

NATIONAL MENTAL HEALTH & SUICIDE PREVENTION COMMUNICATION CHARTER

This Charter was developed by organisations who communicate regularly with the community, and with the support of the National Mental Health Commission¹. The Charter is a resource for the mental health sector, and *Mindframe: National Media Initiative*² will be the document's 'steward'. *Mindframe* will ensure collective responsibility and consultation for its ongoing development and implementation. The Charter will have no branding to symbolise collaborative ownership, and the most update version would be hosted on the *Mindframe* website.

SECTION 1: PURPOSE

This Communications Charter sets out communication principles and high-level key messages about mental health, mental illness and suicide prevention. It provides a practical guide to strategic communications and community awareness activities undertaken by signatories, so that:

- we work together more effectively, engaging in consistent and coordinated community awareness and advocacy activities
- we share our knowledge about best practice communication
- our advocacy and awareness-raising efforts are based on clear, consistent, coherent and evidence-based messages about mental health, mental illness and suicide prevention
- the community and our target audiences hear and understand us more easily
- confusion, stigma and discrimination is reduced
- mental health and suicide prevention are prominent in the national conversation, and are a high national priority for all governments and the community.

The Charter's principles and key messages are broad and strategic, allowing for the variation required for specific audiences, locations and activities.

¹ The independent National Mental Health Commission has been established to shine a light on mental health and suicide prevention in Australia. The Commission aims to influence reform and to get organisations working together so that people with lived experience of mental illness, mental health problems and suicide can live contributing lives. The Commission's vision is that all people in Australia achieve the best possible mental health and wellbeing. Its mission is to give mental health and suicide prevention national attention, to influence reform and to help people lead contributing lives through our reporting, advising and collaborating. <http://www.mentalhealthcommission.gov.au/>

² <http://www.mindframe-media.info/>

The Charter promotes collaboration to build on mutual efforts and avoid unnecessary duplication of work, research and resources.

All organisations involved in mental health and suicide prevention are encouraged to sign the Charter.

Overarching messages:

- Everyone has the right to lead a contributing life. A contributing life means a fulfilling life enriched with close connections to family and friends, and experiencing good health and wellbeing to allow those connections to be enjoyed. It means having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering. It means having a home and being free from financial stress and uncertainty.
- Mental health and suicide prevention are issues of national importance.
- Family connections and family support can be integral to recovery. Every family has an experience to share.
- Seeking help early leads to improved outcomes and can prevent future problems.

Anti-stigma messages:

- People who experience mental illness or suicidality can and do lead meaningful and productive lives.
- Discrimination, stigma and prejudice add to the burden of mental illness or suicidality and can discourage people from seeking help.

Mental health and mental illness messages:

- Mental illness touches people of all ages and from all walks of life.
- Mental health does not start or end with clinical care - it is a whole of life issue.
- Many factors contribute to recovery including access to good clinical treatment, a safe home, strong relationships, jobs or volunteering and financial security.
- Many people who are living with mental illness and the people who care for them feel isolated and alone.

Suicide prevention messages:

- Suicide prevention is everybody's business.

- The reasons for suicide are complex but most suicide is preventable.
- Suicide has ripple effects: remember not only the individual who is suicidal or has died but also their family, friends, carers and community.
- A healthy community is equipped to give help, to get help and prevent suicide.
- Building social connections and networks is a good place to start in suicide prevention.

SECTION 2: WHAT WE KNOW

The *Mindframe* National Media Initiative quotes various studies that show that mental illness is often portrayed negatively in the mass media, and that negative reporting appears to influence community attitudes and can lead to stigma and discrimination. Suicide is also widely reported in the Australian media (as tracked in the Australian Media Monitoring Project).

The *Mindframe* guidelines³ aim to encourage responsible, accurate and sensitive representation of mental illness and suicide in the Australian mass media, and emphasise the need for caution in messaging about mental illness and suicide, and in interpreting suicide statistics, in order to reduce risks to vulnerable audiences.

Facts about mental health

The *Mindframe* guidelines set out key facts substantiated in the research literature, including:

- One in five Australians experience a mental health problem each year
- Younger people are more likely to experience mental illness (including substance use disorder) than older people
- 14% of Australian children and adolescents aged 12-17 years have mental health problems
- Mental disorders are the third leading cause of disability burden in Australia, accounting for an estimated 27% of the total years lost due to disability
- Women are more likely than men to report anxiety disorders and affective disorders
- Major depression accounts for more days lost to illness than almost any other physical or mental disorder – 20% of people will experience depression in their lifetime
- 3% of Australians are affected by psychotic illness such as schizophrenia and bipolar mood disorder at some point in their life – and these disorders usually first occur in the mid to late teen years
- The death rate associated with mental disorders among Aboriginal and Torres Strait Islander males is over three times the rate for other Australian males
- People with mental illness may be more stigmatised and marginalised in some cultural groups.

The 2012⁴ and 2013⁵ National Report Cards on Mental Health and Suicide Prevention also highlights the challenges that face the families, support people and significant others who care for people with mental illness, often over many years and at the risk of their own mental health and wellbeing.

³ For more information about the *Mindframe* guidelines <http://www.mindframe-media.info/>

⁴ <http://www.mentalhealthcommission.gov.au/our-report-card/2012-report-card.aspx>

Facts about suicide

While there are many gaps in the evidence about suicide and suicide prevention, the *Mindframe* guidelines set out some relevant facts and statistics, including:

- Australian Bureau of Statistics data show that on average around 2,415 people died by suicide in Australia each year, over the past five years – and as some suicides may not be reported or counted here, the real number of suicides may be higher
- Overall suicide rates have declined since 1997 but suicide remains a major external cause of death
- Suicide accounts for more deaths than transport accidents between 1996 and 2009
- People in any form of custody have suicide rates three times higher than the general population
- Males are around 3.3 times more likely to die by suicide than females – in contrast, more females than males intentionally harm themselves
- With the exception of those aged over 85, there has been a trend towards men in their middle years (30-49 years) having the highest rates of suicide
- People who have attempted suicide are at greatest risk of suicide
- People with substance use disorders or mental disorders such as major depression and psychotic illness have a higher risk of suicide
- The percentage of all deaths attributable to suicide is much higher among Aboriginal and Torres Strait Islander people than other Australians in those States and Territories where sufficient data is collected.

Myth-busting

The *Mindframe* guidelines list some of the common myths and misconceptions about mental illness, and accurate information to challenge them.

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 victims of violence and crime than the perpetrators.

⁵ <http://www.mentalhealthcommission.gov.au/our-report-card.aspx>

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 mental illness differ in appearance to others in the community.	People with mental illness do not look any different from others in the community.

Source: <http://www.mindframe-media.info/>

A Contributing Life

We know that:

- People who experience mental illness or suicidality can and do lead meaningful and productive lives. All people living in Australia have the right to lead a contributing life⁶.
- Many factors contribute to recovery beyond good clinical care – a safe home, strong relationships, something meaningful to do and financial security
- Many factors can hinder recovery: stigma, discrimination, prejudice, lack of understanding. These are unacceptable in today's Australia.

We know that we need to shift our culture to one of understanding and optimism which recognises people's capabilities and contribution. To do this, we need to:

- Keep talking about good mental health – this can prevent problems and encourage people to get help early
- Support families to be strong and healthy – because children who grow up in safe, nurturing environments are less likely to experience mental health difficulties

⁶ <http://www.mentalhealthcommission.gov.au/our-report-card/2012-report-card.aspx>

- Build partnerships with broader health services, family and community services, educational institutions, workplaces, correctional services and the sports, arts and business sectors
- Centre all service and support systems in our community – from health, aged care and disability to education and housing - on the whole person, including their mental health and wellbeing
- Respond to the different needs of different people
- Give particular attention to those who are most vulnerable or at risk
- Focus all services and supports on the needs of the individual, their family and support people, their cultural heritage and their rehabilitation and recovery.

SECTION 3: PRINCIPLES

As signatories to the Communications Charter, we:

- Acknowledge that improving the mental health and wellbeing of people, families and communities and helping people to live contributing lives is a **priority issue** for governments and communities
- Believe in honest, open and plain English communication that is always **respectful** of people's diverse experiences
- Agree that **nationally consistent information** for, and messages to, the community are vital to achieving this and to avoid misinformation and confusion
- Will **collaborate** to achieve coordinated and complementary community awareness, education and communication activities, maximising our efforts and resources
- Will base advocacy and awareness-raising efforts on **clear, consistent, coherent and evidence-based messages** about mental health, mental illness and suicide prevention
- Are **privileged to share** the stories and experiences of people with a lived experience, their families and other support people – always respectfully, supporting their safety and only to create change for the better.

SECTION 4: KEY MESSAGES

Derived from the evidence and in line with these principles, the **key messages to underlie all strategic communications** about mental illness, mental health and wellbeing and suicide prevention are:

Overarching messages:

- Everyone has the right to lead a contributing life.
- Mental health and suicide prevention are issues of national importance.
- Family connections and family support can be integral to recovery. Every family has an experience to share.
- Seeking help early leads to improved outcomes and can prevent future problems.

Anti-stigma messages:

- People who experience mental illness or suicidality can and do lead meaningful and productive lives.
- Discrimination, stigma and prejudice add to the burden of mental illness or suicidality and can discourage people from seeking help.

Mental health and mental illness messages:

- Mental illness touches people of all ages and from all walks of life.
- Mental health does not start or end with clinical care - it is a whole of life issue.
- Many factors contribute to recovery including access to good clinical treatment, a safe home, strong relationships, jobs or volunteering and financial security.
- Many people who are living with mental illness and the people who care for them feel isolated and alone.

Suicide prevention messages:

- Suicide prevention is everybody's business.
- The reasons for suicide are complex but most suicide is preventable.
- Suicide has ripple effects: remember not only the individual who is suicidal or has died but also their family, friends, carers and community.

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- A healthy community is equipped to give help, to get help and prevent suicide.
- Building social connections and networks is a good place to start in suicide prevention.

SECTION 5: LANGUAGE

The *Mindframe* guidelines define:

Mental illnesses or mental disorders as: clinically diagnosable illnesses that significantly interfere with people's cognitive, emotional or social abilities – some are not very common but impact individuals with great severity and others can have a lower individual impact but are more prevalent.

Mental health problems as: problems that interfere with these same abilities but may not meet the criteria for a diagnosed mental illness are usually less severe and resolve in time or when life stressors change.

There are many terms used when talking about mental health, mental illness and suicide. Because language matters – and is essential to conveying the principles enshrined in this Charter, signatories undertake to use:

- **Respectful, person-centred language** that conveys optimism in line with a recovery approach, with terms like 'person', 'individual', 'people with a lived experience' and 'people accessing mental health services'
- **'Social and emotional wellbeing'** rather than 'mental health' when referring to Aboriginal and Torres Strait Islander peoples, as it reflects the holistic philosophy Indigenous people have towards (or about) health
- **'Families', 'support people' and 'significant others'** to recognise the plurality of important relationships and because many people do not identify with the term 'carer'
- **'Died by suicide' or 'ended own life'** rather than using the terms 'commit' or 'successful' in association with suicide, to avoid connotations of a crime or a sin or of a desired outcome
- **'Attempted suicide'** rather than 'failed suicide' or 'suicide bid' which can present suicide as a desired or glamorised outcome

Because above all, we want our collective voice to be heard and understood, signatories commit to always using plain English and to banishing jargon, speculation and confusing data.

SECTION 6: ROLES AND RESPONSIBILITIES

The Communications Charter encourages and supports organisations to communicate on mental health and suicide prevention issues with a coordinated and cohesive voice.

Signatories commit to:

- Working together to deliver clear, consistent and coordinated community awareness and advocacy activities
- Share knowledge about best practice communication and resources
- Conduct strategic communications, advocacy and awareness-raising efforts in alignment with the guiding principles in this Charter
- Base strategic communications, advocacy and awareness-raising efforts on the key messages in this Charter
- Craft more specific messaging for target audiences, locations, activities and media (including social media) to align broadly with the key messages in this Charter
- Use positive, person-centred and respectful language
- Work together to keep mental health and suicide prevention prominent in the national conversation and amplify each other's efforts
- Support the promotion of appropriate crisis services and help-seeking information in the media when mental health or suicide (including suicidal ideation, suicide attempt and bereavement) is referred to or features in stories or programs.

SECTION 7: ADDITIONAL SUPPORT

The Mental Health Council of Australia and Suicide Prevention Australia provide sector leadership and support for key advocacy and awareness-raising activities, in particular Mental Health Week/Month and World Suicide Prevention Day.

Mindframe provides comprehensive resources to support communicating effectively with the media about suicide, mental health and mental illness. Remind the media about these resources and reporting principles to assist responsible reporting of mental illness, suicide and self-harm to minimise risk and copycat behaviour.

The SANE Media Centre provides advice to mental health and suicide prevention organisations on understanding the media's needs, handling media requests quickly and effectively, writing media releases and pitching story ideas to journalists and supporting and protecting consumers and carers who make themselves available for interview.

Mental Health Council of Australia	(02) 6285 3100 www.mhca.org.au
Suicide Prevention Australia	(02) 9223 3333 www.suicidepreventionaust.org
<i>Mindframe</i> National Media Initiative	(02) 4924 6904 www.mindframe-media.info twitter @MindframeMedia
SANE Media Centre	03 9682 5933 media@sane.org http://www.sane.org/sane-media

In cases of inaccurate or irresponsible media reporting on mental health or suicide:

- *Promote the Mindframe guidelines*
- *Contact the SANE Media Centre, who can follow up with media outlets to remedy the situation*
- *Visit the Mindframe website for information about media codes and standards of practice.*

SECTION 8: SIGNATORIES

In signing this Charter, we confirm our commitment to these principles and key messages.

<List of Organisation Names>