Mindframe
National Media Initiative

R U OK?Day
Media Monitoring Report

hunter institute of mental health
Putting Prevention First

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R U OK?Day Media Monitoring Report

Background

Accurate and sensitive portrayal of mental illness and suicide in mass media play an important role in shaping and reinforcing social attitudes and perceptions. Depending on the content, news reports on suicide have the potential to have either a negative (often referred to as the 'Werther effect'[1]) or a positive impact (the 'Papageno effect')[2]. Previous research has consistently shown a contagion-like relationship between media reporting of suicide and subsequent suicide[3,4], especially when reports contain specific details on methods and/or location, sensationalise suicide, or portray suicide as a solution to a problem[5]. Risk generally increases where the reporting focuses on an individual who has died (especially celebrities)[6], where the reporting is prominent and repeated , or where the death is glamourised or glorified[7]. In contrast, the media can exert protective effects when reports focus on personal stories of overcoming suicide, or stress the wastefulness of the loss[2].

When reporting on mental illness, it is important to ensure content is accurate and balanced; as inaccurate reporting can perpetuate stereotypes and reinforce stigma, which may inhibit help-seeking[8]. To facilitate safe and accurate reporting, the Hunter Institute of Mental Health's (HIMH) *Mindframe* National Media Initiative (*Mindframe*) provide evidence-based recommendations for those working in media about when and how to report suicide and mental illness[9,10].

This report discusses the results of a media monitoring study to evaluate national broadcasts as part of the 2015 R U OK?Day campaign to determine adherence to *Mindframe* recommendations. R U OK? is a not-for-profit organisation that focuses on suicide prevention with a mission to encourage and equip everyone to regularly and meaningfully ask "Are you OK?", based on the premise that initiating such a conversation could change a life. *Mindframe* and R U OK? have an extensive history of partnership dating back to the inaugural R U OK?Day campaign in 2009, with *Mindframe* advising then CEO and founder Gavin Larkin to ensure messaging was consistent with *Mindframe* recommendations. Since then, this partnership has strengthened, with *Mindframe* being part of previous R U OK? annual community group meetings to plan campaign messaging as well as providing ongoing support for R U OK? communication activities; the HIMH Director is a current member (as of August 8th 2016) of the R U OK? Conversation Think Tank; and R U OK? is a member of the *Mindframe* communication managers group. *Mindframe* and R U OK? have also collaborated on the development of a community based help-seeking guide.

The current study is unique in that it aims to assess how the media portray suicide and mental illness as part of the R U OK?Day national media campaign, a day specifically intended to raise awareness of these sensitive social issues. The research involved analysing broadcast media (TV and radio) using a quality rating scale based on previous research[11,12], to determine consistency with current *Mindframe* recommendations for the safe and accurate reporting and portrayal of mental illness and suicide[9]. The research also aims to determine any factors that are associated with the quality of reporting, including the broadcast medium, the length of report, and whether an R U OK? employee is featured. The results will be used to identify strengths and weaknesses of current reporting, and to guide strategies to optimise future reporting.

Methods

Broadcast items: Audio and visual broadcast items were obtained from *Isentia*'s media portal. The sample included 112 items, consisting of 32 TV (avg. length 110 sec; SD=35) and 80 radio (avg. length 286 sec; SD=234) broadcasts, that were aired between August and September 2015. All items could be described as either interviews or reports that were associated with R U OK?Day, and excluded program previews. The selection of items was based on stratification across states and radio stations, as well as broadcasting dates to ensure a representative sample.

Raters: Items were coded by three independent, trained raters. All coders participated in regular meetings throughout the coding process to discuss coding criteria. To ensure consistency in rating across coders, 26 of the 112 items (23%) were rated by all three coders, to determine inter-rater agreement (Inclusion criteria Cohen's kappa coefficient, K≥.6).

Coding protocol: *Identifying Information:* Items were coded by type of medium (i.e. 'TV' and 'Radio'). *Descriptive information:* This included coding items by the focus of content (i.e. mental health exclusive, suicide exclusive, both-Mental health and suicide, or neither). To measure consistency with *Mindframe* media recommendations[9], we developed a quality scale that included a set of criteria as outlined in Table 1, which was based on dimensions used previously [11,12].

Table 1 - Quality dimensions

Dimension		Problematic X	Preferred ✓
Help-seeking	Help services included?*	No	Yes
	Number of Services*	Less than two	Two or more
Suicide language	Suicide presented as desirable outcome*	'successful suicide', 'unsuccessful suicide'	'took their own life', 'ended their own life', 'died by suicide'
	Use of the word 'committed'*	'committed suicide'	'died by suicide', 'took their own life'
	Glamourisation*	'failed suicide', 'suicide bid'	'made an attempt on his/her life', 'suicide attempt', 'non-fatal attempt'
	Sensationalisation*	'suicide epidemic', 'spiking rates'	'higher rates', 'increasing rates', 'concerning rates'

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Dimension		Problematic X	Preferred ✓
Mental health language	Sensationalisation*	'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'	'a person is living with', 'has a diagnosis of' a mental illness
	Negative terminology*	'victim', 'suffering from', 'afflicted with'	'a person is being treated for' or 'someone with a mental illness'
	Labelling*	'schizophrenic', 'anorexic'	'has a diagnosis of', or 'is being treated for' schizophrenia
	Description of behaviour that implies mental illness or is inaccurate*	'crazed', 'deranged', 'mad', 'psychotic'	'the person's behaviour was unusual, or erratic'
	Colloquialism*	'happy pills', 'shrinks', 'mental institution'	antidepressants, psychiatrists, etc.
	Negative stereotype*	'violent', 'unable to recover', 'mental illnesses are all the same', differ in appearance (dishevelled), head clutcher	No stereotype
Images (TV only)	Images that increase risk / perpetuate stereotypes*	Images showing grieving family, funeral, memorials, or dishevelled or different looking	More general images
Statistics	Correct information / statistics presented*	No	Yes
Celebrity#	Reference to celebrity suicide/mental illness*	Yes (suicide, mental illness, both)	No
Overcoming suicide/mental illness	Personal stories overcoming suicide ideation / mental illness*	No	Yes
	Personal experience	No	Yes
	Bereaved (suicide only)	No	Yes
	Ambassador of RUOK*	No	Yes
	Seek professional help*	No	Yes
	Seek non-professional help*	No	Yes

Dimension		Problematic X	Preferred ✓
Methods	Explicit method mentioned (suicide only)*	Yes	No
Location	Specific location mentioned (suicide only)*	Yes	No

*Variables with sufficiently high interrater agreement (Cohen's kappa coefficient, κ≥.6); # Context specific. Coverage of celebrity mental health and suicide may be of public interest, however, extra caution should be applied when reporting on celebrity suicide, as coverage can glamourize and normalize suicide, which can prompt imitation by vulnerable people.

Analysis: Data entry, aggregation and analysis were performed using *Statistical Package for the Social Sciences*. Descriptive analysis was used to characterise consistency with *Mindframe* media recommendations. Chi-square analysis for the predominantly nominal scaled data was used to determine any differences in data according to medium. The α criterion was set at ≤ 0.05 to indicate statistically significant differences, with ≤ 0.10 regarded as a statistical trend. Phi statistics as a measure of association of nominal data was performed in cases Chi-square statistics indicated significant or trend level findings. Guided by previous research [12], we used the results from thirteen dichotomous variables to create a scale to assess overall quality of broadcasts and provide each broadcast with an overall quality score. Factors associated with broadcast quality were then determined using logistic regression. Note, only variables with sufficient inter-rater agreement (K≥ 0.60) were included for analysis.

Results

Descriptive information

A breakdown of the 112 broadcast items by medium and content type is shown in Table 2. Figure 1 clearly illustrates differences in the type of content in TV and radio broadcast items. Whilst the majority of television broadcasts focused on mental health specifically, radio broadcasts tended to report across both mental health issues and suicide.

Table 2 - Frequencies and percentages of types of content for the two media types

	Suicide		Mental Health		Both		Neither		Total
	Items	%	Items	%	Items	%	Items	%	
Television	3	9.4%	19	59.4%	10	31.3%	0	0%	32
Radio	28	35.0%	14	17.5%	37	46.3%	1	1.3%	80
Total	31	27.7%	33	29.5%	47	42.0%	1	0.9%	112

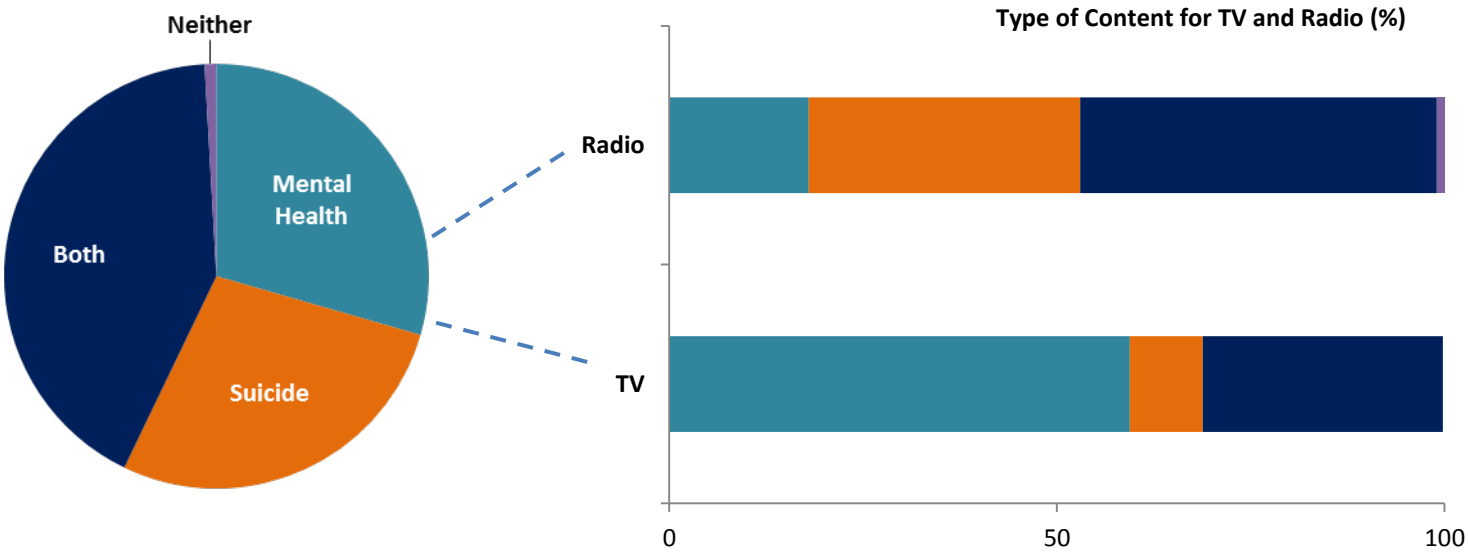

Figure 1 - Type of content and medium

Quality ratings

Help-seeking

Were helplines included? As discussions of suicide and mental illness may resonate with vulnerable audiences, it is important for broadcasts discussing these issues to provide the contact details of helplines to promote help-seeking behavior [13]. Only 43 of the 112 items reviewed contained help-line service contact details, which was less than 40% of the broadcast items (see Figure 2). Of these, 17 broadcasts had the recommended minimum of two helplines or more.

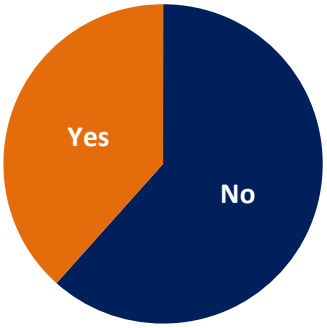

Figure 2 - Helpline

Type of Helpline: In reports that did contain the contact details, Lifeline was the most commonly provided service (40 items, 98%), with other support services provided less frequently (19 items, 46%).

Suicide language

Use of appropriate language is vital, as certain ways of describing suicide may inadvertently present suicide as glamorous, or as an option for dealing with problems. *Mindframe* provide a series of suggestions on examples of appropriate and inappropriate language (as shown in Table 1). Overall, most of the reporting associated with R U OK?Day were consistent with *Mindframe* recommendations, including:

Language that presents suicide as a desirable outcome[2]: Most of the reports (97.3%) used language that was consistent with *Mindframe* recommendations. There were 2.3% of reports that used phrases to suggest suicide as a desirable outcome, with each of these reports using the term 'successful suicide' (see Figure 3).

Figure 3 - Suicide as desirable outcome

Committed suicide: Guidelines suggest avoiding the use of the term 'committed' suicide, as the word commit may associate suicide with crime or sin[14]. Only 3.6% of reports used the term 'committed' suicide (see Figure 4).

Sensationalist terminology: Coverage should also avoid the use of sensationalist terminology to describe the prevalence of suicide[5]. The current data indicated that 4.5% of items used sensationalist terminology, by suggesting that suicide rates were alarming, spiking or epidemic.

Figure 4 - 'Committed' suicide

Mental health language

It is also important to consider appropriate language when discussing mental illness, as inaccurate, unbalanced or sensationalist terminology can reinforce common myths and perpetuate stigma, which may impact on people experiencing mental health problems, and inhibit help-seeking[8]. Broadcasts involving R U OK?Day were generally consistent with *Mindframe* recommendations including:

Language that sensationalises mental illness: Certain language can sensationalise mental illness and reinforce stigma, such as terms like 'mental patient', 'psycho' or 'schizo'[15]. None of the reports associated with R U OK?Day used this type of language to describe someone with mental illness, and instead chose the preferred method such as 'living with' or 'has a diagnosis of' a mental illness.

Negative terminology: When referring to mental illness, guidelines suggest avoiding terminology that suggests a lack of quality of life for people with mental illness, such as referring to someone with a mental illness as a 'victim', or 'suffering'[15,16]. Negative terminology was observed in 13.4% of items analysed (Figure 5). Of note, in all cases the term 'suffering' from mental illness was the term that was observed. More detailed analysis revealed that negative terminology was significantly more frequent in televised broadcasts when compared to radio broadcasts (p=0.001; see Figure 6).

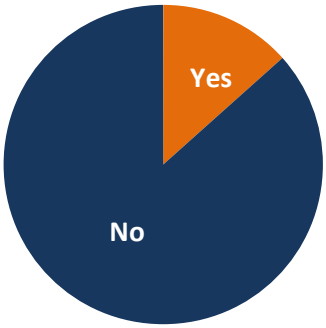

Figure 5 - Negative terminology

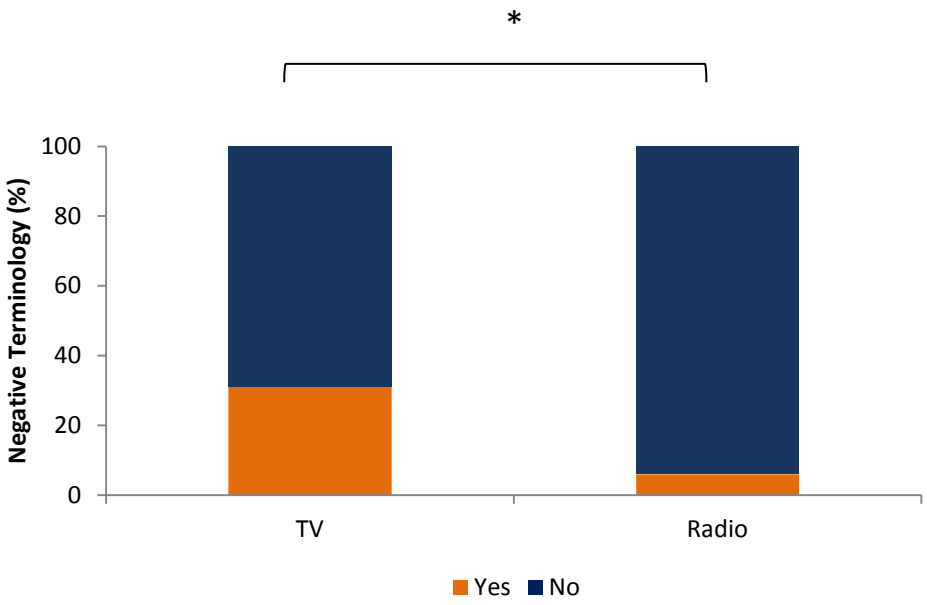

Figure 6 - Negative terminology by medium

Labelling: Using labels (e.g. schizophrenic, or psychotic) to describe a person or their behaviour can reinforce stigma and perpetuate stereotypes[16]. No reports used labels when describing an individual experiencing mental illness, and instead used preferred terms such as 'has a diagnosis of' mental illness where appropriate.

Colloquialisms: The use of colloquial expressions when referring to treatment for mental illness can undermine a person's willingness to seek help[17]. A colloquialism, such as 'shrinks' or 'mental institution', was used in one case (0.9%).

Negative stereotypes: The current analysis also involved an assessment on the proportion of reports that potentially reinforced misconceptions about mental illness (i.e. people living with mental illness are violent; Unable to recover; Or are all the same) or potentially reinforce stereotypes (i.e. head clutch images)[18]. Our results indicated that 4 items (3.6%) showed images of individuals in a head clutch pose, when referring to mental illness.

Images

Images of a funeral, grieving family or memorials might glorify death and therefore increase risk for vulnerable audiences. Examples of images that perpetuate stereotypes of mental illness are depictions of people looking disheveled or different[13]. None of the broadcast items used images that might increase risk of suicide or perpetuate stereotypes of mental illness.

Celebrity

Suicide and mental health of celebrities are commonly reported and are of public interest. In the current analysis, we coded the number of reports associated with the R U OK?Day campaign that featured discussion of a celebrity's mental health, or of celebrity suicide. According to *Mindframe* recommendations, extra caution should be applied when reporting on celebrity suicide, as coverage can glamourize and normalize suicide, which can prompt imitation by vulnerable people[6]. If positively framed, stories about celebrities or public figures living with a mental illness can be a powerful tool in breaking down stigma associated with mental illness and can encourage others to seek help[19].

Celebrity suicide was rarely discussed during the R U OK?Day campaign with only one broadcast (0.9%) referring to celebrity suicide. Reports that discussed celebrity mental health were more frequent, with 27 items (24%). Of note, most of these reports focused on Buddy Franklin, who publicly disclosed problems with mental health during the week of R U OK?Day.

More detailed analysis indicated that television broadcasts were significantly more likely to feature discussion on celebrity mental health when compared with radio broadcasts ($p < 0.001$, see Figure 7).

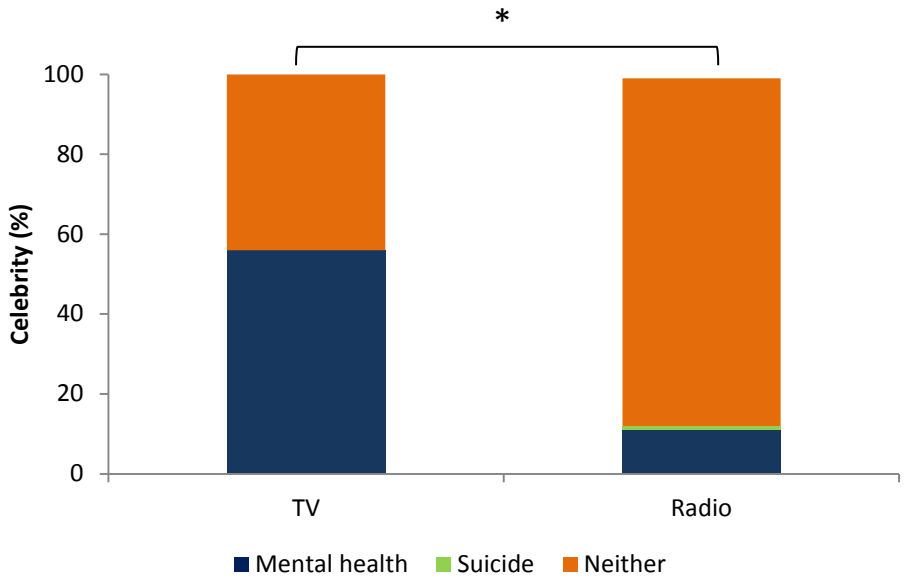

Figure 7 - Use of celebrity stories across TV and radio broadcast items

There was also a relationship between the discussion of celebrity mental health and the use of negative terminology. Negative terminology was significantly more likely in reports that featured discussions on celebrity mental health, when compared to those that did not (p = 0.001, see Figure 8).

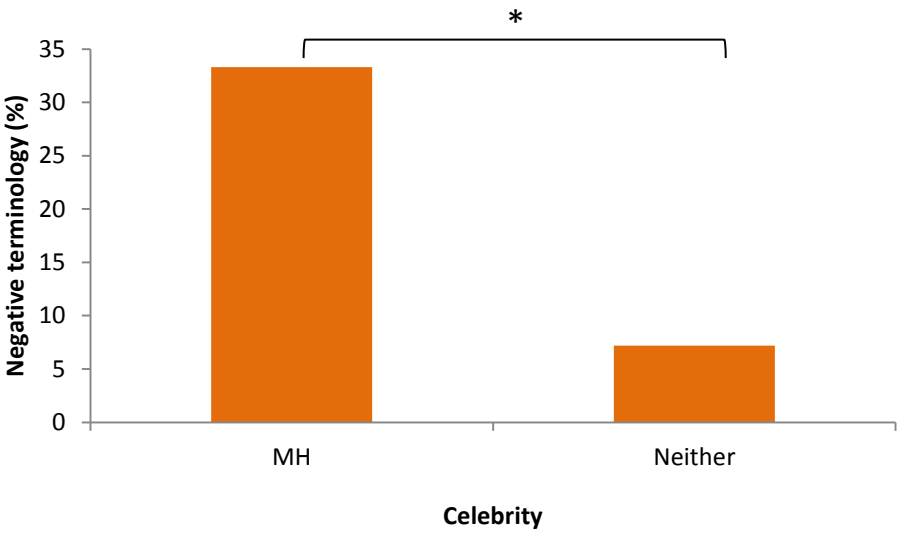

Figure 8 - Association negative terminology and celebrity mental health

Statistics

Covering suicide accurately can challenge public misconceptions and myths, increase community awareness and encourage discussion and prevention activities[20]. Involving a suicide prevention expert that helps locate and interpret accurate facts and statistics about suicide will improve a story[2]. Statistics relating to either suicide or mental health were presented in almost half of all broadcasts (46%). Of these, most statistics reported were accurate, with only 2 instances (3.5%) where incorrect statistics were reported (see Figure 9).

Figure 9 - Correct statistics

Overcoming suicide/mental illness

Evidence suggests that reporting that presents suicide as a tragic waste and an avoidable loss, focuses on the devastating impact on others, or explores an individual's experience of overcoming suicidal thinking, has been linked to reductions in suicidal behaviour [2].

Personal stories involving individuals who have overcome suicidal ideation or mental health problems were reported in 43 broadcasts (38%). Further analysis indicated that reference to personal stories was significantly more likely in TV broadcasts, when compared to radio ($p < 0.001$, see Figure 10).

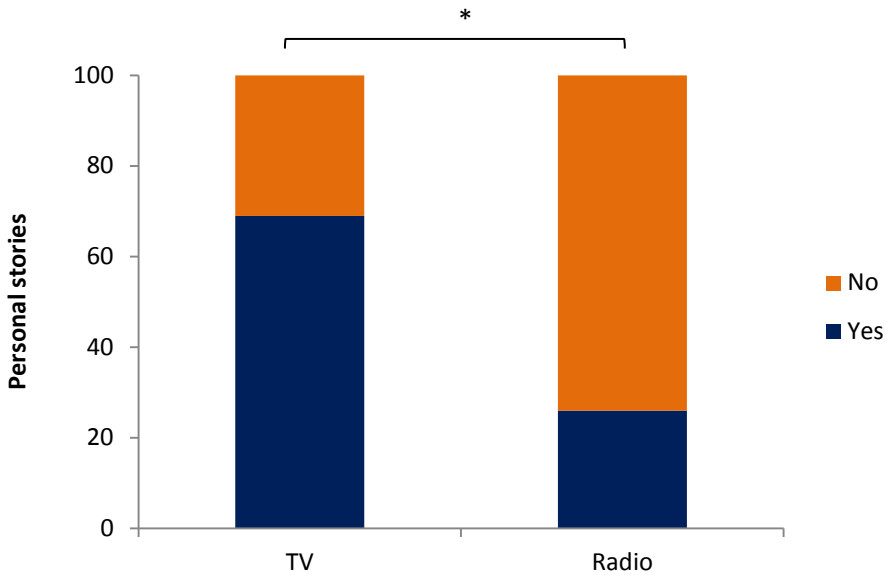

Figure 10 - Personal story overcoming mental illness or suicide

Methods

Explicit descriptions or images of methods in reports have been linked to increases in both the use of that method and overall suicide rates[2]. In the broadcasts associated with R U OK?Day, three broadcasts (3%) contained reference to explicit methods of suicide (see Figure 11).

Figure 11 - Explicit methods

Location

Reporting specific location of where suicide has occurred may promote this site to vulnerable people, and potentially increase the frequency of attempts at this site[21]. Explicit details of the location of a suicide was rare, used in only one broadcast (1%) (see Figure 12).

Ambassadors of R U OK?

Approximately half of the broadcast items (59 items) feature an interview with an ambassador of R U OK? Most of these involved an employee of R U OK? (44 items), with all others including celebrity ambassadors. There was a trend to suggest that the use of negative terminology was less likely in reports that featured an employee of R U OK? (p =0.08).

Figure 12 - Specific location

Promotion of professional and non-professional help-seeking

Treatments for mental illness are effective; however, international evidence suggests that help-seeking is low, even in those living with mental illness[22]. The R U OK?Day campaign is specifically targeted at increasing non-professional help-seeking (e.g. family, colleagues, friends), by encouraging all Australians to reach out to friends and family, but also suggest the importance of seeking professional help (e.g. GP, psychologist, psychiatrist) when needed.

As anticipated, non-professional help-seeking was promoted in almost all reports, with 100 broadcasts (89%) clearly encouraging contact with non-professionals sources of support (see Figure 13). Professional help-seeking was promoted less frequently, with 42 broadcasts (38%) encouraging seeking professional support.

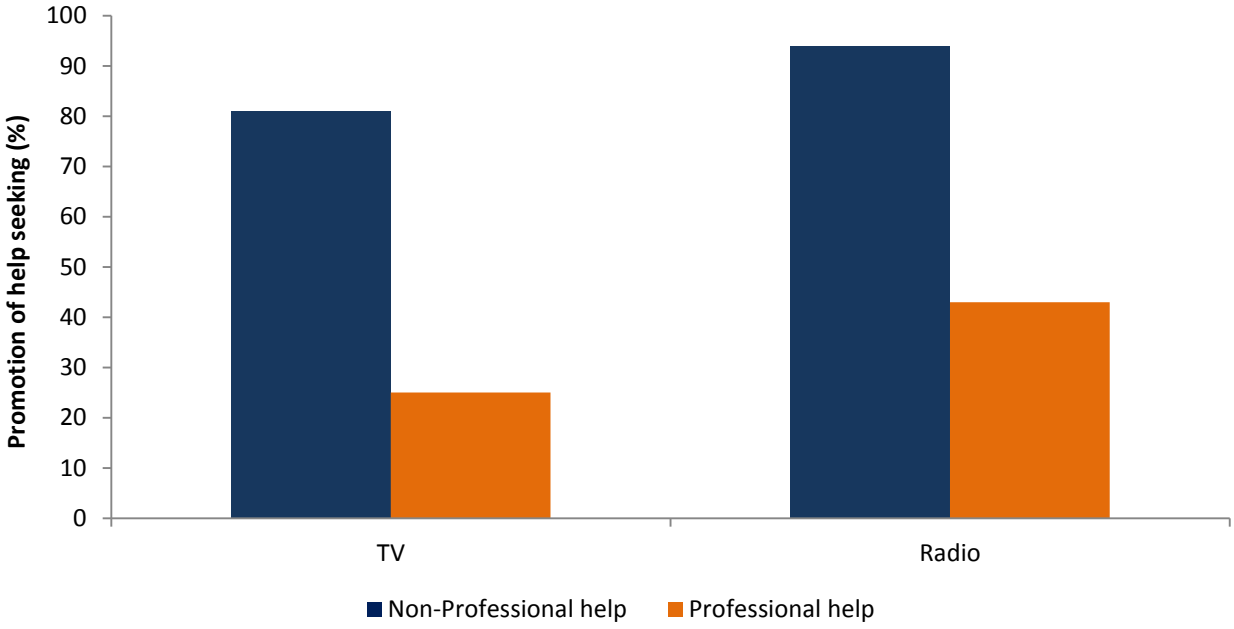

Figure 13 - Promotion of help-seeking

Quality Scale

Thirteen of the dichotomous scales used to assess quality of reporting were used to create an overall quality score, with the scoring criteria outlined in Table 3. For the majority items measured, a response of no was indicative of higher quality reporting (e.g. report does not use language to sensationalise suicide). The only exception was whether help services were included, where the preferred answer was yes. For all items measured, reports that were consistent with preferred methods across each dimension were given a score of 1, thus giving a total possible score range from 0 to 13, with higher scores indicating reporting that is more consistent with *Mindframe* guidelines.

Table 3 - Scoring criteria for quality scale

Dimension		No	Yes
Help seeking	Help services included?	0	1
Suicide Language	Suicide presented as desirable outcome	1	0
	Use of the word 'committed'	1	0
	Glamourisation	1	0
	Sensationalisation	1	0
Mental Health Language	Sensationalisation	1	0
	Negative Terminology	1	0
	Labelling	1	0
	Description of behaviour that implies mental illness or is inaccurate	1	0
	Colloquialism	1	0
	Negative Stereotype*	1	0
Methods	Explicit suicide method mentioned	1	0
Location	Specific location of suicide mentioned	1	0

Overall quality

As shown in Figure 14, the overall quality scores were high. While both formats recorded high scores, radio broadcasts did tend to score higher on the quality scale (Mean = 12.15, SD = 0.74) when compared to TV (Mean = 11.79, SD = 0.70), with 31% of radio broadcasts scoring 100% consistent with *Mindframe* guidelines.

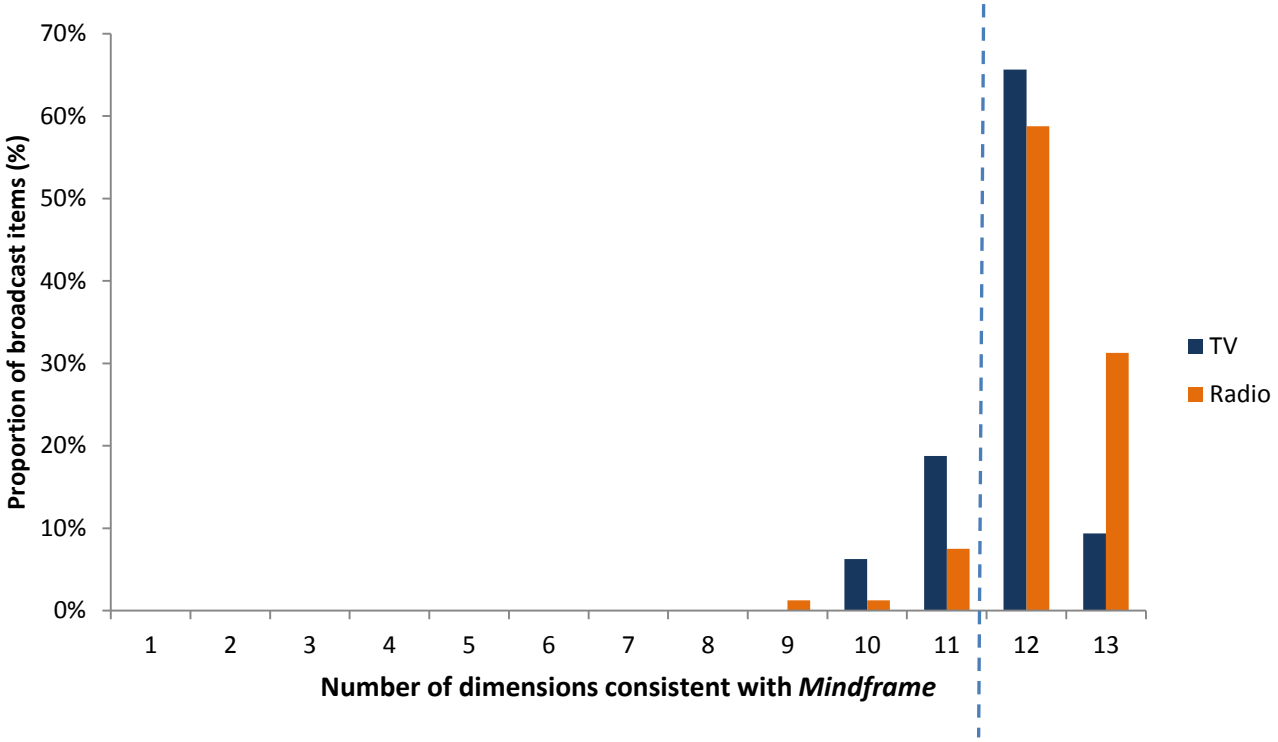

Figure 14 - Overall quality scores for TV and radio broadcast items

Factors associated with quality reporting

The final analysis determined the extent that other factors were associated with the quality of broadcasts (See Table 4). The relationship between factors and quality were determined using multivariate analysis, specifically logistic regression. This involved firstly transforming the primary outcome variable (i.e. quality) into a binary format. As all broadcasts scored highly on the quality scale (i.e. no scores below 9/13), we classified scores below 12 as 'suboptimal quality', with scores of 12 or above considered 'good quality'. We then determined factors that were associated with good quality reporting. Of note, for all multivariate analysis, all factors were added independently to determine their association with quality.

Our multivariate analyses showed a number of factors were associated with good quality broadcasts. Radio broadcasts were significantly more likely to be of good quality when compared with TV broadcasts, whereas broadcasts that involved discussion of a celebrity's mental health or suicide were significantly more likely to fall in the suboptimal quality reporting category. The data also showed that quality of reporting was significantly higher when a broadcast featured an R U OK? employee. Interestingly, length of broadcast, or location of broadcast were not associated with broadcast quality.

Table 4 - Factors associated with high quality reporting

Factor	Subgroup n (%)	Good Quality n (%)	OR (95% CI)
Broadcast Type			
TV	32 (28.6%)	24 (75.0%)	*Reference*
Radio	80 (71.4%)	72 (90.0%)	3.00 (1.02-8.86)*
Broadcast Length			
Less than 1 min	26 (23.2%)	25 (96.2%)	*Reference*
1-2 min	20 (17.9%)	15 (75.0%)	0.12 (0.01-1.13)
2-3 min	18 (16.1%)	15 (83.3%)	0.20 (0.02-2.10)
More than 3 min	48 (42.9%)	41 (85.4%)	0.23 (0.02-2.02)
Location			
Western Australia	14 (12.5%)	11 (78.6%)	*Reference*
New South Wales	24 (21.4%)	20 (83.3%)	1.36 (0.26-7.23)
South Australia	16 (14.3%)	14 (87.5%)	1.91 (0.27-13.49)
Northern Territory	7 (6.3%)	7 (100%)	#
Tasmania	7 (6.3%)	5 (71.4%)	0.68 (0.08-5.45)
Queensland	7 (6.3%)	15 (88.2%)	2.05 (0.29-14.39)
Victoria	13 (11.6%)	12 (92.3%)	3.27 (0.29-36.31)
ACT	7 (6.3%)	7 (100%)	#
National	17 (15.2%)	5 (71.4%)	0.68 (0.08-5.45)
Statistics			
Incorrect statistics reported	2 (1.9%)	0 (0%)	##
Correct statistics reported	50 (46.7%)	42 (84.0%)	0.64 (0.21-2.00)
No statistics reported	55 (51.4%)	49 (89.1%)	*Reference*
Reference to celebrity mental health or suicide			
No	84 (75.0%)	76 (90.5%)	*Reference*
Yes	28 (25.0%)	20 (71.4%)	0.26 (0.09-0.79)*
R U OK? employee interviewed			
No	76 (67.9%)	61 (80.3%)	*Reference*
Yes	36 (32.1%)	35 (97.2%)	8.61 (1.09-67.96)*

*Note: # Unable to calculate OR as 100% correct; ## Unable to calculate OR as 0% correct; * p<0.05; ** p<0.01.*

Discussion

Overall, broadcasts associated with R U OK?Day were **mostly consistent with *Mindframe* recommendations**. No broadcasts included images that negatively portrayed mental illness or suicide; used mental illness to describe a person's behaviour; or use terminology that may sensationalise mental illness or glamourise suicide. However, there were a few instances where discussion of suicide used language that should be avoided, such as the use of the term 'committed' when talking about suicide, or presenting suicide as a desirable outcome (i.e. 'successful' suicide).

The research also highlighted some areas where improvements could be made, such as the addition of **helplines** for immediate crisis support on all broadcasts, and minimising the use of **negative terminology** when referring to mental health problems. Adding the contact details of support services provides audiences, and particularly vulnerable audiences who may be impacted by discussions involving mental health and suicide, a professional resource that they can contact and may encourage help-seeking. In regards to the use of negative terminology, it is noted that the majority of instances were in reports that involved a focus on Buddy Franklin, following his public disclosure of mental health problems. Many reports stated that Buddy was 'suffering' from mental illness, rather than the preferred terminology 'being treated for' or 'someone living with' a mental illness. This type of language is problematic as it can suggest a lack of quality life for people with mental illness.

The overall **quality scale** showed that broadcasts associated with the R U OK?Day campaign were of a high quality, with all broadcasts receiving scores of 70% consistency or higher, and a number of reports showing 100% consistency with *Mindframe* recommendations. The multivariate analysis did show, however, that the quality of reporting was higher in radio broadcasts, and items that featured an interview with an R U OK? employee, whilst quality was lower in reports that discussed the mental health or suicide of a celebrity. Interestingly, broadcast length or locations of broadcast were not associated with the quality of reporting. One limitation of this analysis was the small sample size, which could be addressed in future research.

This study represents the first media monitoring study of the R U OK?Day campaign, and provides a **baseline assessment** of the 2015 campaign**.** Future research could investigate longitudinal aspects of media reporting, to determine annual changes in the quality of reporting. This could be supported by key informant interviews to add another layer of qualitative complexity to the data.

Overall, these results provide evidence to suggest that media reports associated with the R U OK?Day campaign were largely consistent with *Mindframe* recommendations, which may reflect ongoing communication support of *Mindframe* throughout the campaign. Future research could investigate the quality of reporting in a mental health campaign that is not supported by *Mindframe.*

Recommendations

While generally, the reporting was consistent with *Mindframe* recommendations, the current data showed that reporting quality could be improved by including help-seeking information in the form of helplines on all reports, and avoiding the use of negative terminology when referring to mental illness (e.g. '*suffering'* from mental illness). These results suggest collaboration with *Mindframe* and R U OK? to develop strategies to ensure helpline information is promoted on all reports, while increasing the use of language consistent

with *Mindframe* recommendations. Future research could evaluate the effectiveness of implementation of such strategies in the 2016 R U OK?Day media campaign.

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References:

1. Phillips DP. The influence of suggestion on suicide: Substantive and theoretical implications of the Werther effect. *American Sociological Review.* 1974:340-354.

2. Niederkrotenthaler T, Voracek M, Herberth A, et al. Role of media reports in completed and prevented suicide: Werther v. Papageno effects. *The British Journal of Psychiatry.* 2010;197(3):234-243.

3. Hawton K, Williams K. Media influences on suicidal behaviour: evidence and prevention. In: Hawton K, ed. *Prevention and Treatment of Suicidal Behaviour: From Science to Practice*. Oxford: University Press; 2005:293–306.

4. Pirkis J, Blood RW. Suicide and the media: Part I. Reportage in nonfictional media. *Crisis: The Journal of Crisis Intervention and Suicide Prevention.* 2001;22(4):146.

5. Sisask M, Varnik A. Media roles in suicide prevention: A systematic review. *International Journal of Environmental Research and Public Health.* January 2012;9(1):123-138.

6. Cheng AT, Hawton K, Chen TH, et al. The influence of media coverage of a celebrity suicide on subsequent suicide attempts. *Journal of Clinical Psychiatry.* 2007;68(6):862-866.

7. Edwards-Stewart A, Kinn JT, June JD, Fullerton NR. Military and civilian media coverage of suicide. *Archives of suicide research.* 2011;15(4):304-312.

8. Allen R, Nairn RG. Media depictions of mental illness: an analysis of the use of dangerousness. *Australasian Psychiatry.* 1997;31(3):375-381.

9. Reporting suicide and mental illness: A *Mindframe* resource for media professionals. Newcastle: Hunter Institute of Mental Health; 2014.

10. Pirkis J, Blood RW, Beautrais A, Burgess P, Skehans J. Media guidelines on the reporting of suicide. *Crisis.* 2006;27(2):82-87.

11. Pirkis J, Blood RW, Dare A, Holland K, Rankin B, Williamson M. *The Media Monitoring Project: Changes in media reporting of suicide and mental illness in Australia: 2000.* 01-2006;2008.

12. Pirkis J, Blood RW, Francis C, et al. *The media monitoring project: A baseline description of how the Australian media report and portray suicide and mental health and illness.* Commonwealth Department of Health and Aged Care; 2001.

13. Tousignant M, Mishara BL, Caillaud A, Fortin V, St-Laurent D. The impact of media coverage of the suicide of a well-known Quebec reporter: the case of Gaetan Girouard. *Social science & medicine.* 2005;60(9):1919-1926.

14. Silverman MM. The language of suicidology. *Suicide & life-threatening behavior.* Oct 2006;36(5):519-532.

15. Philo G, Secker J, Platt S, Henderson L, McLaughlin G, Burnside J. The impact of the mass media on public images of mental illness: media content and audience belief. *Health Education Journal.* 1994;53(3):271-281.

16. Dietrich S, Heider D, Matschinger H, Angermeyer MC. Influence of newspaper reporting on adolescents' attitudes toward people with mental illness. *Social psychiatry and psychiatric epidemiology.* 2006;41(4):318-322.

17. Bayar MR, Poyraz BC, Aksoy-Poyraz C, Arikan MK. Reducing mental illness stigma in mental health professionals using a Web-based approach. *Israel Journal of Psychiatry and Related Sciences.* 2009;46(3):226.

18. NSW Mental Health Sentinel Events Review Committee. Tracking Tragedy A systemic look at homicide and non-fatal serious injury by mental health patients, and suicide death of mental health inpatients. In: Health NM, ed. Sydney Australia2004.

19. Nairn R, Coverdale J. People never see us living well: an appraisal of the personal stories about mental illness in a prospective print media sample. *Australian and New Zealand Journal of Psychiatry.* 2005;39(4):281-287.

20. van der Feltz-Cornelis CM, Sarchiapone M, Postuvan V, et al. Best practice elements of multilevel suicide prevention strategies: a review of systematic reviews. *Crisis: the journal of crisis intervention and suicide prevention.* 2011;32(6):319.

21. Kunrath S, Baumert J, Ladwig K-H. Increasing railway suicide acts after media coverage of a fatal railway accident? An ecological study of 747 suicidal acts. *Journal of epidemiology and community health.* 2011;65(9):825-828.

22. Burgess PM, Pirkis JE, Slade TN, Johnston AK, Meadows GN, Gunn JM. Service use for mental health problems: findings from the 2007 National Survey of Mental Health and Wellbeing. *The Australian and New Zealand journal of psychiatry.* Jul 2009;43(7):615-623.