

## CALD Media and Programs - suicide and mental illness

The *Mindframe* National Media Initiative (*Mindframe*) is funded by the Australian Government under the National Suicide Prevention Program, and aims to encourage responsible, accurate and sensitive media representation of mental illness and suicide.

*Mindframe* aims to ensure that CALD media and other relevant CALD groups have appropriate access to the evidence relating to the responsible, accurate and sensitive portrayal of mental illness and suicide. This engagement and collaboration aims to minimise harm and copycat behaviour and reduce the stigma and discrimination experienced by people with mental illness in CALD communities.

### Issues to consider when reporting suicide

- **Language:** Check the language you use does not glamourise or sensationalise suicide – e.g. 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 glamourise 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.
- **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 or relevant CALD community.
- **Include contacts for support services:** Include contact details for 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 CALD communities:

- Persons born outside of Australia accounted for 25.1% of all nationally recorded suicide deaths between 2001 and 2010, a figure that closely resembles the estimated 27% of all persons born overseas who are resident in Australia.
- Rates are generally higher among people born in countries that have higher suicide rates, and lower in immigrant groups from countries with lower suicide rates.
- People in any form of custody have a suicide rate three times higher than the general population. An inquiry undertaken by the Human Rights Commission found that suicide attempts by asylum seekers in detention are not infrequent.
- The conceptualisation and acceptability of suicide varies between cultures. It cannot be assumed that the risk of suicide and the factors that contribute are similar across cultures.



## Issues to consider when reporting on mental illness

- **Privacy:** Australian media guidelines stress each individual's right to privacy. Before including mental illness in a story, ask yourself the following questions: 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' or '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, try to avoid labeling a person by their mental illness.

- **Context:** Culture affects how people accept, understand and experience mental illness and how they interpret their symptoms. Remember that no one person can speak for all CALD 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.
- **Include contacts for support services:** Include phone numbers and contact details for 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 78 99 78

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

### CALD services

Mental Health in Multicultural Australia  
[www.mhima.org.au](http://www.mhima.org.au)

Translating and Interpreting Service (TIS National)  
131 450

### Young people

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

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

### 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)

### Further advice

For further expert advice on media reporting of suicide and/or mental illness, contact:

#### **The Mindframe team**

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