



# *Mindframe*

April 2019

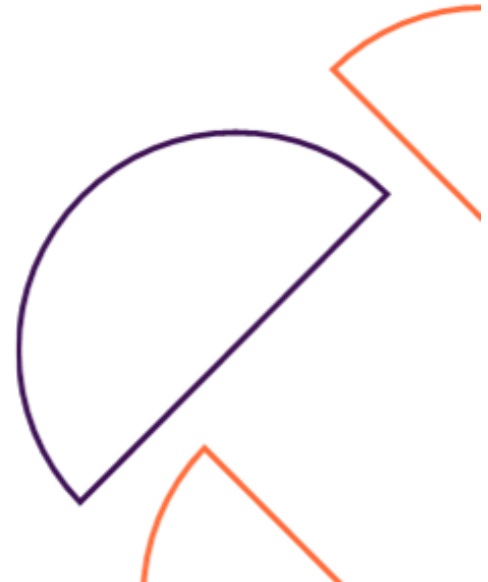
An initiative of  **EVERYMIND**

# **Everymind**

**Everymind** is a leading national Institute dedicated to reducing mental ill-health, reducing suicide and improving wellbeing for all Australians.

We have been delivering world-leading, evidence-based prevention programs for over 25 years.

**[www.everymind.org.au](http://www.everymind.org.au)**



# Session overview

1. Acknowledgement of Country
2. Introduction to *Mindframe*
3. Impact of media reporting – suicide and mental illness
4. Working with the media
5. Social media
6. Self care
7. Questions



# *Mindframe*

Collaborates with the Australian media and other sectors to encourage responsible, accurate and sensitive portrayal of mental ill-health and suicide.

## **Aims to:**

- Provide leadership within the sector
- Build the capabilities of the sector and other stakeholders
- Innovate and disseminate education, resources and information
- Increase research to support evidence base
- Invest in our organisation and people to deliver good outcomes



# Upfront

**Suicide and mental illness are legitimate issues to be covered by the media.**

*Mindframe* does not suggest that media should refrain from covering this issue – however, media need to be aware of the potential impact of covering suicide.



**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/journalism students
- Public relations students.

**News media/public relations:**

- Print
- Broadcast
- Online
- Social media.

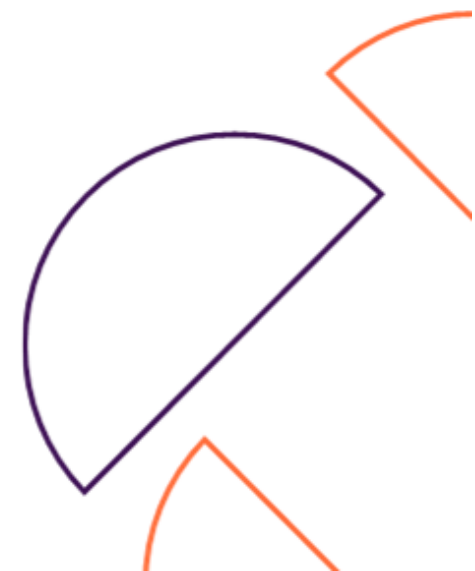
**Media sources:**

- Suicide prevention, mental ill-health, alcohol and other drugs sectors
- People with lived experience
- Police and courts
- Campaigns
- Community groups.

**Fictional 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.**

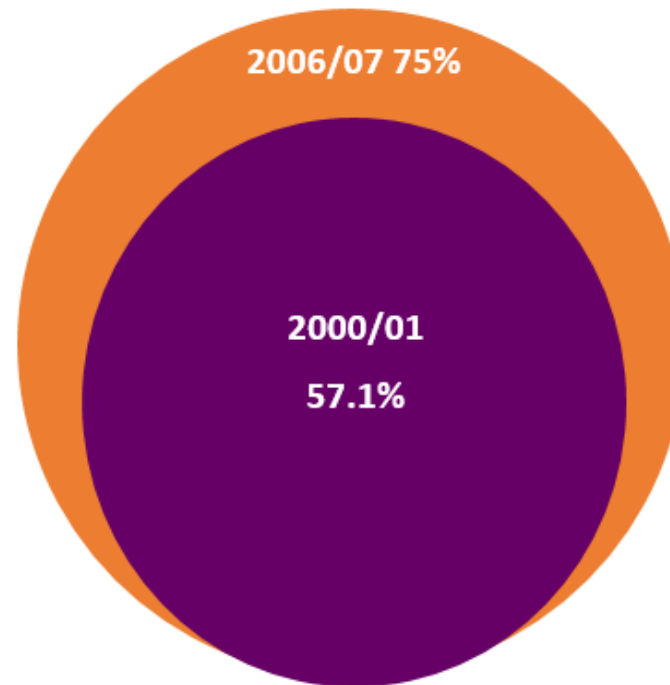
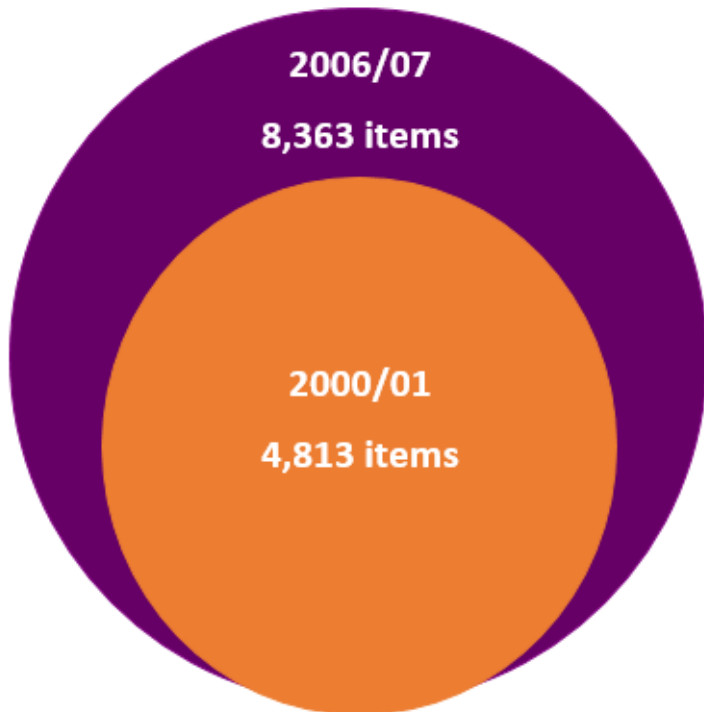


**Is it Working?**



# The Media Monitoring Project

- Newspaper, TV and radio items on suicide, mental health and mental illness retrieved over two 12-month periods (2000/01 and 2006/07).
- Almost two-fold increase in reporting.
- Distribution of total quality scores for suicide.





## Mental health and suicide prevention sector

- ➔ Important source of information for media professionals reporting on suicide and mental health
- ➔ Have a critical role in raising the media's awareness of guidelines for reporting on mental health and suicide



When talking about suicide, it is important to be accurate and know the most reliable and current information.

How much do we know about current rates of suicide in Australia?



# General summary

## 2017

In 2017, there were **3,128** deaths by suicide with an age-specific rate of **12.7** per 100,000.

This equates to an average of **8.6** deaths by suicide in Australia each day.

There were **2,348** male deaths at an age-specific rate of **19.2** per 100,000.

There were **780** female deaths at an age-specific rate of **6.3** per 100,000.

## 2016

In 2016, there were **2,866** deaths by suicide with an age-specific rate of **11.8** per 100,000.

This equates to an average of **7.9** deaths by suicide in Australia each day.

There were **2,151** male deaths at an age-specific rate of **17.9** per 100,000.

There were **715** female deaths at an age-specific rate of **5.9** per 100,000.

## 2015\*

In 2015, there were **3,065** deaths by suicide with an age-specific rate of **12.9** per 100,000.

This equates to an average of **8.4** deaths by suicide in Australia each day.

There were **2,313** male deaths at an age-specific rate of **19.6** per 100,000.

There were **752** female deaths at an age-specific rate of **6.3** per 100,000.



## Stats for LGBTI community

- It is important to acknowledge that statistics relating to suicide and mental illness in LGBTI communities are not routinely collected.
- While there is currently no population based data on completed suicides by LGBTI people in Australia, recent research has indicated that mental ill-health, self-harm, suicide attempt and suicidal ideation rates within these communities are disproportionately higher.

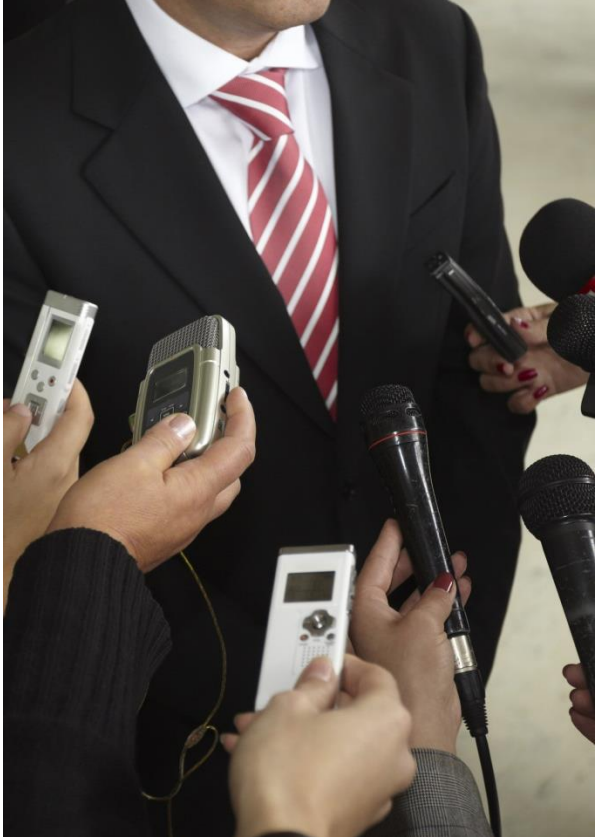


## **Why do we need to consider the way that we communicate about mental illness and suicide?**

- Reporting inaccurate or negative information about mental illness promotes stigma, perpetuates negative and inaccurate beliefs about mental illness.
- LGBTI Australian's have disproportionate experiences of mental health problems and mental illness as well as higher rates of suicide.
- The Fifth National Mental Health Plan identifies that it is a priority to reduce stigma and improve the appropriateness of mental health services is critical for LGBTI communities.



## Impact of media reporting – suicide



- Reporting about suicide deaths has been associated with increased rates of suicide and suicide attempts using the same method or location and increased rates of suicide overall.
- People vulnerable to suicide may be drawn to stories about suicide and negatively impacted by these.

## Impact of media reporting – suicide

Risk generally increases when reporting:

- Details method and location
- Sensationalises suicide
- Is prominent and repeated
- Focuses on an individual who has died (especially celebrities)
- Glamourises or glorifies the death.



# Mindframe principles - suicide

The media has a role to play in raising awareness of suicide as a public health issue and prevention behaviour.

To **decrease** risk it may be helpful to:

- Avoid linking sexuality, gender identity or intersex characteristics to suicide.
- Link journalists and stakeholders with experts.
- Modify or remove information that may increase risk.
- Choose appropriate language.
- Avoid details of method and location.





# Consider language

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	✗ 'successful suicide'	✓ 'died by suicide'
Associating suicide with crime or sin	✗ 'committed suicide'	✓ 'took their own life'
Sensationalising suicide	✗ 'suicide epidemic'	✓ 'increasing 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



# Avoid details of method and location

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

- Provide information about suicide and its relationship to known risk factors.
- Avoid simplistic explanations that suggest suicide might be the result of a single factor or event.
- Provide suicide prevention information e.g. warning signs.
- Discuss current trends within context and with supporting information.
- Discuss alternative approaches to 'suicide prevention' stories – i.e. How someone go through that tough time.

**- Consider the bereaved -**





## Support services

### Adult

**Lifeline:** [13 11 14](tel:131114)

[lifeline.org.au](http://lifeline.org.au)

**Suicide Call Back Service:** [1300 659 467](tel:1300659467)

[suicidecallbackservice.org.au](http://suicidecallbackservice.org.au)

**beyondblue:** [1300 24 636](tel:130024636)

[beyondblue.org.au](http://beyondblue.org.au)

**MensLine Australia:** [1300 789 987](tel:1300789987)

[mensline.org.au](http://mensline.org.au)

### Youth

**Kids Helpline:** [1800 551 800](tel:1800551800)

[kidshelpline.com.au](http://kidshelpline.com.au)

**headspace:** [1800 650 890](tel:1800650890)

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

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

[1800 184 527](tel:1800184527) [qlife.org.au](http://qlife.org.au) - **Lesbian, gay, bisexual, trans, and/or intersex**

[mhima.org.au](http://mhima.org.au) - **Culturally and linguistically diverse**

### Other resources

**Head to Health:** mental health portal

[headtohealth.gov.au](http://headtohealth.gov.au)

**Life in Mind:** suicide prevention portal

[lifeinmindaustralia.com.au](http://lifeinmindaustralia.com.au)

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

# Impact of media reporting – mental illness

- Reporting inaccurate or negative information about mental illness:
- Promotes stigma
- Perpetuates negative and inaccurate beliefs about mental illness.
- Positive reporting does not appear to balance negative media portrayals.



# **Mindframe principles – mental illness**

Stories about mental illness can inform and reduce stigma by:

- Providing accurate information
- Promoting help-seeking information
- Using appropriate language
- Sharing stories of people with lived experience of mental illness.
- Avoiding negative stereotypes





# Consider language

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, mental health hospital
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



# Be mindful of reinforcing stereotypes

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 a mental illness are more likely to be the 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 a mental illness and no one is immune to mental health problems. Cultural 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 others in the community.





## Example

Fairfax article:

# Voting 'Yes' can be a vow to end exclusion

**T**HERE was a tearful moment on *The Project* this week as Magda Szubanski recounted a story about a same sex couple who were not able to be in the same room while one of them received a painful treatment.

The story became horrifying when she described how, due to next-of-kin doubts, the woman was forced to listen to the screams of her loved one from outside of the room.

It would be difficult to imagine a more excruciating situation than not being able to comfort the one you love in a time of need, because you are not recognised by the law as their legitimate partner.

It has been said same sex unions weaken the institution of marriage. But it seems the institution of marriage works to weaken same sex unions.

The only institutional change of legalising same sex marriage will be to the legal definition of "marriage," which currently excludes same sex couples.

The exclusion "of all others" than the coupling of a man and woman was added to the Marriage Act in 2004 by then-Prime Minister John Howard with no public consultation.

Anti-discrimination laws already pertain to same sex relationships across the board,

including parenting, child support, maintenance and the division of assets, including superannuation.

Legalising same sex marriage is not related to same sex adoption. This is because getting married does not prelude a decision to have children and vice versa.

Further, it has been common practice for same sex couples to adopt children for many years now.

Controversial posters in Melbourne referencing the study that 92 per cent of children in same sex homes are abused are considered incorrect, as the study was based on 20 children, a minuscule sample size that no credible data can be drawn from.

The Australian Medical Association (AMA) said there is "no putative, peer-reviewed evidence to suggest that children raised in same-sex parented families suffer poorer health or psychosocial outcomes".

Traditional marriage advocates have called the push for same sex marriage an assault on modern religious freedom.

Civil marriage is different to religious marriage. Changes to the Marriage Act will not impose an obligation on a minister of religion to solemnise any marriage.

The Bible has just six verses (or 0.016 per

cent of the text) that could be interpreted to be speaking around same sex relations.

The Bible does declare a man cheating on his wife with another man an abomination, but does not refer to a loving committed relationship between two adults of the same sex. It also declares that eating pork, trimming your beard and wearing a wool-silk blend are abominations.

It has also been said that to vote "no" is to reject political correctness.

The AMA declared the campaign against same sex marriage a public health issue, rather than an issue of political correctness, due to the elevated rates of suicide (up to 14 times higher) in the LGBTIQI community caused by public stigmatisation, rejection and abuse.

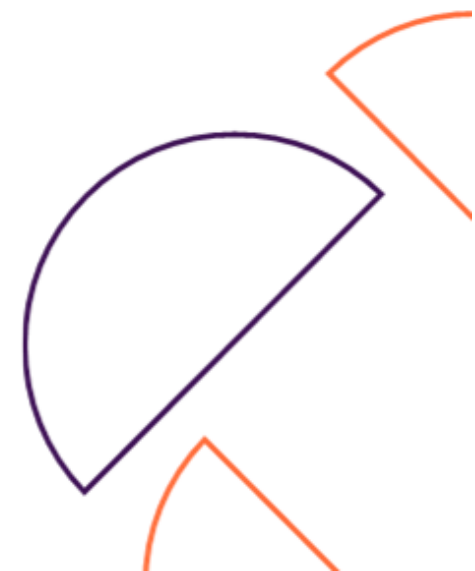
It can be concluded then that there are no major legislative ramifications, negative outcomes for children or biblical basis in opposing same sex marriage.

The reduction of pain, isolation and suicide in our community is something any moral person would be in favour of. This is a good opportunity for all of us to contribute to a happier, safer Australia in our own small way. All we have to do is vote.

is a Fairfax journalist.



# Working with the media



# Opportunities

## Promotion

- Organisation and activities
- Provide Help-seeking
- Remember *Mindframe* principles

## Information provision

- Suicide prevention
- Mental health and wellbeing
- Mental illness



# Messaging

Helpful messages can assist to:

- Improve community understanding
- Correct myths and stereotypes
- Reduce the fear, shame and stigma
- Increase understanding of the challenges experienced by some with a mental illness or caring for someone with a mental illness
- Encourage people to seek help.



# Media and Communications role in suicide prevention

Promoting better understanding  
of issues (such as depression and suicide)



Reducing stigma



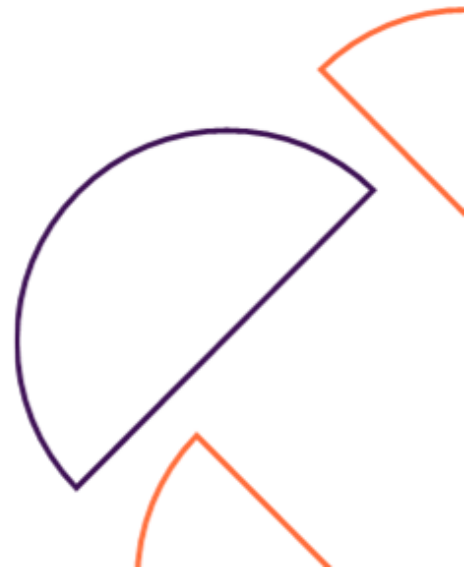
Promoting help-seeking behaviour

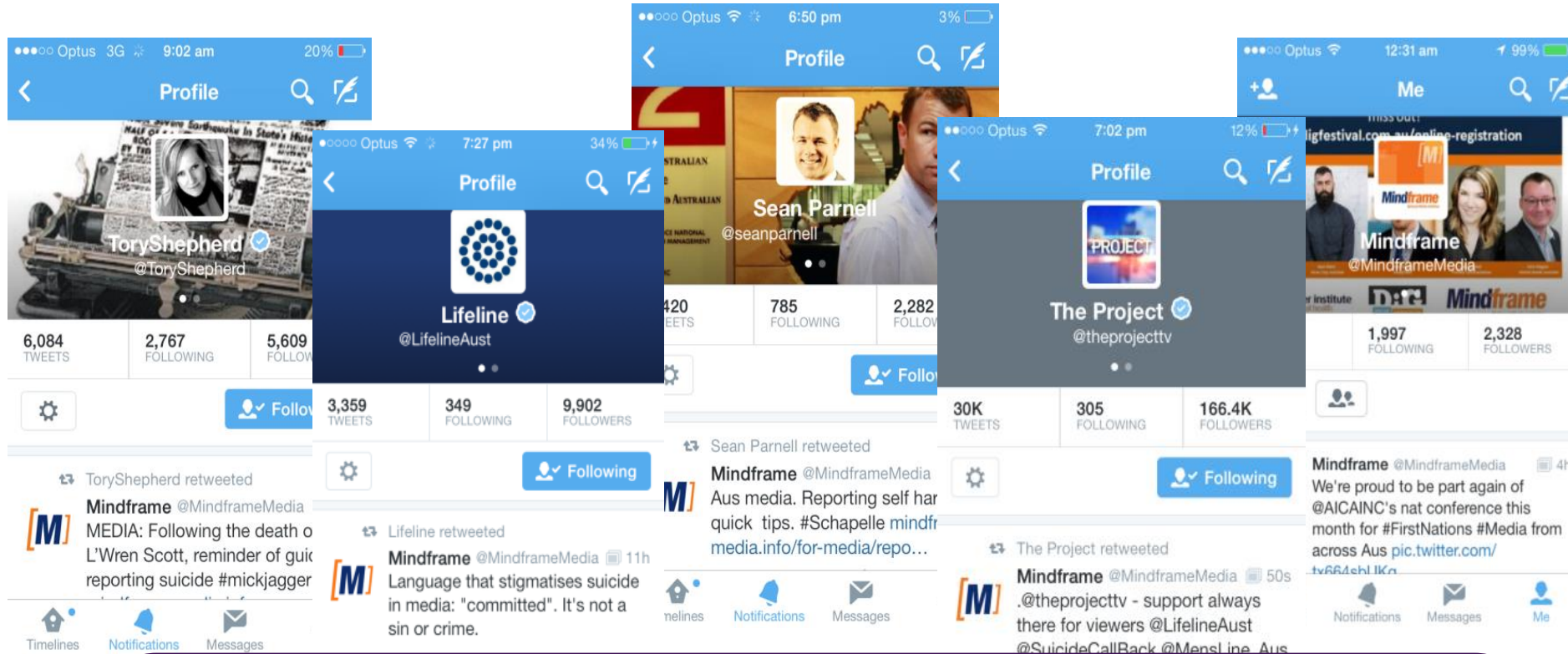


Intervene early  
and help  
reduce  
suicide rates



# What about social media?





We've seen that while potentially harmful information can spread quickly on social media, so can helpful information. *Mindframe* has a social media strategy for managing high-profile stories and supporting national campaigns. @MindframeMedia



## Death of Robin Williams

**4,000+ visits in 3 days**  
**25% from social media**  
**( 90% via**





## Experts concerned 'Genie, you're free' Williams tweet is dangerous, will cause copycat suicides



ARTURO GARCIA

12 AUG 2014 AT 22:15 ET



Facebook



Twitter



More



DON'T MISS STORIES. FOLLOW RAW STORY! Follow @rawstory

**S**uicide prevention researchers have voiced concerns over an online post by the Academy of Motion Picture Arts and Sciences in honor of actor Robin Williams, fearing it risked misrepresenting suicide, *the Washington Post* reported.

The academy's post, a **picture** of a scene from the animated film *Aladdin* in which the title character hugs the Genie (voiced by Williams) and the line, "Genie, you're free," has been shared more than 270,000 times. According to the *Post*, as many as 69



# Social media guidelines

- *Mindframe* is developing guidelines to support safe, accurate and effective discussion of suicide, self-harm and mental illness on online settings - website, forums and social media.
- Targeted workforces include Australian professionals in the media and communication practitioners in the mental health and suicide prevention sectors.



# Social media guidelines

Guidelines will include:

- Safe and effective promotion, online engagement
- Duty of care
- Moderation of closed and open forums
- Suicide prevention and mental health promotion messaging
- Other *Mindframe* principles.



# Mindframe app



The best way of ensuring journalists can quickly access the *Mindframe* guidelines while they're on-the-go.



# Self care

Talk to someone you trust or contact a service if in need of immediate support.



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**Thank you!**

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