

## Mindframe media alert

### Media reminder Reporting of incident in Melbourne, VIC

**15 July 2016**  
 please cascade to all media staff

The *Mindframe* team would like to remind media professionals of the importance of following codes of practice in conjunction with the *Mindframe* guidelines when covering stories relating to suicide.







The team have been made aware of reports yesterday, and again today, regarding an incident in Melbourne involving a woman and a young child, which may cause harm to vulnerable people in the community.

Studies have shown that explicit or technical descriptions and images of methods or locations used for suicide have been linked to increased rates of suicide. We ask media professionals to refrain from including these details, and to consider the language used for any ongoing reports.

See recommendations below:



#### Minimise details about method and location

Studies have shown that explicit or technical descriptions and images of methods<sup>43</sup> or locations<sup>44</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 both use of that method and overall suicide rates. <sup>45</sup>	 If it is important to mention the method, discuss in general terms only, e.g. use 'cocktail of drugs' instead of detailing the type and quantity of medications taken.
Reporting uncommon or new methods of suicide can lead to imitation as well as a lasting impact on rates. <sup>46</sup>	 Remove specific details about new or unusual methods of suicide and references to ways further information can be obtained about these methods, e.g. online.
Describing locations of suicide may promote these to vulnerable people and increase the frequency of attempts at these sites. <sup>42</sup>	 If it is important to refer to a location, describe this in general terms only, e.g. use 'at a nearby park' instead of detailing the exact location. In advocacy stories (e.g. around safety at a specific site) limit the number of times the location is described in detail or mentioned in each report.
Images or footage that depicts the method or location of a suicide can lead to imitation by vulnerable people. <sup>48</sup>	 Avoid the use of detailed or dramatic photographs or footage, e.g. images of people standing on ledges or of implements used in a suicide attempt.

## 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 
Language that presents suicide as a desired outcome <sup>51</sup>	'successful suicide', 'unsuccessful suicide'	'took their own life', 'ended their own life', 'died by suicide'
Phrases that associate suicide with 'crime' or 'sin' <sup>52</sup>	'committed suicide', 'commit suicide'	'died by suicide', 'took their own life'
Language that glamorises a suicide attempt <sup>53</sup>	'failed suicide', 'suicide bid'	'made an attempt on his life', 'suicide attempt', 'non-fatal attempt'
Phrases that sensationalise suicide <sup>54</sup>	'suicide epidemic'	'higher rates', 'increasing rates', 'concerning rates'
Gratuitous use of the term 'suicide' out of context	'suicide mission', 'political suicide', 'suicide pass' (in sport)	refrain from using the term suicide out of context

## 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>16</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>17</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>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>20</sup>

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](http://www.lifeline.org.au)
- Suicide Call Back Service 1300 659 467 [www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)
- MensLine Australia 1300 789 978 [www.mensline.org.au](http://www.mensline.org.au)
- *beyondblue* 1300 224 636 [www.beyondblue.org.au](http://www.beyondblue.org.au)

**Key national youth support services include:**

- Kids Helpline 1800 55 1800 [www.kidshelp.com.au](http://www.kidshelp.com.au)
- headspace 1800 650 890 [www.headspace.org.au](http://www.headspace.org.au)

Reporting suicide 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 spokespeople include:

- Jaelea Skehan, Director Hunter Institute of Mental Health
- Marc Bryant, Program Manager *Mindframe* National Media Initiative

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

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