

## Indigenous Media and Programs - suicide and social and emotional wellbeing

The Indigenous media has an important role to play in influencing social attitudes towards, and perceptions of, suicide and social and emotional wellbeing. Most Australian media professionals report these issues responsibly. For over 10 years, Australian community broadcasters have been actively involved in working with *Mindframe* and the suicide prevention and mental health sectors, in helping to promote suicide prevention and address stigma and discrimination associated with mental illness. *Mindframe* also works closely with the Australian Indigenous Communications Association (AICA), and has been a sponsor at the last three national conferences.

### Issues to consider when reporting suicide

- **Why should I run the story?** Consider whether the story needs to be run at all. A succession of stories can normalise suicidal behaviour.
- **Language:** Check the language you use does not glamorise or sensationalise suicide - eg consider using 'non-fatal' not 'unsuccessful'; or 'cluster of deaths' rather than 'suicide epidemic' and limit the use of the term 'suicide'.
- **Don't be explicit about method:** Most members of the media follow a code that the method and location of suicide is not described, displayed or photographed. If it is important to the story, discuss the method and location in general terms only.
- **Suicide by a prominent figure:** A story about the suicide of a prominent person can glamorise or prompt imitation suicide. Harm should be minimised wherever possible.
- **Positioning the story:** Some evidence suggests a link between prominent placement of suicide stories and copycat suicide. Position the story on the inside pages of a paper, or further down in the order of reports in TV and radio news.
- **Interviewing the bereaved:** The bereaved are often at risk of suicide themselves. Be sensitive to those who knew the person and allow community members time to grieve before participating in a story.
- **Naming the deceased:** In many communities the depiction or mention of a person who has passed away can cause great distress, as can showing their image. Consult with community members or the family about appropriate language and visuals and place a warning on the program.
- **Place the story in context:** Reporting the underlying causes of suicide can help to increase understanding in the community. The story may be improved by canvassing both expert comment and the opinions of the local Indigenous community.
- **Include contacts for support services:** Include contact details for medical and support services. This provides immediate support to those who may have been distressed by your story. (See national 24/7 crisis helplines and support services, overleaf.)

**Snapshot of suicide in Indigenous communities:** Suicide rates are substantially higher in Aboriginal and Torres Strait Islander peoples, accounting for 4.2% of all indigenous deaths compared to the 1.6% national suicide rate. The standardised suicide rate from 2001 to 2010 for Aboriginal and Torres Strait Islanders (21.4 per 100,000) was more than double the non-Indigenous rate (10.3 per 100,000).



## Issues to consider when reporting on social and emotional wellbeing

- **Privacy:** Media guidelines stress the right to privacy. Does the fact that this person has a mental illness really enhance the story? Are your sources appropriate? What is the possible impact of disclosure on the person's life, especially in small communities? Should the illness be mentioned in the lead?
- **Language and Stereotypes:** Most media are conscious about using appropriate language. However Australian research shows that terms such as 'lunatic', 'schizo', 'crazies', 'maniac', and 'psycho', are still used by the media.

This language stigmatises mental illness and can perpetuate discrimination. This will also apply to similar words in the local language. Remember people with a mental illness are not inherently violent, unable to work, weak, or unable to get well.

Most people with mental illness are able to recover with treatment and support. Referring to someone with a mental illness as a victim, suffering with a mental illness is outdated. Mental illness is not a life sentence. A person is not 'a schizophrenic' – they are currently experiencing, being treated for, or have a diagnosis of schizophrenia.

- **Context:** Remember that no one person can speak for all Aboriginal and Torres Strait Islander people. A story may be improved by canvassing both expert comment and the opinions of the local community.
- **Interviewing:** Interviewing a person with a past or current mental illness requires sensitivity and discretion. Follow CBAA codes of conduct on appropriate interviewing ([www.cbaa.org.au/codes](http://www.cbaa.org.au/codes)).
- **Include contacts for support services:** Include phone numbers and contact details for medical and support services. This provides immediate support for those who may have been prompted to seek help. (See support services and other general services, below.)

### National 24/7 crisis helplines

Lifeline 13 11 14

Suicide Call Back Service 1300 659 467

Mensline Australia 1300 789 978

Kids Helpline (young people aged 5-25)  
1800 55 1800 78

### Aboriginal and Torres Strait Islander support services

[www.naccho.org.au](http://www.naccho.org.au)

[www.sewbmh.org.au](http://www.sewbmh.org.au)

[www.healthinfonet.ecu.edu.au](http://www.healthinfonet.ecu.edu.au)

### Other general services

Talk to your local GP or health professional

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

**beyondblue** 1300 22 4636 (1300 bb info)  
or [www.beyondblue.org.au](http://www.beyondblue.org.au)

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

### Young people

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

**Reach Out!** [www.reachout.com](http://www.reachout.com)

### Further advice

For further expert advice on media reporting of suicide and/or social and emotional wellbeing, contact:

**The Mindframe team** T: 02 4924 6904; E: [mindframe@hnehealth.nsw.gov.au](mailto:mindframe@hnehealth.nsw.gov.au); W: [www.mindframe-media.info](http://www.mindframe-media.info)

**SANE Media Centre** T: 03 9682 5933; E: [media@sane.org](mailto:media@sane.org); W: [www.sane.org/sane-media](http://www.sane.org/sane-media)