



Mindframe
National Media Initiative

Tips for *Social Media* content
Communicating Suicide and Mental Illness

Tips for Social Media content

Discussing suicide and broader mental health issues bring some challenges for those using Social Media (e.g. bloggers, Tweeters, Facebookers).

This guide aims to provide some practical tips on safe ways to discuss issues to ensure any risks are managed while increasing community understanding of suicide, mental health and mental illness.

The best suicide prevention communication activities are generally not focussed on suicide deaths, rather they focus on:

- **Mental health and wellbeing:** promoting social and emotional wellbeing to maximize health in individuals and communities.
- **Prevention:** increasing understanding of risk factors (i.e. mental illness) and warning signs of distress.
- **Impact:** talking about the impacts of suicide and how we can better support those bereaved.
- **Support:** promoting ways people can access support for a range of problems.

Tips when communicating about suicide

1. Check the accuracy of your information: unsubstantiated, sensational or inaccurate information is unhelpful.
2. Ensure your language does not sensationalise suicide or suggest there is nothing that can be done. For example, it is best to use “died by suicide” or “took their own life” rather than “successful” or “committed” suicide.
3. Comment on the fact that suicide can be prevented as well as the lasting impact it has on family, friends and the wider community.
4. Avoid explicit descriptions of suicide, including method and location to prevent potential copycat behavior or distress.
5. Encourage discussion around the complexity of the issue and the range of underlying risk factors and impacts to help dispel myths and increase community understanding.
6. Please note that the media follow codes on privacy, grief and trauma, as the bereaved are also at risk of suicide.
7. Promote online help-seeking behavior by including up-to-date and relevant crisis support services.

If communicating online, it is best to refer people directly to online support services and websites for further information, such as:

Lifeline www.lifeline.org.au	Kids Helpline www.kidshelp.com.au
ReachOut www.reachout.com	R U OK? www.ruokday.com.au



Tips when communicating about mental health or mental illness

Responsible and correct representation can help in the understanding of mental health issues in the community and decrease the stigma and discrimination experienced by people living with mental illness. This can encourage people to seek and access help early and lead to a faster recovery.

1. Avoid negative and stigmatizing words like 'deranged', 'mental patient', 'schizo', or 'psycho'.
2. Do not refer to someone as 'a victim', 'suffering with a mental illness'. Use more positive terms like 'living with a mental illness'.
3. Avoid labeling people by their illness. Rather than calling someone a 'schizophrenic', say someone is 'living with schizophrenia' or has a 'diagnosis of schizophrenia'.
4. Don't link mental illness with violence or suggest people are unable to work, parent, or lead fulfilling lives which is not true.
5. Provide online numbers of relevant services or suggest where people can get support or further information.

Mental health/illness websites to consider promoting online

General

SANE
www.sane.org

Beyondblue
www.beyondblue.org.au

Black Dog Institute
www.blackdoginstitute.com.au

Young people

headspace
www.headspace.org.au

ReachOut!
www.reachout.com

Youthbeyondblue
www.youthbeyondblue.com

Culturally and linguistically diverse and Aboriginal backgrounds

Multicultural Mental Health Australia
www.mmha.org.au

Local Aboriginal Medical Service
www.vibe.com.au

Tips when communicating your personal story

Personal stories are important to community understanding around mental health, mental illness and suicide issues. When doing so, you should carefully consider which parts of your personal experience you wish to disclose and the type of audience that you will be communicating to online.

A positive theme is to focus your story on recovery and help the community to understand mental illness and broader suicide issues.

One way to be clear about which parts of your story to tell – follow these steps:

STEP 1: Write out your story in full.

STEP 2: Go back, take out any information you would **not want everyone** you have ever met, or will ever meet, to know about you.

STEP 3: Take out any graphic references to self harm or suicide.

STEP 4: Highlight those parts of your story that support recovery and hope, and have the potential to reduce stigma.

Your key messages will be your main point of discussion. Key messages can be:

- **Short:** who you are and what you want to talk about. For example, “I’m [Name] and I have experienced depression and want to talk about how others can find support too.”
- **Memorable:** use your personal experience to highlight the key message: “I felt afraid to talk about how I was feeling; fearing stigma. But I talked to someone and they supported me in searching for and finding a service.”
- **Help-seeking information:** Include online websites (as mentioned previously).

You can increase community understanding, reduce stigma and promote recovery by including:

- Thoughts and feelings that help others to relate to the experience.
- Things that supported your recovery and how you coped.
- Challenges you faced.

Think about talking points that support key messages. For example, to highlight the importance of seeking help early, your talking point could be about your personal experience of seeking support successfully.

Risk of disclosure!

If there is anyone in your life who doesn't know about your experience, such as an employer or family member? There is a chance they will find out as a result of online disclosure.

Consider: How might people react? If it's not positive, you may need to consider whether it is the right thing for you now and if you need some support from a peak organization. What you are prepared to share about yourself and your story and what you would like to remain private.



FYI: Key facts related to suicide deaths in Australia

General

- Suicide is a prominent public health concern in Australia. For the past five years, around 2,100 people have taken their life each year.
- The suicide rate for persons was 9.7 per 100,000 in 2009. Suicide rates for both males and females have generally decreased since the mid-90s, with the overall suicide rate decreasing by 23% between 1999 and 2009.
- Suicide used to be rare among traditional Aboriginal and Torres Strait Islander people but has become more common in recent years.
- Since 1997, suicide rates among 15 to 19 year old males have shown a pattern of gradually decreasing, although it is still a leading cause of death for this age group.

When does suicide happen?

- Sometimes people may take their own life after signaling their suicidal intentions to others, including loved ones and/or strangers. In other cases, there may be no warning.
- People experiencing a mental disorder, such as major depression, or a psychotic disorder, are at increased risk of suicide. Psychological autopsy studies show consistently that up to 90% of people who suicide may have been experiencing a mental disorder at the time of their death.
- People are at higher risk of suicide while in hospital for treatment of a mental disorder and in the weeks following discharge from mental health in-patient hospital care.
- Incarceration is a risk factor for suicide. People in any form of custody have a suicide rate three times higher than the general population.

Where can I find more information?

The *Mindframe National Media Initiative* resources provide evidence-based advice and support to media professionals and the mental health and suicide prevention sectors, on ways to minimise potential harm in Australian mass media. For further information, contact the project team via email mindframe@hnehealth.nsw.gov.au or visit www.mindframe/for-media