

## **Mindframe media alert**

### **Reporting on Bourke Street attack**

**23 January 2017**

*Please cascade to all media staff*

With the unfortunate events on Friday and reporting in the days since, *Mindframe* would like to remind all journalists and those working in the media that these tragic incidents can also have an impact on the welfare of those covering the story. To support media professionals *Mindframe*, in consultation with the [DART Centre Asia Pacific](#), has developed journalism self-care resources which include helpful tips for journalists as well as advice for editors and line managers. These resources can be found [here](#).

Like the rest of the nation, our thoughts are with those who have been affected by this tragedy, particularly the families, friends and communities of those who have died and are still in hospital receiving treatment following this attack.

We also thank the media for their reporting so far, particularly on promoting help-seeking for anyone distressed by the reporting of this incident.

*Mindframe* would like to remind media professionals they can access our resources (and call us) if mental health issues are relevant to their stories. We ask for media professionals to be cautious with regard to broad statements around mental health etc. when reporting, and to provide context. This is because certain language and stereotypes can lead to negative community attitudes and stigmatise people living with a mental illness as well as present inaccuracies about mental illness or mental health care.

If reports are inaccurate, unbalanced or sensationalised it can reinforce common myths and impact significantly on people experiencing mental illness, making them less likely to seek help when they need it.

**Please refer to the *Mindframe* guide for safe reporting of mental illness: [www.mindframe-media.info/for-media/reporting-mental-illness](http://www.mindframe-media.info/for-media/reporting-mental-illness).**

## ? CONSIDER HOW TO PRESENT INFORMATION FROM POLICE AND COURTS



Australian research has shown that the most problematic type of news coverage about mental illness results from information collected at court or from a police incident.<sup>21</sup>

- Many of these stories focus on violence and relate to specific and relatively rare circumstances. However, audiences are likely to make generalisations about people with a mental illness as a result of the coverage.
- Check the relevance of mental illness to the story. Report a person's mental illness only where this has been confirmed by official sources and when relevant to the story.
- Take care not to imply that mental illness was a factor in a story unless confirmed. Assuming that certain behaviours are associated with mental illness is often inaccurate and can perpetuate stigma.
- The way a police or court incident is reported may contribute to the perceived link between mental illness and violence. Research indicates that most people with a mental illness have no history of violent behaviour and are more likely to be victims of violence.<sup>22</sup>
- Media can help community understanding by providing context surrounding an incident involving a person with a mental illness. For example, where violence occurs it is often in the context of drug use, distressing hallucinations, a lack of treatment or treatment that may not have been effective.<sup>23</sup>

### Consider the language you use

Certain language can stigmatise people living with mental illness as well as present inaccuracies about mental illness or mental health care. Some suggestions about preferred language are provided below.

Issue ?	Problematic X	Preferred ✓
Certain language sensationalises mental illness and reinforces stigma <sup>96</sup>	Terms such as 'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'	A person is 'living with' or 'has a diagnosis of' a mental illness
Terminology that suggests a lack of quality of life for people with mental illness <sup>97</sup>	Referring to someone with a mental illness as a 'victim', 'suffering from' or 'afflicted with' a mental illness	A person is 'being treated for' or 'someone with' a mental illness
Labelling a person by their mental illness <sup>98</sup>	A person is 'a schizophrenic', 'an anorexic'	A person 'has a diagnosis of', or 'is being treated for' schizophrenia
Descriptions of behaviour that imply existence of mental illness or are inaccurate <sup>99</sup>	Using words such as 'crazed', 'deranged', 'mad', 'psychotic'	The person's behaviour was unusual or erratic
Colloquialisms about treatment can undermine people's willingness to seek help <sup>100</sup>	Using words such as 'happy pills', 'shrinks', 'mental institution'	Accurate terminology for treatments e.g. antidepressants, psychiatrists or psychologists, mental health hospital
Terminology used out of context adds to misunderstanding and trivialises mental illness <sup>101</sup>	Terms like 'psychotic dog', using 'schizophrenic' to denote duality such as a 'schizophrenic economy'	Reword any sentence that uses psychiatric or medical terminology incorrectly or out of context

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 the victims of violence and crime than the perpetrators.
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 a mental illness differ in appearance to others in the community.	People with mental illness do not look any different from others in the community.

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.kidshelpline.com.au](http://www.kidshelpline.com.au)
- headspace 1800 650 890 [www.headspace.org.au](http://www.headspace.org.au)

The *Mindframe* National Media Initiative can provide media comment or expert advice on media reporting of suicide and/or mental illness. Our spokesperson is: Marc Bryant, Program Manager *Mindframe*.

For further information or advice, please visit the [Mindframe website](http://www.mindframe.org.au) or contact:

- **The *Mindframe* project team**  
Tel: 02 4924 6900 (0427 227 503)  
Email: [mindframe@hnehealth.nsw.gov.au](mailto:mindframe@hnehealth.nsw.gov.au)  
Twitter: @MindframeMedia
- **The SANE Media Centre**  
Tel: 03 9682 5933 Mob: 0407 367 215  
Email: [media@sane.org](mailto:media@sane.org)