe.org.au](http://mindframe.org.au) or contact the *Mindframe* project team ([see page 37](#)).

***Mindframe* provides national leadership and support on how to apply best practice principles for safe communication and media coverage about suicide, mental ill-health, alcohol and other drugs to the key areas below.**

## Tertiary education:

- Media and journalism students
- Public relations students.

## News media and public relations:

- Print
- Broadcast
- Online
- Social media.

## Media sources:

- Key sectors
- Lived experience
- Police and courts
- Campaigns
- Community groups
- Members of parliament/political figures.

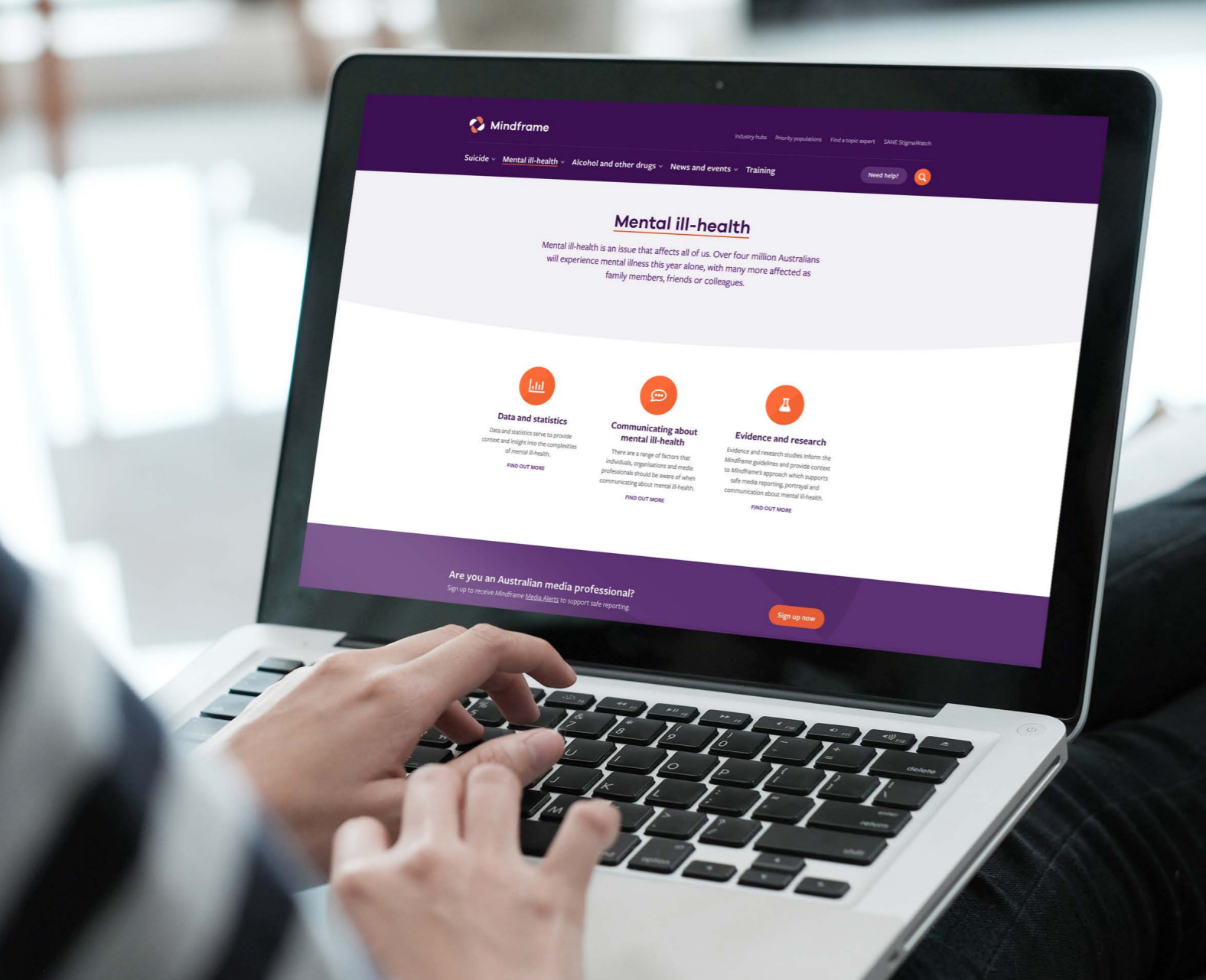
## Fictional and factual portrayal:

- Television
- Documentary
- Movie
- Online streaming
- Theatre.

**The result of the *Mindframe* approach is improved communication and media coverage of suicide, mental ill-health, alcohol and other drugs.**

# Suicide





# Reporting and portrayal of suicide

While suicide is a relatively rare cause of death<sup>1,2</sup> it affects many people within the community and the impacts can be widespread. Suicide and suicide prevention are legitimate topics of public interest and research shows that media reporting of suicide in Australia is extensive.<sup>3</sup>

Suicide is a complex issue and journalists are often faced with questions about whether to report and how to report. While the media can play a powerful role in raising awareness of suicide and suicide prevention (see “[Helpful ways to present information](#)” on page 11), media stories about suicide also have the potential to do harm.<sup>3,4</sup>

Media codes of practice<sup>5,6</sup> reinforce the need to proceed with caution when considering reports about suicide attempts and deaths, but do not discourage stories that are legitimately in the public interest or explore the broader issue of suicide.

The following ‘issues to consider’ have been developed to support media professionals to make informed choices when reporting suicide, and should be used in conjunction with media codes of practice and editorial policies. There are also considerations for reporting euthanasia and self-harm within this chapter.

This resource is supported by more detailed information on [mindframe.org.au](http://mindframe.org.au), including quick and comprehensive guides on reporting suicide, contacts for organisations that can provide comment for stories, up-to-date facts and statistics about suicide, as well as detailed evidence about the impact of media reporting.



Media guidelines are important because often journalists don't know what language to use, how to report emphatically, and how to make sure reporting doesn't cause more distress to the person or family involved.



SENIOR JOURNALIST, ABC NEWS

# What the research says

Research from more than 100 international studies suggests that reporting about suicide deaths has been associated with increased rates of suicide and suicide attempts following reporting.<sup>7,8,9</sup> Risk generally increases where the reporting focusses on an individual who has died (especially celebrities), where the reporting is prominent and repeated, where the death is glamourised or glorified<sup>9,10,11</sup> and where the method and location is detailed.<sup>12,13,14</sup>

The way in which suicide is reported appears to be particularly significant. Evidence for media reporting that can contribute to a reduction in rates is generally lacking, however there are some isolated studies that suggest reporting that frames suicide as a tragic waste and an avoidable loss, focusses on the devastating impact on others, or explores an individual's experience of overcoming suicidal thinking, has been linked to reductions in suicidal behaviour.<sup>15</sup>

## Key facts about suicide

**Suicide is a prominent public health concern with around 3,000 deaths each year in Australia.<sup>16</sup>**

**Consistently over the past 10 years, the number of suicide deaths was approximately three times higher in males than females.<sup>16</sup>**

**Middle-aged men have the highest standardised suicide rate.<sup>16</sup>**

**Suicide rates for Aboriginal and Torres Strait Islander peoples are higher (at least 2.5 times) than national averages.<sup>16</sup>**

**Whilst suicide remains the leading cause of death for young people, suicide rates for youth (15 to 24 years) have decreased since a peak in 1997.<sup>16</sup>**

# Helpful ways to present information

Suicide is an important issue of community concern. While there is limited research evidence to support positive outcomes related to media reporting of suicide, it is generally agreed that:

- Media play an important role in reporting about the broader issue of suicide, which includes analysis of policy, practice, research, rates and trends, and other areas of public interest
- Covering suicide sensitively and accurately can challenge public misconceptions and myths, increase community awareness and encourage discussion and prevention activities<sup>9,17</sup>
- It is helpful when the community is informed about the risk factors of suicide, including warning signs, the importance of taking suicidal thoughts seriously and providing information about where people can get support<sup>18</sup>
- Coverage that focuses on personal stories about overcoming suicidal thinking can promote hope and may encourage others to seek help<sup>18</sup>
- Reporting that focuses on suicide as a health and community issue helps to increase community awareness and decrease stigma<sup>18,17,19</sup>
- Reports that show the impact that suicide has on individuals and communities can increase understanding about the experiences of those affected by suicide<sup>11,15,20</sup>
- Ensure media reporting is purposeful and provides the general community with a 'call to action' rather than just raising awareness.<sup>21,22</sup>

# Recommendations for reporting about a suicide death

## Decide whether to report on a suicide death

- Ensure the death has been confirmed as a suicide by official sources so that the report does not fuel speculation or interfere with ongoing investigations.
- Where possible, obtain informed consent from appropriate relatives or close friends before identifying the person who has died.
- Assess whether the story is clearly in the public interest. It can be useful to consult with experts for advice about the impacts of reporting a specific case.<sup>18,20</sup>
- Consider how many stories about suicide have been run recently as research suggests that a succession of stories about suicide can reinforce suicidal behaviour for people who are vulnerable.<sup>23,24</sup>

## Reduce the prominence of the story

Research suggests that people who are vulnerable to suicide may be drawn to stories about suicide and that the prominence of these stories may increase risk.<sup>23,18,24</sup> Where possible, consider minimising the prominence of a story. This can be done by placing a story on the inside pages of a newspaper or further down the order of broadcast reports. It is important to consider how this can also be done on websites and social media channels. *Mindframe* guidelines recommend to avoid using the word 'suicide' in a headline and key search terms as these can attract vulnerable people to the story.

Stories profiling someone who died by suicide appear to carry the greatest risk, as vulnerable people may identify with the person in the report.<sup>9, 11</sup> That is why there are specific implications for how reporting of individual deaths is handled. The same approaches to suicide deaths should be made to stories about suicide attempts and someone talking about their or another person's suicidal behaviour.

## Modify or remove information that may increase risk

- Disclosing explicit content from a suicide note may impact on vulnerable people, including those bereaved. This information alone, without context, may not tell the whole story.<sup>25</sup>
- Limit promotion of public memorials, including online memorial pages, as these may inadvertently reinforce suicide as a desired outcome for people at risk of suicide.<sup>25</sup>
- Choose more general images of the person rather than images of the funeral, grieving family or memorials as these may glorify the death.<sup>7</sup> Ask for permission from the family before using images.
- Minimise details about the death including method and location, use appropriate language and promote help-seeking information <sup>7,18</sup> (see page 15).

## Take care when interviewing people with lived experience

Stories about suicide and suicide bereavement can provide opportunities for increased awareness and discussion about the impact of suicide. However, people with a lived experience of suicide may be vulnerable or at risk of suicide themselves.<sup>26,27</sup>

People with a lived experience can range from those who live with or have lived with thoughts of suicide, those who have previously made suicide attempts, those supporting someone who lives with suicidal ideation or those who are bereaved.

In the period immediately after a death, grieving family and friends may have reduced capacity to consent to an interview or to consider the short-term and long-term impact of their involvement. Respect people's grief and privacy and consider delaying interviews with people in these situations.<sup>28</sup>

For specific tips on preparing for and conducting an interview with someone who has lived experience visit the *Mindframe* website, [mindframe.org.au](http://mindframe.org.au)

**What about online?** While evidence is still emerging, recommendations should also be applied to the online environment, including social media. Given the instant nature and potential reach of online posts, implementing procedures to monitor and manage message boards or comment threads for posts that may be harmful or from people in crisis is recommended. Further information can be found on the *Mindframe* website.

## Apply specific cultural considerations

- Naming or depicting an image of a person who has died can cause great distress in some communities. Seek advice from within that community or culture before using any names or images of an individual who is deceased.
- Place consumer advice before a broadcast to alert audiences that the program may contain images or audio of someone who is deceased.
- Remember that no one person can speak for an entire culture. Stories benefit from canvassing a range of comments from the mental health and suicide prevention sectors and those with connections to the local community.
- Be aware that terms used for suicide and mental illness may not exist or translate easily when interviewing people from a culturally and linguistically diverse background.

Further information about cultural considerations can be found under priority populations on the *Mindframe* website, [mindframe.org.au](http://mindframe.org.au).



## Reporting celebrity suicide

Celebrity suicides are newsworthy and will almost always be reported. Coverage of suicide by a celebrity can glamourise and normalise suicide, with research showing it can prompt imitation by vulnerable people.<sup>11</sup> Given the potential impact of the story, ensure the death is not reported as a suicide until confirmed by official sources. This may help reduce speculation, which can be harmful and hard to manage.

To minimise risk, ensure the story does not glamourise suicide or provide specific details about the method<sup>11</sup> or location<sup>14</sup> of death. Instead consider focusing on the wastefulness of the death, its impact on family and friends, general risk factors for suicide and help-seeking options for people who may be vulnerable.<sup>18</sup>

Be mindful that reports about the death may come up in other contexts (a second celebrity death) or around a significant date (movie release, anniversary etc.). Care should be taken each time the death is reported or referred to. It is also important to consider who qualifies as a celebrity and what this looks like in smaller communities.

# Recommendations for any story about suicide

## Minimise details about method and location

Studies have shown that explicit or technical descriptions and images of methods or locations<sup>14,7</sup> used for suicide have been linked to increased rates of suicide. Some recommendations are provided below.

Issue	Options to consider
Reporting explicit detail about method has been linked to increases in use of that method and overall suicide rates.	✓ If it is important to mention method, discuss in general terms e.g. 'mix of drugs' instead of detailing the type and quantity.
Reporting uncommon or new methods of suicide can lead to imitation as well as a lasting impact on rates.	✓ Remove specific details about new or unusual methods of suicide and references to ways further information can be found e.g. online.
Describing locations of suicide may promote these to vulnerable people and increase frequency of attempts at these sites.	✓ If referring to a location, describe this in general terms only e.g. use 'at a nearby park' instead of detailing the exact location.
Images or footage depicting method or location of a suicide can lead to imitation by vulnerable people.	✓ Avoid using detailed or dramatic photographs or footage, e.g. images of people standing on ledges or of implements used in a suicide attempt.



## Place the story in context and ensure accuracy and balance

- Take care not to imply that the death was spontaneous or preceded by a single event as research suggests most people who die by suicide have a range of underlying risk factors, including mental health issues, a drug-related illness or other social influences.<sup>11</sup>
- It is important that the media are able to present the most accurate information about suicide to the community. Information about accessing and interpreting suicide data is available from the *Mindframe* website.
- A story may be improved by obtaining the views of suicide prevention experts,<sup>18</sup> who can assist by providing comment, accurate interpretation of statistics and placing situations or campaigns in context.

## Finding accurate information

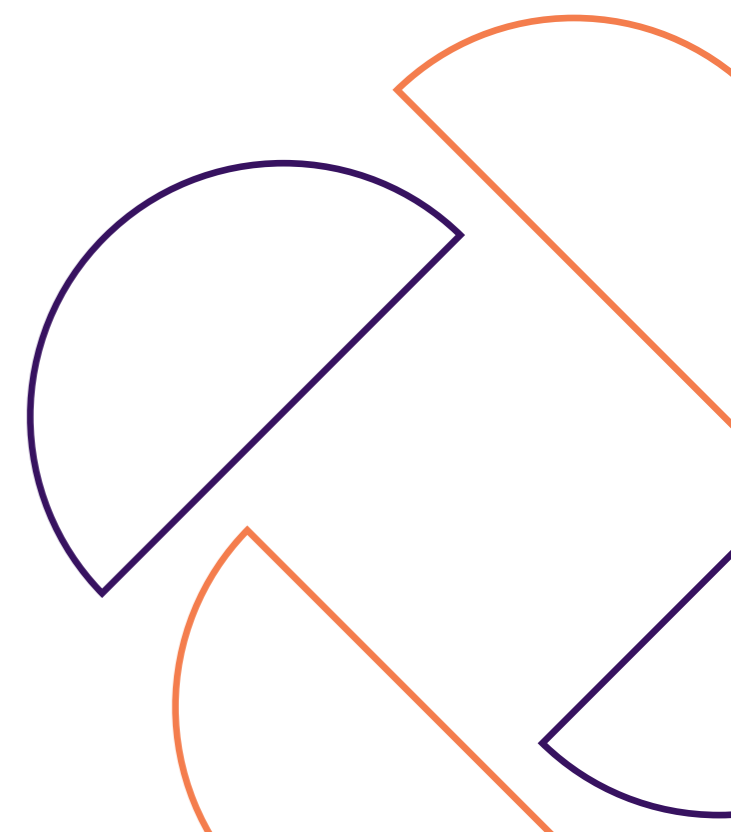
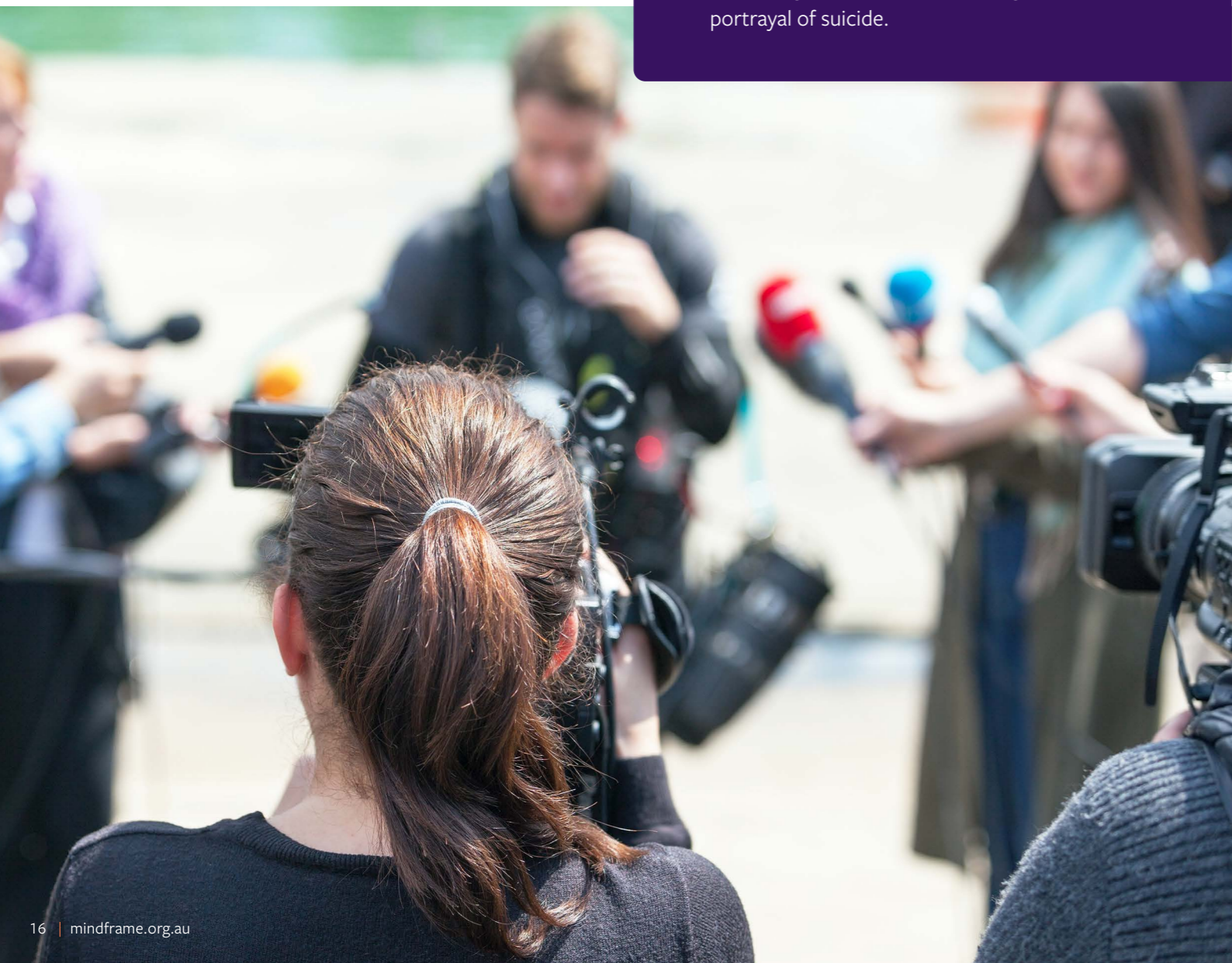
The *Mindframe* website provides additional information including:

- Facts and statistics that can be used in a story or to provide context
- Story sources and contacts for organisations which can provide comment or further information
- Evidence and evaluation information with links to the international research about media and suicide
- Program team details so media can access immediate support and advice from *Mindframe*
- Links to the SANE Media Centre which also provides guidance about reporting and portrayal of suicide.

## Consider the language you use

Certain ways of describing suicide can alienate members of the community or inadvertently contribute to suicide being presented as glamorous or an option for dealing with problems. Some suggestions are provided below.

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	✗ 'successful suicide' 'unsuccessful suicide'	✓ 'died by suicide' 'took their own life'
Associating suicide with crime or sin	✗ 'committed suicide' 'commit suicide'	✓ 'took their own life' 'died by suicide'
Sensationalising suicide	✗ 'suicide epidemic'	✓ 'increasing rates' 'higher rates'
Language glamourising a suicide attempt	✗ 'failed suicide' 'suicide bid'	✓ 'suicide attempt' 'non-fatal attempt'
Gratuitous use of the term 'suicide'	✗ 'political suicide' 'suicide mission'	✓ refrain from using the term suicide out of context



# Promote help-seeking

## Add help-seeking information to stories about suicide

To help ensure stories about suicide don't impact negatively on people who are at risk of suicide, add help-seeking information offering immediate crisis support.<sup>11</sup>

- Ensure that at least two 24-hour crisis numbers are added to any story about suicide or attempted suicide.
- If the story is online, link directly to online support options.
- Match the helpline or service to the story e.g. regarding age, gender, audience location (local, national).
- Inform the service when including their details so they can better respond to an increase in contacts.<sup>29</sup>

Further help-seeking information is available on [mindframe.org.au](http://mindframe.org.au)

## Support services

### Adult

**Lifeline:** 13 11 14  
[lifeline.org.au](http://lifeline.org.au)

**Suicide Call Back Service:** 1300 659 467  
[suicidecallbackservice.org.au](http://suicidecallbackservice.org.au)

**Beyond Blue:** 1300 224 636  
[beyondblue.org.au/forums](http://beyondblue.org.au/forums)

**MensLine Australia:** 1300 789 978  
[mensline.org.au](http://mensline.org.au)

### Youth

**Kids Helpline:** 1800 551 800  
[kidshelpline.com.au](http://kidshelpline.com.au)

**headspace:** 1800 650 890  
[headspace.org.au](http://headspace.org.au)

**ReachOut:** [ReachOut.com](http://ReachOut.com)

### Other resources

**Head to Health:** mental health portal [headtohealth.gov.au](http://headtohealth.gov.au)

**Life in Mind:** suicide prevention portal [lifeinmind.org.au](http://lifeinmind.org.au)

**SANE:** online forums [saneforums.org](http://saneforums.org)

**Aboriginal and Torres Strait Islander:** [healthinonet.ecu.edu.au](http://healthinonet.ecu.edu.au)

**Lesbian, gay, bisexual, trans, and/or intersex:** 1800 184 527 [qlife.org.au](http://qlife.org.au)

**Culturally and Linguistically Diverse (CALD):** [embracemantalhealth.org.au](http://embracemantalhealth.org.au)

## Looking after yourself

Reporting suicide can be distressing for the media, especially if they have been affected by suicide in the past. Journalists may report from sites where there is graphic evidence of a death, they may see and be affected by other people's distress or may be required to interview people who have been bereaved or are in shock. It is important that you safeguard your wellbeing in these situations. Consider alerting a manager if you believe you will be adversely affected by covering a story. During or following a story, ensure you are aware of your emotional reactions and consider talking it over with someone you trust, or contacting one of the support services listed in the *Mindframe* resources.

Further staff care tips for managers and editors are available from the Dart Center for Journalism & Trauma website at [dartcenter.org/asia-pacific](http://dartcenter.org/asia-pacific) and self-care tips for media professionals can be accessed on the *Mindframe* [website](#).



# Reporting other areas associated with suicide

While there is limited research addressing media and the reporting of other complex areas associated with suicide, like assisted dying/euthanasia and self-harm, the available research suggests that media professionals should consider codes of practice and guidelines for reporting suicide, with some additional recommendations.

## Recommendations for reporting euthanasia as it relates to suicide

Assisted dying/euthanasia is a complex and legitimate issue to be covered by the media. Research looking at the potential link between reporting euthanasia and suicidal behaviour is limited, with only a few studies available. There is no clear evidence that talking about euthanasia more broadly is associated with suicidal behaviour. However, some studies do suggest that there may be an association between reporting euthanasia methods and increases in suicide.<sup>30</sup> With this in mind, consider the below recommendations.

- **Minimise detailed description of methods:** Assisted dying/euthanasia methods are often the same as for suicide. Removing explicit method details can minimise the risk of copycat behaviour.<sup>11,18</sup> If the method is the story focus (e.g. legalisation of a method), consider removing explicit details (e.g. dosage and accessibility) and using more general descriptions (e.g. lethal medications).
- **Ensure accuracy and context:** To reduce the impact on vulnerable people, it is helpful to distinguish between suicide and assisted dying/euthanasia. Providing context (e.g. terminal illness) may reduce the likelihood of vulnerable people identifying with the story and the risk of copycat behaviour.<sup>11</sup>
- **Minimise use of language associated with suicide:** Prominent stories about assisted dying/euthanasia may attract people vulnerable to suicide.<sup>24</sup> Where possible, remove the word 'suicide' or 'assisted suicide' from the headline, lead or key search terms for the story.

- **Add 24/7 crisis support services:** Adding help-seeking information provides options for crisis support to vulnerable people who may be adversely impacted by an assisted dying/euthanasia story<sup>4</sup> (see [“Finding accurate information” on page 16](#)).

## Recommendations for reporting self-harm

Self-harm is a deliberate act of self-inflicted injury intended to cause physical pain as a means of managing difficult emotions, or as a way of communicating distress to others, but not to result in death.<sup>31</sup> Self-harm and suicide are distinct and separate acts although some people who self-harm are at an increased risk of suicide. Acts of self-harm should always be taken seriously as they can be physically dangerous and may indicate an underlying mental health issue.

Consider the below recommendations.

- **Minimise detailed description of methods:** If it is important to the story, discuss the method in general terms such as 'self-harm' or 'self-injury'. Explicit depictions of self-harm have been linked to copycat behaviour<sup>32</sup> and methods of self-harm are often similar or the same as methods of suicide.
- **Ensure accuracy and balance:** Balanced reporting that provides insight into the realities of self-harm can increase community understanding and reduce the stigma associated with self-harm.
- **Reduce the prominence of a story:** Place a story on the inside pages of a newspaper or further down the order of broadcast reports and remove 'self-harm' from headlines. Consider what this may mean for your social media profiles and online stories.

- **Take care not to perpetuate inaccurate stereotypes:** This includes stereotypes such as that people self-harm to manipulate others or situations, attract attention, feign suicide, or belong to a subculture as this can lead to negative community attitudes and stigma.
- **Use appropriate language:** Take care not to use colloquialisms or terminology out of context. Referring to self-harm as a 'fad' or 'phase' can minimise the seriousness of the issue. Separate a person from their behaviour, as using labels to describe people as 'cutters' or 'self-harmers' can lead to stigma.
- **Include help-seeking information:** This provides support options for people who may be distressed or prompted to seek help following the story<sup>11</sup> (see [“Finding accurate information” on page 16](#)).



The *Mindframe* media resources are important to us. It's like a one-stop shop for advice and guidance when reporting on suicide/mental illness. We (the media) are not experts in these areas, so having a ready and reliable resource compiled by experts with everyone's best interests at heart is valuable. Contrary to some opinion, we like to be accurate and balanced and if we can have a hand in increasing the community's understanding of suicide/mental illness then I see that as a vital part of our role. The *Mindframe* resources are always within arms' reach on my desk.

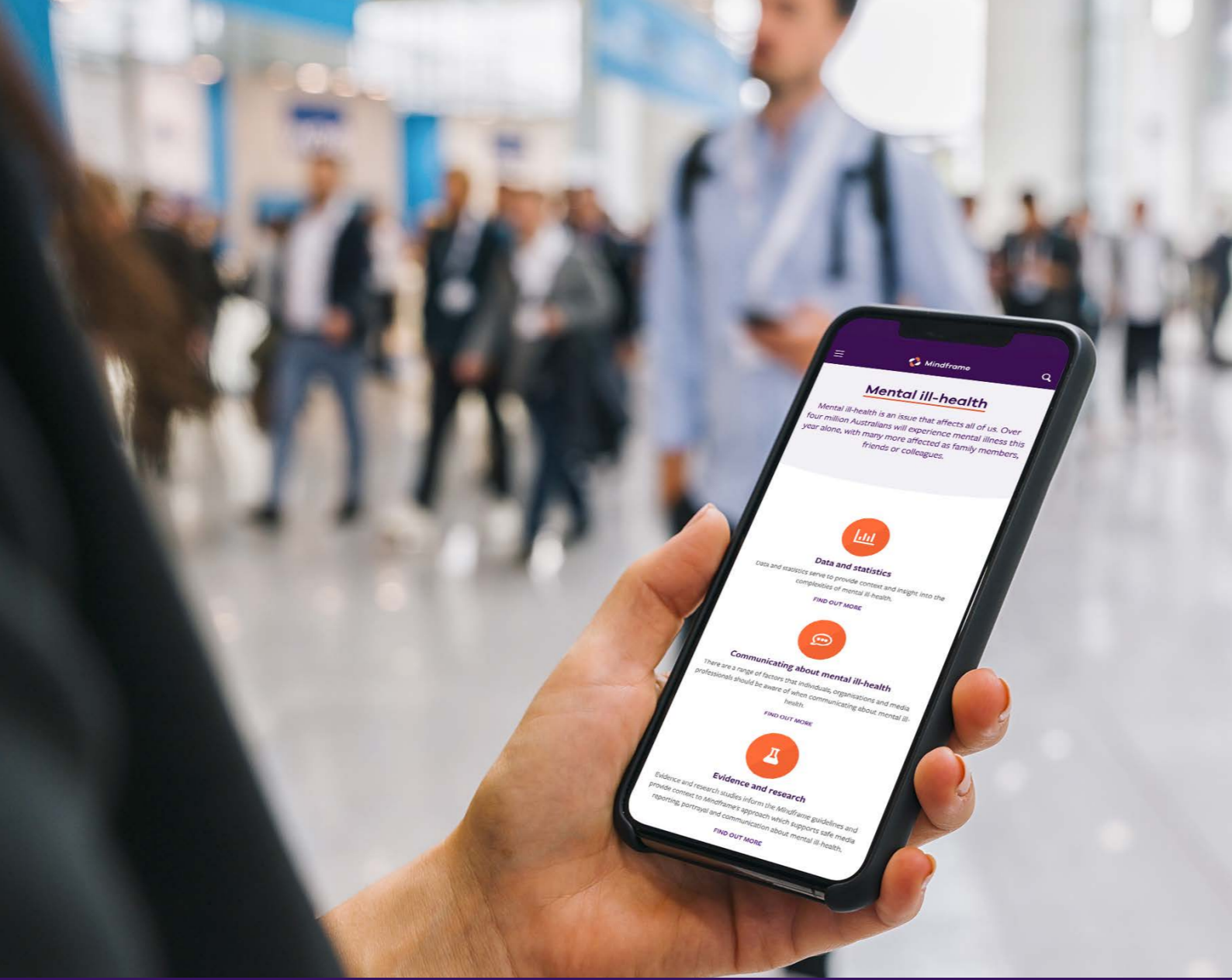
SENIOR JOURNALIST, SEVEN WEST MEDIA





# Mental ill-health





# Reporting and portrayal of mental ill-health

Mental ill-health is common, with one in five Australians affected by mental illness in a 12-month period<sup>33</sup> and many more impacted as family and friends.

Mental ill-health is a topic of public interest and the media is a major source of information for the community about the issue.<sup>34</sup> Australian research shows that media reports involving mental illness are extensive and generally well-handled.<sup>3</sup>

Mental ill-health is reported in a variety of ways, including public interest stories about mental health care, policy directions and the lived experience of mental ill-health. If positively framed, stories about mental ill-health can inform the community and be a powerful tool in addressing misconceptions and stigma associated with mental ill-health.<sup>35</sup>

If reports are inaccurate, unbalanced or sensationalist it can reinforce common myths and impact significantly on people experiencing mental ill-health, making them less likely to seek help when they need it.<sup>35,36</sup>

It is often a challenge for media professionals to report on mental ill-health, especially given the complexity of the issue and the need to do research quickly. It can also be a challenge to source people with a mental illness and their family members for interview because of the potential consequences for them of talking publicly about an issue that is still not well understood in the community.<sup>37</sup>

The following 'issues to consider' have been developed to support media professionals to make informed choices about the language and images they use and the messages they convey when reporting mental ill-health. They should be used in conjunction with media codes of practice and editorial policies.

This resource is supported by more detailed information on [mindframe.org.au](http://mindframe.org.au), including quick and comprehensive guides on reporting suicide, contacts for organisations that provide comment for stories, up-to-date facts and statistics about suicide, as well as detailed evidence about the impact of media reporting.

## What the research says

The media is an important source of information about mental ill-health, for both the general population and for people with a mental illness themselves. Reporting inaccurate information about mental ill-health (e.g. linking mental illness and violence or using language which purports mental illness to be a 'life sentence') can reinforce myths about mental ill-health within the wider community and contribute to stigma.<sup>38,36</sup>

The presentation of negative images of mental ill-health in both fictional and non-fictional media results in the development of more negative and inaccurate beliefs about mental ill-health.<sup>34</sup> The presentation of positive images does not appear to balance negative media portrayals although mass media campaigns (particularly if they include personalised stories) have shown some positive effects.<sup>39</sup>



## Key facts about mental ill-health

In a 12-month period it is estimated that:

14% of Australians will experience an anxiety disorder

8% of Australians will experience an eating disorder

5% of Australians will experience a substance-use disorder

4% of Australians will experience a major depressive episode

0.4% of Australians will experience a psychotic illness such as schizophrenia.<sup>33</sup>



Fortunately we are now in an environment where mental illness and suicide are not things we ignore as a community. While they are issues which must be treated with great sensitivity, we have made significant strides in helping people talk about mental illness and suicide more openly and also to seek help.



EDITOR, NEWS CORPORATION

## Helpful ways to present information

Australian research shows that mental illness is reported frequently and is generally covered responsibly by the Australian media.<sup>3</sup> There are a range of helpful ways to present or explore mental ill-health, such as:

- Covering mental illness sensitively and accurately can change public misconceptions, challenge myths and encourage community discussion about the issue
- Emphasising the importance of seeking help can lead to people connecting with support and treatment
- Sharing stories of people who live with a mental illness can be powerful and these stories have been shown to reduce stigma
- Exploring the impact of mental illness on family and friends, and providing information about specific illnesses, policy implications, and debates about mental health care delivery can increase community understanding.<sup>35,40</sup>

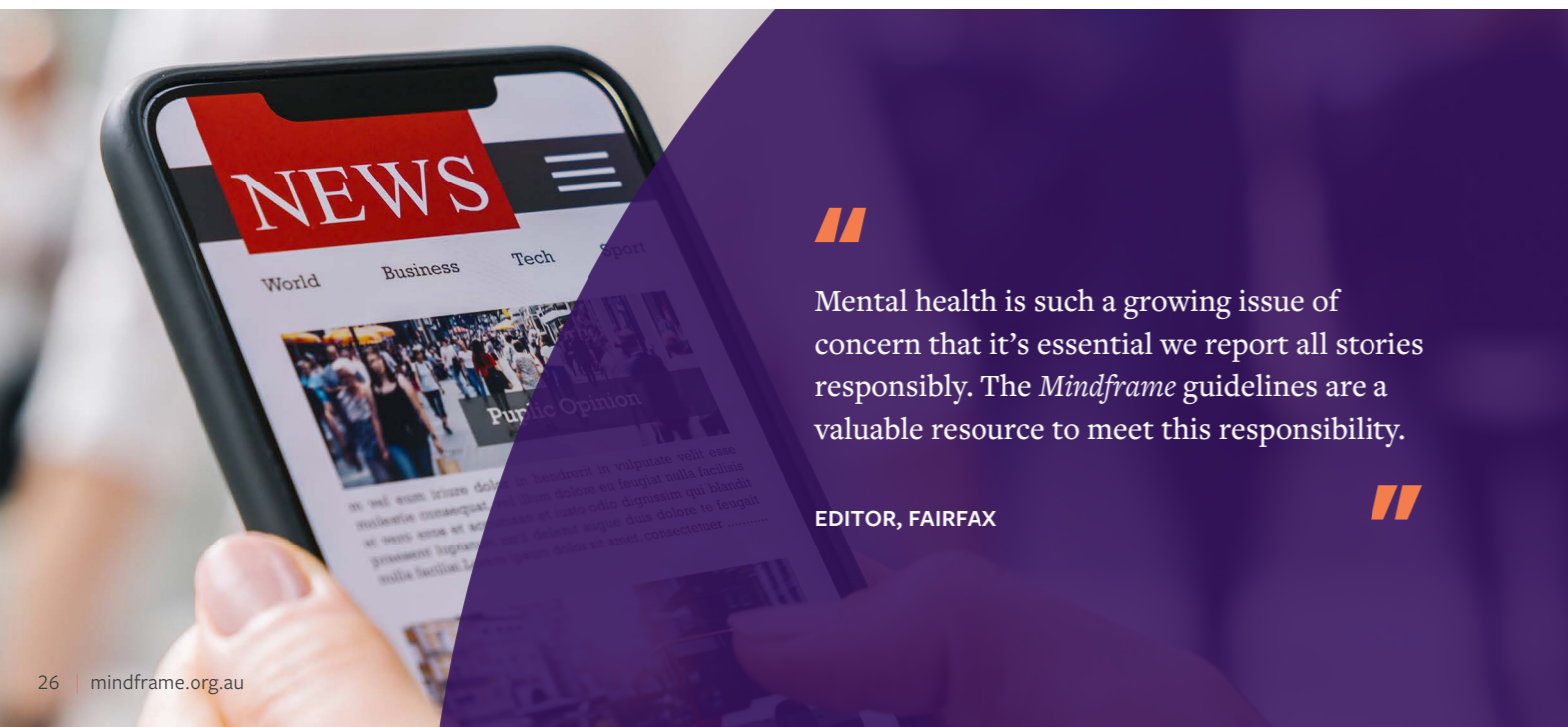
## Recommendations for reporting about a person with a mental illness

### Consider whether mental illness is relevant to the story

- Has it been confirmed by official sources that the person has been diagnosed with a mental illness? Are your sources reliable? Information you have received from a witness, neighbour or first responder to an incident may be inaccurate. Speculation about someone's mental health status contributes to stigma and discrimination.
- Media guidelines and codes of ethics emphasise the right to privacy. Consider whether there may be consequences for the person's health and wellbeing if you disclose their mental illness.

### Check that the representation of mental illness is fair and balanced

- Ensure that your story does not exaggerate a person's illness or the effect mental illness has on their behaviour or life.<sup>41</sup>
- Mentioning the person's mental illness in the headline or lead can sensationalise the illness and reinforce stigma.<sup>41</sup> Consider alternatives where appropriate.
- Using photos or images that unnecessarily show people with mental illness looking dishevelled or otherwise 'different' can perpetuate stereotypes.
- Seek expert comment or advice about the specific illness being represented<sup>39</sup>



Mental health is such a growing issue of concern that it's essential we report all stories responsibly. The *Mindframe* guidelines are a valuable resource to meet this responsibility.

EDITOR, FAIRFAX



## Consider how to present information from police and courts

Australian research has shown that the most problematic type of news coverage about mental illness results from information collected at court or from a police incident.<sup>3</sup>

- Many of these stories focus on violence and relate to specific and relatively rare circumstances. However, audiences are likely to make generalisations about people with a mental illness as a result of the coverage.
- Check the relevance of mental illness to the story. Report a person’s mental illness only where this has been confirmed by official sources and when relevant to the story.
- Take care not to imply that mental illness was a factor in a story unless confirmed. Assuming that certain behaviours are associated with mental illness is often inaccurate and can perpetuate stigma.
- The way a police or court incident is reported may contribute to the perceived link between mental illness and violence. Research indicates that most people with a mental illness have no history of violent behaviour and are more likely to be victims of violence.<sup>42</sup>
- Media can help community understanding by providing context surrounding an incident involving a person with a mental illness. For example, where violence occurs it is often in the context of drug use, distressing hallucinations, a lack of treatment or treatment that may not have been effective.<sup>43</sup>

## Interviewing people who live with mental illness

Sharing stories of people that have experienced mental illness can increase awareness, reduce stigma and promote hope.<sup>35</sup>

When interviewing someone with a mental illness, use the tips below.

- Interviewing a person with lived experience of mental illness requires sensitivity and discretion. While many people are happy to speak to the media, it can be difficult to talk publicly about a deeply personal issue.

- Where possible, source someone who is supported to speak to the media. Many mental health organisations can now facilitate access to people living with mental illness, or their carers.
- Be cautious about engaging with potential sources through social media as it can be difficult to tell someone’s age or whether they are able to provide informed consent to participate in an interview.
- Ensure there are no legal restrictions on interviewing or reporting about someone living with a mental illness. Seek legal advice or refer to the *Mindframe* website for a summary of legal considerations.
- For specific tips on preparing for and conducting an interview with someone that has experienced a mental illness, visit the *Mindframe* website.

### Reporting on a celebrity’s mental illness

If positively framed, stories about celebrities or public figures living with a mental illness can be a powerful tool in breaking down stigma associated with mental illness and can encourage others to seek help.<sup>40</sup> Celebrity stories can also trivialise the seriousness of mental illness by presenting it as entertainment or gossip. Before reporting, consider the reliability of your source and the language and images you use.

# Recommendations for any story about mental ill-health

## Consider the language you use

Certain language can stigmatise people living with mental illness as well as present inaccuracies about mental ill-health or mental health care. Some suggestions about preferred language are provided below.

Issue	Problematic	Preferred
Certain language sensationalises mental illness and reinforces stigma	✗ Terms such as ‘mental patient’, ‘nutter’, ‘lunatic’, ‘psycho’, ‘schizo’, ‘deranged’, ‘mad’	✓ A person is ‘living with’ or ‘has a diagnosis of’ a mental illness
Terminology that suggests a lack of quality of life for people with mental illness	✗ Referring to someone with a mental illness as a ‘victim’, ‘suffering from’ or ‘afflicted with’ a mental illness	✓ A person is ‘being treated for’ or ‘someone with’ a mental illness
Labelling a person by their mental illness	✗ A person is ‘a schizophrenic’, ‘an anorexic’	✓ A person ‘has a diagnosis of’, or ‘is being treated for’ schizophrenia
Descriptions of behaviour that imply existence of mental illness or are inaccurate	✗ Using words such as ‘crazed’, ‘deranged’, ‘mad’, ‘psychotic’	✓ The person’s behaviour was unusual or erratic
Colloquialisms about treatment can undermine people’s willingness to seek help	✗ Using words such as ‘happy pills’, ‘shrinks’, ‘mental institution’	✓ Accurate terminology for treatments e.g. antidepressants, psychiatrists or psychologists
Terminology used out of context adds to misunderstanding and trivialises mental illness	✗ Terms like ‘psychotic dog’, using ‘schizophrenic’ to denote duality such as a ‘schizophrenic economy’	✓ Reword any sentence that uses psychiatric or medical terminology incorrectly or out of context

## Seek expert advice

New information about mental illnesses, symptoms and treatments become available all the time. A story may be improved by obtaining the views of health experts or appropriate community leaders who can assist by providing accurate interpretation of statistics and placing situations or campaigns in context.<sup>43</sup> Story sources and contacts are available from the *Mindframe* website.

- Evidence and evaluation information with links to the international research about media and mental illness
- Program team details so media can access immediate support and advice from *Mindframe*
- Links to the SANE Media Centre which also provides guidance about reporting and portrayal of mental ill-health.

## Finding accurate information

The *Mindframe* website provides additional information including:

- Facts and statistics that can be used in a story or to provide context
- Story sources and contacts for organisations which can provide comment or further information

## Be mindful of reinforcing common stereotypes

Balanced and accurate reporting has the potential to increase understanding of mental ill-health. However, stereotypes can lead to negative community attitudes and stigma.<sup>44</sup> The table below shows myths and facts that can be used as a reference point.

Myths	Facts
People who are mentally ill are violent, dangerous, untrustworthy or unpredictable	✓ Many violent people have no history of mental illness and most people with a mental illness have no history of violence. People with mental illness are more likely to be victims of violence and crime than the perpetrators.
People are unable to recover from mental illness	✓ Mental illness is not a life sentence. Most people will recover completely and go on to live full and productive lives. There are various treatments available to enable people to manage their symptoms/illness.
Mental illnesses are all the same	✓ There are many types of mental illnesses and many kinds of symptoms or effects
People who share the same diagnosis will have the same experience of mental illness	✓ Even though a particular mental illness will tend to show a certain range of symptoms not everyone will experience the same symptoms. A diagnosis will tell you little about a person's ability and personal characteristics.
Some cultural groups are more likely than others to experience mental illness	✓ Anyone can develop mental illness and no one is immune to mental health problems. Culture background may affect how people experience mental illness and how they understand and interpret the symptoms of mental illness.
People with a mental illness differ in appearance to others in the community	✓ People with mental illness do not look any different from other in the community



When I'm at my desk trying to get a story done by deadline, it's easy to forget that what I produce can actually influence the way people think. I think it's important to remember that when reporting on mental illness and suicide. My approach to reporting sensitively is to keep in mind that there are likely to be people who have been touched by these issues in my audience.

JOURNALIST, ABC NEWS



## Apply specific cultural considerations

- Different cultural groups may prefer different language around mental ill-health or may not have ways of describing mental illness within their culture. For example, Aboriginal and Torres Strait Islander communities prefer the term 'social and emotional wellbeing' to describe mental health.<sup>45</sup>
- Remember that no one person can speak for an entire culture. Stories benefit from canvassing a range of comments from the mental health and suicide prevention sectors and those with connections to the local community.
- Be aware of differences in language and communication styles for Aboriginal and Torres Strait Islander and culturally and linguistically diverse populations.<sup>43</sup> Further information is available on the *Mindframe* website.

## What about online?

While evidence is still emerging, recommendations should also be applied to the online environment, including social media. Given the instant nature and potential reach of online posts, implementing procedures to monitor and manage message boards for posts that may be harmful or from people in crisis is recommended. Online channels provide an opportunity for reinforcing help-seeking information.



# Promote help-seeking

While health promotion is not the media's primary role, to help ensure stories about mental ill-health do not impact negatively on people who are vulnerable, add help-seeking information offering immediate support and information.<sup>43,41</sup> Other points to consider are below.

- If the story is online, link directly to online support options.
- If the story is about a specific illness (e.g. depression) or a specific population group (e.g. young people) choose information that is most relevant.
- Inform the service when including their details so they can better respond to an increase in contacts.<sup>46</sup>
- Further help-seeking information is available on this page and [mindframe.org.au](http://mindframe.org.au) Reporting on mental ill-health can be distressing. Seek advice from senior staff or a support service. Information is available from the *Mindframe* website or the [Dart Center for Journalism and Trauma](#).

## General support information

### Add 'Talk to a GP or health professional' to stories

**SANE Australia Helpline:** 1800 18 SANE (7263) [sane.org](http://sane.org)

**Beyond Blue support service line:** 1300 22 46 36

**Black Dog Institute:** [blackdoginstitute.com.au](http://blackdoginstitute.com.au)

**headspace:** 1800 650 850 [headspace.org.au](http://headspace.org.au)

**ReachOut:** [reachout.com](http://reachout.com)

- ✓ Add one crisis service to any story about mental ill-health ([see page 15](#))
- ✓ Match service information to the story (e.g. illness, age, gender, background)
- ✓ Provide direct links to services in online content

# Specific recommendations for eating disorders

Eating disorders are complex mental illnesses with serious physical consequences. *Mindframe* has developed specific guidance for the reporting and portrayal of eating disorders, available online and summarised below.

- Present eating disorders as serious mental illnesses accompanied by physical consequences, rather than as a lifestyle choice or part of an entertainment story.<sup>47</sup>
- It is useful to focus on the impact eating disorders have on the person and their family. Include a diversity of images, such as people who are a variety of sizes and shapes, as using images of people with extreme body weights or shapes may motivate some people who are at risk to strive to achieve an unrealistic shape or size.<sup>48</sup>
- Discuss behaviours in general terms (e.g. purging) without reference to the steps taken, frequency of the behaviour or any implements used as detailing specific behaviours, measurements or quantities may prompt others at risk to engage in these harmful behaviours.<sup>49</sup>
- If someone is telling their personal story, it is best if they are supported by an appropriate organisation.
- Take care not to label the person by their illness, present eating disorders as glamorous or as an option for dealing with problems.
- Consider how celebrity stories are handled and try not to glamourise the illness.
- Eating disorders are a specialised field, so consult with recognised experts for accurate information.
- Promote help-seeking by adding information about support services.

## Visit us online

For further information on the reporting and portrayal of eating disorders refer to the full guide available from [mindframe.org.au](http://mindframe.org.au)





## Further information and support





Reporting sensitive subjects like mental illness, suicide and child abuse means taking on responsibility for another person's welfare. We move into an area where the boundaries are blurred - and we're journalists, not psychologists. There we walk a line between having regard for another person, looking after ourselves, and reporting an issue that's in the public interest. *Mindframe's* evidence-based information helps journalists walk that line when it comes to reporting suicide, mental illness and child abuse, without losing sight of our own needs.

JOANNE MCCARTHY, SENIOR JOURNALIST  
AND 2013 GOLD WALKLEY WINNER, FAIRFAX



# Further information and support

## Story sources and contacts

Story sources and contacts for mental health and suicide prevention organisations which can provide comment or further information for stories about suicide and mental illness are available from the *Mindframe* website.

Expert advice on media reporting of suicide and mental-ill-health is available from:

## *Mindframe* project team

The *Mindframe* team at **Everymind** provides advice, resources and training to the media, mental health and suicide prevention, education and stage and screen sectors nationally to support the reporting, portrayal and communication about suicide and mental ill-health.



+61 2 4924 6900  
[mindframe@health.nsw.gov.au](mailto:mindframe@health.nsw.gov.au)  
[mindframe.org.au](http://mindframe.org.au)  
@MindframeMedia

## SANE Media Centre

The SANE Media Centre provides the media and the mental health sector with day-to-day guidance about reporting and portrayal of mental ill-health and suicide-related issues. It provides a 'one-stop' service of information, expert comment, advice and referral.

## SANE AUSTRALIA

+61 3 9682 5933  
[info@sane.org](mailto:info@sane.org)  
[sane.org](http://sane.org)  
@SANEAustralia

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72 Watt Street (PO Box 833)  
Newcastle NSW 2300

+61 2 4924 6900  
mindframe@health.nsw.gov.au  
mindframe.org.au

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