

Mindframe media alert

**Media reminder
Reporting of incident in Hornsby, NSW**

9 June 2016
please cascade to all media staff

With recent coverage of the police issue in Hornsby NSW, the *Mindframe* National Media Initiative would like to remind media professionals of the guidelines for reporting mental illness, and that certain language can stigmatise people living with a mental illness.



Inaccurate, unbalanced or sensationalist stories about mental illness can reinforce common myths and stereotypes and impact significantly on people experiencing mental illness in the community.



We ask for media professionals to check the relevance of mental illness to the story and to take care not to imply that mental illness was a factor unless confirmed. Assuming certain behaviours are associated with mental illness can also perpetuate stigma and inaccuracies.

To ensure reporting on these issues is balanced, increases community understanding and reduces the stigma associated with mental illness please refer to the *Mindframe* guide for safe reporting of mental illness: www.mindframe-media.info/for-media/reporting-mental-illness.

Consider the language you use

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

Issue 	Problematic 	Preferred 
Certain language sensationalises mental illness and reinforces stigma ⁹⁶	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 ⁹⁷	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 ⁹⁸	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 ⁹⁹	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 ¹⁰⁰	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 ¹⁰¹	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

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 much 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.

HELPFUL WAYS TO PRESENT INFORMATION

Australian research shows that mental illness is reported frequently and is generally covered responsibly by the Australian media.⁸² There are a range of helpful ways to present or explore mental illness, such as:

- Covering mental illness sensitively and accurately can change public misconceptions, challenge myths and encourage community discussion about the issue⁸³
- Sharing stories of people who live with a mental illness can be powerful and these stories have been shown to reduce stigma⁸⁴
- Emphasising the importance of seeking help can lead to people connecting with support and treatment⁸⁵
- 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.⁸⁶

Adding help-seeking information to stories (online, print and broadcast) can provide somewhere for people who may be adversely impacted by the coverage to find professional support.

Key national 24/7 crisis support services include:

- Lifeline 13 11 14 www.lifeline.org.au
- Suicide Call Back Service 1300 659 467 www.suicidecallbackservice.org.au
- MensLine Australia 1300 789 978 www.mensline.org.au
- *beyondblue* 1300 224 636 www.beyondblue.org.au

Key national youth support services include:

- Kids Helpline 1800 55 1800 www.kidshelp.com.au
- headspace 1800 650 890 www.headspace.org.au

Reporting mental illness can also impact to the welfare of journalists. To support media professionals *Mindframe*, in consultation with the [DART Centre Asia Pacific](#), has developed journalism self-care resources for media professionals reporting suicide and mental illness. These resources include self-care tips for journalists as well as and advice for editors and line managers, and can be found [here](#).

The *Mindframe* National Media Initiative can provide media comment or expert advice on media reporting of suicide and/or mental illness. Our spokesperson is: Marc Bryant, Program Manager *Mindframe* National Media Initiative.

For further information or advice, please visit the [Mindframe website](#) or contact:

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