Suicide and Mental Illness in the Media

A Mindframe Resource for the Mental Health and Suicide Prevention Sectors

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The opinions expressed in this document are those of the authors and are not necessarily those of the Commonwealth. This document is designed to provide information to assist policy and program development in government and non-government organisations.

Contact details were correct at the time of publication, although they are subject to change. The project website at **www.mindframe-media.info** contains the most up-to-date contact information.

Content developed by **Everymind** in partnership with the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet), SANE Australia and Multicultural Mental Health Australia.

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Developed with the assistance of media professionals, suicide prevention and mental health experts, and consumer organisations, for the Mental Health and Suicide Prevention Programs Branch, Australian Government Department of Health and Ageing.

For information on how to obtain additional copies of this resource book or to download pdf copies go to the website at **www.mindframe-media.info**

Foreword

People involved in mental health and suicide prevention have an important role to play in supporting appropriate media coverage of suicide, mental health and mental illness.

Suicide and Mental Illness in the Media has been produced as part of the Australian Government's *Mindframe* National Media Initiative. This Initiative aims to encourage responsible, accurate and sensitive portrayal of suicide, mental illness and mental health through a range of projects.

Other projects under the Initiative have focussed on:

- Contributing to the evidence base regarding portrayal of mental illness and suicide in the media;
- Developing and promoting resources and education opportunities for media professionals, police,courts and people involved in Australian film, television and theatre;
- Supporting a community action site to promote accurate and respectful portrayal of the issues;
- Developing and disseminating curriculum resources for journalism and public relations students.

This resource contains practical advice for people involved in mental health and suicide prevention to support their work with the media. It contains suggestions for providing information about suicide, mental health and mental illness that are consistent with best practice guidelines for reporting. Strategies for working with the media, facts and statistics, and relevant contacts are also included.

As representatives of peak media bodies, suicide prevention and mental health organisations, and the Australian Government, we commend this resource to you.

National Media and Mental Health Group, April 2011

Organisations represented on the National Media and Mental Health Group include:

- The Australian Suicide Prevention Advisory Council (ASPAC);
- SANE Australia; - *beyondblue* – The National Depression Initiative;
- Mental Health Council of Australia;
- Free TV Australia; - Commercial Radio Australia; - Australian Press Council;
- Australian Broadcasting Corporation (ABC);
- Australian Writers' Guild; - Special Broadcasting Service (SBS);
- Australian Communications and Media Authority; and consumer representation.

About this Resource

This resource was developed following consultation with media professionals and key groups within the mental health and suicide prevention sector including:

- Media professionals in health and mental health organisations;
- Individual mental health, medical and allied health professionals;
- Mainstream government and non-government mental health organisations;
- Multicultural mental health organisations and services;
- Aboriginal and Torres Strait Islander health and mental health organisations and services;
- Suicide prevention projects;
- Consumers and carers.

Drafts of the resource were reviewed by representatives from all of the groups listed above as well as members of the National Media and Mental Health Group. The resource was first published in 2006. This book is the fourth updated edition.

Suicide and Mental Illness in the Media was originally produced by the Hunter Institute of Mental Health in partnership with the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet), SANE Australia and Multicultural Mental Health Australia. All updates have been written by the Hunter Institute of Mental Health. It was developed for the Mental Health and Suicide Prevention Programs Branch of the Australian Government Department of Health and Ageing with funding from the National Suicide Prevention Strategy.

This resource is also available in electronic form at **www.mindframe-media.info**

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Acknowledgements

Representatives from a number of media and mental health organisations contributed to the development of this resource through the consultation and review process. The project team would like to acknowledge the contribution of the National Media and Mental Health Group and other contributors.

Mental health organisations involved in the development of the resource include:

- A Place To Belong
- Austin Health Victoria
- Australian and New Zealand College of Mental Health Nurses
- Australian Divisions of General Practice
- Australian Infant, Child, Adolescent and Family Mental Health Association, South Australia
- Australian Psychological Society
- beyondblue
- Black Dog Institute
- Carers South Australia
- Children Of Parents with a Mental Illness
- Department of Health and Community Services, Northern Territory
- Department of Health and Human Services, Tasmania
- Flinders Medical Centre
- Hastings Mackay Division of General Practice
- Hunter New England Area Health Service
- Kids in Mind, Tasmania
- Lifeline
- Melton Depression and Bipolar Support Group
- Mental Health Association, Central Australia
- Mental Health Council of Australia
- Multicultural Mental Health Australia
- New South Wales Consumer Advisory Group
- New South Wales Department of Health
- New South Wales Transcultural Mental Health Centre
- Office for Aboriginal and Torres Strait Islander Health (OATSIH)
- Open Minds Consultancy
- Prince Charles Hospital Health Service
- Queensland Department of Health
- Queensland Transcultural Mental Health Centre
- Ramyhuck District Aboriginal Organisation
- Royal Australian and New Zealand College of Psychiatrists
- SANE Australia
- Shellharbour Hospital
- South Australia Congress of Aboriginal and Torres Strait Islander Nurses
- Suicide Prevention Australia
- Sydney West Area Health Service
- Tasmania Consumer Advisory Group
- Uniting Care Wesley, South Australia
- University of South Australia
- Victorian Transcultural Psychiatry Unit
- West Australian Transcultural Mental Health Centre
- Winnunga Nimmitijah Aboriginal Medical Service.

Media organisations involved in the development of the resource include:

- 2UE Radio, Sydney
- 4AAA
- 4BC Radio, Brisbane
- Australian Broadcasting Corporation (ABC)
- Australian Communications and Media Authority
- Australian Press Council
- Edge Radio 99.3FM
- Freelance medical reporter
- Network 10 News, Brisbane
- Newcastle Herald
- Southern Cross Television
- Special Broadcasting Service (SBS)
- The Australian Newspaper.

Introduction

People involved in mental health and suicide prevention are a key source of information for Australian media professionals reporting on suicide, mental health and mental illness.

Consultations carried out in 2005 indicated that a majority of mental health organisations, both government and non-government, were regularly approached by the media regarding stories on these issues. Many organisations also actively sought media coverage. This regular contact with the media provides an opportunity for those involved in mental health and suicide prevention to support appropriate reporting of suicide, mental health and mental illness, which may in turn increase public understanding of the issues.

This resource is designed to assist people involved in mental health and suicide prevention to effectively communicate with the media about suicide, mental health and mental illness and to promote sensitive and appropriate reporting by ensuring that they have:

- Appropriate, sector consistent guidance on providing information to media professionals;
- An understanding of the potential impact of media reporting;
- An understanding of the different sectors of the media and strategies to work with the media;
- Access to relevant reference material;
- Strategies to respond to reporting of suicide, mental health and mental illness.

The key sections of the resource are those that specifically outline issues to consider when talking to the media about suicide, mental health and mental illness. These are found in *Suicide in the Media* and *Mental Illness in the Media*. The *Issues to Consider* sections are based on research evidence and *Mindframe* suggestions for media professionals.

The *Mindframe* National Media Initiative is funded by the Australian Government Department of Health and Ageing and guided by the National Media and Mental Health Group. The *Mindframe* Initiative is a comprehensive strategy that aims to influence media representation of issues related to mental illness and suicide, encouraging responsible, accurate and sensitive portrayals.
The strategy includes a number of projects which focus on providing resources and education opportunities for media professionals, the mental health and suicide prevention sector, police, courts and people involved in Australian film, television and theatre. It also involves strategies to facilitate the inclusion of these issues in tertiary journalism and public relations education, supporting a community action site and helping to build the evidence base for this work.

The Initiative is presented in Figure 1 and further described below.

Mindframe Education and Training Projects

The Hunter Institute of Mental Health manages five of the projects funded under the *Mindframe* Initiative. Combined these are called the *Mindframe* Education and Training Projects.

Sectors: (1) news media professionals and media organisations; (2) the mental health and suicide prevention sectors; (3) journalism and public relations educators and students; (4) film, television and theatre; and (5) police and courts;

The approach: (a) evidence-based and sector appropriate print and online resources; (b) professional development and sector engagement; (c) changes to policies, procedures and codes of practice; (d) national leadership.

PROJECT 1: *Mindframe* Media and Mental Health Project

Sector: News Media (including print, radio, television, online, Indigenous Media and CALD media)

Key Resource: *Reporting Suicide and Mental Illness: A Mindframe resource for media professionals*[1] (print and online at www.mindframe-media.info)

Description: *Mindframe* Media and Mental Health project aims to build a collaborative relationship with the Australian news media (print, radio, television, and online news) through development and dissemination of evidence based resources and sector engagement to enable a more accurate and sensitive portrayal of suicide and mental illness.

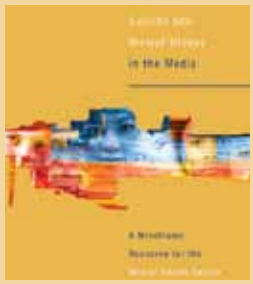
Figure 1. Projects under the Australian Government's National Mindframe Initiative.

***Response Ability* for Journalism and Public Relations Education**

- Resources for university training of journalism and public relations students

***Mindframe* Media and Mental Health Project**

- Resources for media professionals



***Mindframe* for the Mental Health and Suicide Prevention Sector**

- Resources for the mental health and suicide prevention sector

The **Media Monitoring Study**, 2001, 2007

National Media and Mental Health Group

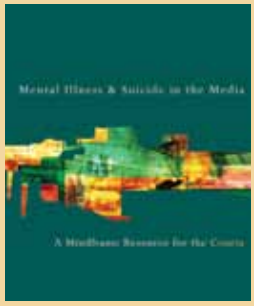
Including representatives from the Australian Government Department of Health and Ageing, peak media bodies and mental health and suicide prevention organisations.

***Mindframe* Stage and Screen**

- Resources for Australian film, television and theatre

***Mindframe* for Police**

- Resources for police officers



***Mindframe* for Courts**

- Resources for judicial and other officers of the courts

SANE Australia's Media Centre & *StigmaWatch* program

PROJECT 2: *Mindframe* for the Mental Health and Suicide Prevention Sector

Sectors: Mental health and suicide prevention sector (including government and non-government services, professional bodies, consumers, carers and individuals bereaved by suicide)

Key Resource: *Suicide and Mental Illness in the Media: A Mindframe resource for the Mental Health and Suicide Prevention Sectors*[2] (print and online at www.mindframe-media.info)

Description: *Mindframe* for the Mental Health and Suicide Prevention Sector supports the mental health and suicide prevention sectors to build collaborative relationships with the media and to facilitate better understanding about issues to consider when working with the media around mental illness and suicide.

PROJECT 3: *Response Ability* Journalism and Public Relations

Sector: Universities offering journalism and public relations programs

Key resources: *Response Ability Journalism* multi-media resource kits[3] and online resources at www.responseability.org

Response Ability Public Relations online resources[4] at case-studies at www.responseability.org

Description: *Response Ability* project for Journalism and Public Relations Education aims to influence tertiary curriculum so that graduates in journalism and public relations will be aware of and able to respond to issues relating to suicide and mental illness.

PROJECT 4: *Mindframe* for Stage and Screen

Sector: Scriptwriters and other stakeholders involved in Australian film, television and theatre

Key Resources: *Mental Illness and Suicide: A Mindframe resource for Stage and Screen*[5] (print and online at www.mindframe-media.info)

Description: *Mindframe* Stage and Screen provides practical advice and information to support the work of scriptwriters and others involved in the development of Australian film, television and theatre. It is designed to help inform truthful and authentic portrayals of mental illness and suicide.

PROJECT 5: *Mindframe* for Police and Courts

Sector: Police stakeholders and judicial officers and other officers of the court from each state and territory across Australia.

Key Resources: *Suicide and Mental Illness in the Media: A Mindframe resource for Police*[6] (print and online at www.mindframe-media.info)

Suicide and Mental Illness in the Media: A Mindframe resource for Courts[7] (print and online at www.mindframe-media.info)

Description: *Mindframe* for Police and Courts aims to support best practice reporting of suicide and mental illness through the provision of resources and professional development police and courts stakeholders in each state and territory of Australia.

Other Programs under the *Mindframe* Initiative

SANE Media Centre and StigmaWatch Program

The SANE Media Centre promotes and supports the accurate and responsible portrayal of mental illness and suicide within the Australian media. It advises both the media and the mental health sector on how to present and report these issues. The SANE Media Centre comprises trained journalists who can assist the Mental Health and Suicide Prevention Sector in working with the media.

The SANE Media Centre also hosts the SANE *StigmaWatch* program, which reflects community concern about media stories, advertisements and other representations, which stigmatise mental illness or inadvertently promote self-harm or suicide. *StigmaWatch* also provides positive feedback to the media following accurate and responsible portrayals of mental illness and suicide related issues.

For more information and to view recent StigmaWatch activity, go to **www.sane.org**

Media Monitoring Project, 2001, 2007

Two large-scale media monitoring projects in Australia (2001 and 2007) have provided information about the way Australian news media report suicide and mental illness. *The Media Monitoring Project*[8] sought to establish a baseline and a 6-year follow-up of how the Australian media portray suicide, mental illness and mental health. Media items were collected over two 12 month periods and analysed both in terms of quantity and quality.

The study's key findings, include:

- News reporting of mental illness and suicide in 2006/07 (*42,013* reports) was much more extensive than compared to 2000/01 (*17,151* reports);
- Reporting also improved in quality for both suicide (from 57% to 75%) and mental illness (from 75% to 80%) bringing Australian reporting more in line with the evidence.

Copies of the Media Monitoring Project reports can be downloaded at **www.mindframe-media.info**

Suicide in the Media

The issue of suicide and the media is a complex one with various opinions existing within the media, the suicide prevention sector and the community. Nobody would argue that we need to find ways of increasing community discussion of suicide and suicide prevention. The potential role the media may play in increasing community discussion, however, is quite complex to work through.

The media has an important role to play in influencing social attitudes to suicide and potentially the actions of vulnerable people. Research has demonstrated that the way suicide is reported is significant.

A critical review of the evidence[9] confirms that there remains a strong association between media presentations of suicide and increases in actual suicidal behaviour (including suicide deaths, attempts and thoughts about suicide).

Stories about suicide appear to have the greatest impact on people in the community who are already vulnerable. The risk is increased where someone identifies with the person in the report, where the story is prominent, is about a celebrity, details method and/or location or glorifies the death in some way.

Evidence also suggests things that can be done to mitigate the potential harm – such as removing references to method or location, seeking comment on the impact of the death on others, including information on where to seek help and minimising the prominence of the report.

While the media generally take a responsible approach to reporting suicide, examples of inappropriate reporting can still be seen. By learning how to work with the media, people involved in mental health and suicide prevention can help to ensure the right messages are getting through.

What follows in this section is a summary of research evidence regarding the impact of media reporting and suggestions for talking to the media about suicide.

> ‘Most journalists don’t want to think someone could kill themselves from reading their story’
>
> *Radio producer, Triple J.*

Media Reporting of Suicide – What does the research say?

While there is a clear difference between reporting on deaths by suicide and covering the broader issues of suicide (e.g. highlighting risk factors, promoting programs, outlining appropriate responses), almost all of the research evidence to date has focussed on the impact of reporting suicide deaths.

A critical review of international research conducted in 2010[10] found that there is a strong association between news media presentations of suicide and increases in actual suicidal behaviour (including suicide deaths, attempts and thoughts about suicide). A separate critical review looking at the association between entertainment media and suicide[11] found similar results.

To date, there is limited evidence to suggest benefits associated with reporting of suicide. There have been very few studies that have attempted to establish any possible preventive effects of suicide-related media content.

Findings from some of the key international studies are summarised below.

Characteristics of reporting associated with increased risk of suicidal behaviour

Reporting of celebrity suicide

A series of American and Asian studies found increased rates of suicide in months in which front page newspaper articles of celebrity suicide appeared.[12 13]

High profile reporting of suicide

Studies also found increased rates of suicide in the months that front-page reports of non-celebrity suicides appeared.[14,15,16,17]

Description of method and location

Higher rates of suicide by a particular method have been found to follow the appearance of newspaper stories on a suicide by these methods.[18,19,20] Studies have also found a relationship between the method of suicide portrayed in a fictional film or television program, and increased rates of suicide attempts using this method.[21,22,23,24,25,26]

Where vulnerable people identify with the person who is the subject of the story

A US study found an increase in the rate of death by suicide among older people following reporting of suicide in this population group.[27] In addition, a 1995 Australian study found an increase in the number of males who died by suicide following newspaper reports of suicides with the peak being three days after reporting. This was attributed, at least to some extent, to the higher rate of reporting of male suicide and the predominantly male readership of the newspaper.[28]

- **Prolonged or repetitive reporting of a suicide**

Repetitive reporting of the same suicide has been associated with increases in suicide rates.[29] This is described as a 'dose response effect', where the greater the coverage of a particular suicide the greater the risk of an increase in subsequent suicides.

Characteristics of reporting associated with decreased risk of suicidal behaviour

- **Portrayal that positions suicide as a tragic waste and an avoidable loss and focuses on the devastating effects on others**

A 1997 Australian study of reporting following Kurt Cobain's suicide found rates among young Australians aged 15-24 were significantly lower in the month following the reporting of his death than for corresponding months in previous years. Significantly, the media were highly critical of Cobain's decision to end his life.[30] A US study showed rates of completed and attempted suicide by young people fell following the broadcast of telemovies showing the impact of suicide.[31]

- **Not reporting method or location**

Austrian studies found that the number of completed and attempted suicides in the Vienna subway dropped after the introduction of media guidelines led to less frequent reporting of suicides by that method and in that location.[32,33,34]

- **Reports about overcoming suicidal thinking**

An Austrian study found that newspaper reports that focussed on an individual's experience with suicidal ideation (i.e. thinking about suicide) that was not accompanied by an attempt or death by suicide, was negatively associated with suicide rates.

A similar summary of the evidence from the literature is also contained in *Reporting Suicide and Mental Illness* and is downloadable from the *Mindframe* website at **www.mindframe-media.info**

While there is little published evidence of the impact of reporting suicide on Aboriginal and Torres Strait Islander Australians, a consultation conducted under the *Mindframe* Initiative in 2004 provides some insight into the issues:

- Aboriginal and Torres Strait Islander Australians are affected by reports of people who have died by suicide whether or not the person who died was an Aboriginal or Torres Strait Islander person, especially if they identify with them in some way;
- Identification with a person in a media report is seen as a risk for copycat suicide, especially among young men and boys;
- In many communities mentioning or using the name of a person who has passed away can cause great distress, as can showing their image through visual media.

The full report, *News Media and Indigenous Australian Communities*, can be downloaded from the Resources section of the *Mindframe* website at **www.mindframe-media.info**

There is mounting evidence for an association between web-based suicide related material on actual suicidal behaviour. While the studies appear to support a causal association between the two, further research is required in this area.[35]

Issues to Consider – Portrayal of Suicide in the Media

Key things to remember when talking to the media about suicide:

- Consider whether to participate in the story;
- Provide expert comment or advice where possible;
- Provide 24 hour crisis counselling services to include in stories;
- Avoid description of the method and location of suicide;
- Use appropriate language;
- Place the story in context by providing general information about suicide;
- Exercise caution when providing access to people bereaved by suicide;
- Refer journalists to *Mindframe*.

More information on each of these points is below.

Consider whether to participate in the story

Think about the following factors when deciding whether to be involved in a media report:

- Are you or your organisation able to provide comment or advice to media professionals? Are you the most appropriate organisation or person to be commenting on the issue? Do you have the time or people available to work with the media?
- Familiarise yourself with relevant organisational media policies. These should provide guidance about who is authorised to speak with the media and on which particular issues.
- Avoid engaging in repetitive, prominent or excessive reporting of suicide as this may have the effect of normalising suicide and has been linked with increased rates of actual suicide. However, this does not mean that all suicide reports should be avoided.
- Does the story provide an opportunity to increase community understanding, highlight groups at risk or promote help-seeking behaviour in some way? If this is the case, consider in what ways you may be able to have input.
- While you always have the option of saying 'no' you may want to consider the impact of not participating in a story. That is, the story may still be run without expert comment and advice. Would this outcome be worse than if you did participate? Sometimes, even negative stories can provide an opportunity for education and suicide prevention messages, or at the very least encouraging the inclusion of helpline numbers.
- When deciding whether to participate in a story you may want to consider what type of media is making the approach and whether you are best placed to provide them with information. Do they have a national, state or local audience? Do they require general information, specific information for a particular community group, or information related to a specific incident?

Provide expert comment or advice

If your organisation is able to provide expert advice or comment to the media it may be useful to:

- Compile a list of qualified people within the organisation who can speak to the media about suicide. One individual may not be an expert on all aspects of the issue.
- Make sure experts are familiar with the *Mindframe* principles by giving them a copy of this resource.
- Refer media professionals to a suitable local or national expert in the field if the information requested is on issues that lie outside your area of experience or expertise. Alternatively, you can refer them to the Expert Comment section of the *Mindframe* website at **www.mindframe-media.info**

Provide 24-hour crisis services to include in stories

Vulnerable people can be adversely affected by suicide stories and, in some cases, be prompted to harm themselves. People are also more likely to seek help when appropriate services are included in suicide stories, namely **24-hour crisis counselling services**.

Always provide media professionals with appropriate crisis numbers and information about treatment and support options for those who may be affected by a report. Suggest to the media that the information is included in their report. Also ensure crisis services are provided at the bottom of all press releases.

A list of appropriate contacts for suicide stories can be found on page 77 of this resource book. They cover crisis support contacts for: adults; men; young people and children; people from culturally and linguistically diverse backgrounds; and Aboriginal and Torres Strait Islander people.

A media quick reference card with a guide for the media on including contacts for suicide stories can also be downloaded from the *Mindframe* website **www.mindframe-media.info** and provided to journalists.

Avoid description of the suicide

Reporting that includes detailed description or images of method and/or location of a suicide has been linked in some cases to further suicides using the same method or location. When suicide occurs it is likely that the media already have information about the method and location of death. To support appropriate reporting you can:

- Avoid discussing details of method and location and discourage media professionals from including them in reports wherever possible. At the very least, the method and/or location of suicide should be mentioned only in general terms.
- Provide alternative suggestions for ways to report the act that do not provide specific details. The following examples illustrate how this might be done:

Say…		Rather than…
the person took a 'cocktail of medications'	→	*outlining the specific medications that were taken*
the person 'fell to their death from a local building'	→	*they 'jumped from the top floor of the Skyline building on Smith Street'*
the person 'took their own life in a hospital room'	→	*'she used her bed sheet to hang herself from the ceiling fan'.*

In some instances, stories may focus on advocacy, e.g. for means reduction or highlighting 'hotspot' locations. In these stories it is important to understand that using details of method and/or location requires the same level of caution.

For many Aboriginal and Torres Strait Islander communities there are cultural protocols around naming and showing pictures or video of a person who has passed away. In many cases mentioning the person's name or showing them visually in the media can cause distress to the family and community.

For suicide deaths involving an Aboriginal or Torres Strait Islander person, avoid releasing their name or details to the media. Explain the reason for withholding this information and request that media professionals respect appropriate cultural protocols.

Use appropriate language

The language used in media reports can contribute to suicide being presented as glamorous, normal or as an option for dealing with problems.

Media professionals are given recommendations about appropriate language. It is important that the language you use when talking to the media is consistent with these suggestions. Written communication with media professionals (e.g. media releases) should also be checked for appropriate language.

When talking about suicide:

Say…	Rather than…
'non fatal' or 'attempt on his/her life'	*'unsuccessful suicide'*
'took their own life' or 'died by suicide'	*'successful suicide' or 'committed suicide'*
statements such as 'increasing rates' or 'cluster of deaths'	*'suicide epidemic' which is sensationalist and inaccurate*

Place the story in context

Placing stories about suicide in the context of risk factors and other mental health issues can assist in breaking down myths about suicide and promote a better understanding of it as a wider issue and a challenge for the community.

Some factors to consider include:

- Provide information about suicide and its relationship to known risk factors. For privacy or confidentiality reasons it may be more appropriate to give general information rather than specific information about an individual.
- Avoid simplistic explanations that suggest suicide might be the result of a single factor or event (e.g. a relationship breakdown).
- Provide suicide prevention information such as risk factors and warning signs and encourage its inclusion in the story.
- Provide information in simple terms and without jargon.

You may also want to provide the journalist with current facts and statistics about suicide (as summarised in *Suicide Facts and Statistics*), or point them to the *Mindframe* website where they can find brief, updated information.

Exercise caution in facilitating access to people bereaved by suicide.

If the media wish to interview those who have been bereaved by suicide, be aware that these people may be quite vulnerable. Those who have been bereaved may include health workers who knew the person, as well as family and friends.

People bereaved by suicide may be at risk of mental health problems and possibly suicide themselves. They may be particularly vulnerable in the first year following the death and on anniversaries after that time. Be cautious about facilitating media access at these particularly vulnerable times and inform media professionals about the risks, as they may seek access through other avenues.

Support relatives or friends of people who have died by suicide who are approached for an interview, or who feel they would like to approach the media to tell their story to make an informed decision about participation.

Some factors to consider include:

- Remember that people bereaved can say 'no' to an interview request.
- Obtain adequate information before making a decision about whether to participate in an interview. Ask the media professional about the story and what would be required of the person bereaved.
- Think about the motivation for talking to the media. If the person bereaved sees it as an opportunity to tell their story then it may be helpful to consider other options such as a bereavement support group or as a speaker for a suicide prevention organisation.
- What is the person bereaved prepared to share about themselves and what would they like to remain private?
- Make sure people bereaved are familiar with the *Mindframe* guidelines and have access to this resource.

Also, ensure that relatives or friends acting as spokespeople have access to adequate support during and after the interview, and are given information about how to talk about suicide from these resources.

Refer to *Interviews* in *Tools for Working with the Media* for more information.

Refer journalists to *Mindframe*

At every opportunity, either through telephone discussions, in person, or through media releases and other correspondence, ensure that the media professional concerned knows about, and has access to, the *Mindframe* resources.

Refer journalists to the *Mindframe* website at **www.mindframe-media.info** or attach pdf copies of the quick reference cards (downloadable from the site) in an email or media release. It is recommended that the *Mindframe* website be added to the bottom of all correspondence with media professionals.

Mental Illness in the Media

The media has an important role to play in informing and influencing community attitudes to mental health, mental illness and people affected by mental ill-health. Research has demonstrated a link between the often negative portrayal of mental illness in the mass media, and negative beliefs among members of the community. Public attitudes to people with a mental illness contribute to the stigma and discrimination.

While reporting that perpetuates stereotypes can lead to negative community attitudes, responsible and accurate reporting has the potential to increase understanding of mental health issues in the general community and decrease the stigma and discrimination experienced by people living with a mental illness.

While the reporting of mental illness is generally better than that of suicide, and research in 2008 demonstrated some improvement in Australia, examples of inappropriate reporting can still be seen.[36]

In preparing to work with the media it is useful to have an understanding of the potential impact of reporting mental illness in certain ways and knowledge of the principles of best practice promoted to media professionals through the *Mindframe* Initiative.

What follows in this section is a summary of research evidence regarding the impact of media reporting and suggestions for people involved in mental health when talking to the media about mental health and mental illness.

> ‘The media is a principle source of information for the community and has a major role in influencing community attitudes towards mental illness’
>
> *Executive Director, SANE Australia*

Media Reporting of Mental Illness – What does the research say?

Research has demonstrated that the media has an important role to play in informing and influencing community attitudes to mental health, mental illness and people affected by mental illness.

A critical review has been conducted into the effects of reporting mental illness.[37] Findings from key studies in this report, as well as from other sources are summarised below.

The media is an important source of information for many people about mental health and mental illness

- A German study found that the media is the most important source of information for many people on mental health and illness and that negative media reports were more commonly recalled than positive ones.[38]
- A number of American studies also found that the media is an important source of information about mental health issues.[39 40]

Mental illness tends to be portrayed negatively in both news and entertainment media

- An Australian study found that electronic and print media coverage often reflects and perpetuates the myths and misunderstandings associated with mental illness.[41]
- Half (51%) of respondents in a national study in the US felt that depictions of people with mental illness in the entertainment industry were negative and 43% believed coverage of mental illness in the news media was mostly negative.[42]
- A study of newspaper items on mental illness in a New Zealand newspaper in 1997 found that mental illness was portrayed negatively and that people with a mental illness were portrayed as a danger and a threat to the community.[43]

Negative reporting of mental illness has a direct effect on attitudes

- Individuals citing the media as the most important source of their information had more negative attitudes towards mental illness.[44]
- Media accounts of mental illness that instil fear have a greater influence on public opinion than direct contact with people who have mental illness.[45]
- A number of studies demonstrated that exposure to negative stories, either fictional or non fictional, had a direct effect on attitudes which was not altered by subsequent exposure to positive stories.[46 47 48]

Negative portrayal impacts directly on people living with a mental illness in the community

- Three-quarters of consumers of mental health services in a UK study felt that media coverage was 'unfair, unbalanced or very negative', while 50% believed media portrayal of mental health issues had 'a negative effect on their mental health'.[49]
- A survey by SANE Australia found that 95% of consumers believed that negative portrayals of mental illness in drama had an effect on them and 80% reported that the effect was negative. Consumers described direct effects including distress, perceptions of stigma and self-stigma.[50]

And indirectly through stigma

- A survey by SANE Australia found that 76% of consumers and carers experienced stigma at least every few months.[51]

There is some evidence that mental health promotion campaigns in the media can have a positive impact on community attitudes towards mental illness

- UK studies have found positive attitude change following nationwide mental health promotion activities in the media.[52 53 54]

A similar summary of the evidence from the literature is also contained in *Reporting Suicide and Mental Illness* and is downloadable from the *Mindframe* website at **www.mindframe-media.info**

While there is little published evidence of the impact of reporting mental illness on Aboriginal and Torres Strait Islander Australians a consultation conducted under the *Mindframe* Initiative in 2004 provides some insights into the issues:

- Aboriginal and Torres Strait Islander Australians are affected by reports of people experiencing mental health problems and mental disorders, whether or not the people in the report are Aboriginal or Torres Strait Islander;
- Negative reporting about mental health services and health departments may be one reason why Aboriginal and Torres Strait Islander people may not access available services;
- Aboriginal and Torres Strait Islander Australians believe that negative portrayal of mental health in their communities affects the way the wider community views them and how they view themselves.

The full report *News Media and Indigenous Australian Communities* can be downloaded from the *Media* section of the *Mindframe* website at **www.mindframe-media.info**

Issues to Consider –

Portrayal of Mental Illness in the Media

Key things to remember when talking to the media about mental illness:

- Consider whether or not to participate in the story;
- Provide expert comment or advice where possible;
- Provide helpline numbers to include in stories;
- Use appropriate language;
- Avoid negative stereotypes;
- Consumers and carers considering talking to the media should have adequate information to make an informed decision;
- Refer journalists to *Mindframe*.

More information on each of these points below:

Consider whether to participate in the story.

Think about the following factors when deciding whether to be involved in a media story:

- Are you or your organisation able to provide comment or advice to media professionals? Are you the most appropriate organisation or person to be commenting on the issue? Do you have the time and people available to work with the media?
- Familiarise yourself with relevant organisational media policies. These should provide guidance about who is authorised to speak with the media and on which particular issues.
- Does the story have the potential to contribute to better understanding of mental health and mental illness in the wider community? Is there potential to include information that will assist in dispelling myths and stereotypes, provide accurate information about illnesses and their treatment, or provide details of services available for those experiencing mental illness?
- While you always have the option of saying 'no' you may also want to consider the impact of not participating in a story. That is, the story may still be run without expert comment and advice. Would this outcome be worse than if you did participate? Sometimes, even negative stories can provide an opportunity for education or at the very least the inclusion of helpline numbers or other support information.
- When deciding whether to participate in a story you may want to consider what type of media is making the approach and whether you are best placed to provide them with information. Do they have a national, state or local audience? Do they require general information, specific information for a particular community group, or information related to a specific incident?

Provide expert comment/advice

If your organisation is in a position to provide advice or comment to the media it may be useful to:

- Compile a list of qualified people within the organisation and the aspects of mental health, mental illness and/or mental health care they can speak to the media about. One individual may not be an expert on all aspects of the issue.
- Make sure experts are familiar with the *Mindframe* principles by giving them a copy of this resource.
- Always look for opportunities to provide appropriate information on mental illness and mental health care that debunks some commonly held myths. The information may not be included in the story, but it may influence the way the story is written.
- Refer media professionals to a suitable local or national expert in the field if the information requested is on issues that lie outside your area of experience or expertise, Alternatively you can refer them to the Expert Comment section of the *Mindframe* website at **www.mindframe-media.info**

The SANE Media Centre can provide advice and support to individuals and organisations when talking to the media about mental illness and suicide-related issues. Staffed by journalists, it works with the media on a daily basis and understands 'what makes them tick'. The Media Centre's expertise is offered as part of the *Mindframe* Initiative and organisations are encouraged to contact the Centre on 03 9682 5933 or **media@sane.org**.

Provide helpline numbers to include in stories

Vulnerable individuals may be distressed by stories about mental illness. Alternatively, the story may prompt someone experiencing mental illness to seek help, so it is important that correct contact information for relevant organisations is included with all reports about mental illness. Where possible provide media professionals with helpline numbers and treatment and support options. Suggest that this information be included somewhere in the report, or at the end of the report. Make sure the contact details match the story.

A list of contacts for mental illness stories can be found on page 77 of this resource book. They cover appropriate mental illness support contacts for: adults; men; young people and children; people from culturally and linguistically diverse backgrounds; and Aboriginal and Torres Strait Islander people.

A media quick reference card with a guide for the media on including contacts for mental illness stories, can also be downloaded from the *Mindframe* website **www.mindframe-media.info** and provided to journalists.

Use appropriate language

The language used when reporting on mental illness plays a big role in keeping alive stereotypes, myths and stigma. Unfortunately, people involved in mental health are not always aware of the language that they use – especially in stressful situations like conducting a media interview. Journalists will pick up on the language used by mental health spokespeople and are unlikely to edit 'direct quotes' even when they recognise that the language may not be helpful.

When talking about mental health and mental illness with the media:

- Avoid negative language, e.g. 'deranged', 'mental patient', lunatic asylum'.
- Avoid referring to someone as 'a victim', 'suffering from' or 'afflicted' with mental illness or any language that suggests mental illness is a life sentence – e.g. a person is not 'a schizophrenic', they are 'currently experiencing', 'being treated for' or 'have a diagnosis of schizophrenia'.
- Be careful not to imply that all mental illnesses are the same and ensure that correct terminology is used when a diagnosis is referred to.
- Be aware of the language you use when referring to someone leaving hospital – e.g. a person is 'discharged' from hospital not 'released' and they 'leave', they don't 'escape'.
- Ensure that medical terminology is not used out of context, e.g. 'schizophrenic policy'.

Remember that your comments potentially reach many members of the community.

> 'Aboriginal people have their own views about mental illness, but these are never reported in the media. We use different words and think about it all different to other people'
>
> *Respondent, News Media and Indigenous Australians Consultation*

Aboriginal and Torres Strait Islander Australians are generally not comfortable with 'mental health' and 'mental illness' and prefer instead that health is presented in the context of social and emotional wellbeing.

Special attention to language must also be taken when providing information about mental illness, mental health and suicide for use in multi lingual media. In many cultures 'mental illness' is a foreign and ambiguous concept. If understood at all, it can be heavily stigmatised and the idea of recovery is almost unknown. Often the terms used by the mental health sector cannot be translated into other languages, as these languages may have no equivalent term and the literal translations are misleading or meaningless. Use plain English and remove colloquial terms and jargon. You may choose to check with an interpreter whether any of the concepts you plan to refer to need further explanation.

Avoid negative stereotypes

While language is important, it is not the only factor that contributes to stereotypes. Below are some examples of how you can challenge stereotypes through the information you give to media professionals:

- If a story is about an individual (or individuals) living with mental illness, encourage inclusion of information that presents a balanced view of the person as more than just their illness. This might include information that shows them participating in work, relationships, sport or other aspects of community life.
- Be aware that the media may sometimes link mental illness with violence. If they are seeking background to a story involving a violent act by a person with a specific diagnosis, firstly question the relevance of the person's mental illness to the story. Secondly, you may want to take the opportunity to provide the person with relevant facts about the association between mental illness and violence (see *Mental Illness Facts and Statistics*).
- In any stories about mental health or mental illness, encourage media professionals to include information that demonstrates that mental illness is not a life sentence and that while some people may be quite disabled by their illness, many more can recover fully and participate in all aspects of society.

Consumer and carer involvement

While many people who have or have had a mental illness are happy to speak to the media, talking publicly can be a difficult and distressing experience. It is important therefore that consumers and carers considering media work have access to appropriate support throughout the experience. In particular, assistance may be required when making the decision whether to participate or not.

Think about what your motivation is for talking to the media. If you see it as an opportunity to tell your story then you may wish to consider other options, for example community education forums. Media professionals will usually have a purpose in compiling a report that is broader than just telling an individual's story and this may lead to you being disappointed with the outcome.

Those whose aim is to provide information for the general public about an aspect of mental health or mental illness, perhaps illustrated by their own experiences, are more likely to be satisfied with the resulting story.

Remember to ask the media professional what the reason for the story is and check whether this fits with your reasons for participating.

Some points for consumers and carers to consider include:

- It may be worth gaining the support of an advocacy or peak organisation before being involved in media interviews. They may have a designated person responsible for media liaison who can assist in setting up the interview and providing additional support.
- Obtain adequate information before making a decision about whether to participate. Ask the media professional about the story and what would be required of you. (More information about deciding whether to participate in a story can be found in *Responding to Media Requests*.)
- Remember that you can say no.
- Consider arranging to have a support person present throughout the interview, and/or the opportunity to debrief afterwards.
- Make sure you are familiar with the *Mindframe* principles and have access to a copy of this resource.
- If you are going to have a regular role as a media spokesperson you may wish to consider media training.

Telling personal stories

When asked to do an interview you should carefully consider which parts of your personal experience with mental illness or caring for someone with a mental illness match the type of media and the theme of the journalist's story.

When you are preparing for an interview here are some simple steps to help you become clearer about which parts of your story you are prepared to make public:

- Write out your story in full;
- Remove any information that you do not want to become public knowledge;
- Remove references to self-harm, suicide, treatments, medications or advice;
- Highlight those parts of your story that support recovery, hope and have the potential to increase community understanding and debunk stereotypes.

Refer journalists to *Mindframe*

At every opportunity, either through telephone discussions, in person or through press releases and other correspondence, ensure that the media professional concerned knows about and has access to the *Mindframe* resources.

Refer journalists to the website at **www.mindframe-media.info** or attach pdf copies of quick reference cards (downloadable from the site) in an email or press release. It is recommended that the *Mindframe* site be added to all correspondence with media professionals.

This section provides a basic description of the structure of the Australian news media and answers some commonly asked questions about how the media works.

What is the "news" media in Australia?

News media refers collectively to organisations which control news media technologies, including broadcast, print, and, more recently, the Internet, which are used for "mass" communication.

The media's primary purpose in general is to communicate current news and affairs information. Information is interpreted by the media organisations and then reported to a defined audience with the combined aim of educating, informing, entertaining and, in some cases, protecting that audience.

The media is guided by recognised industry professional standards such as ethics, news values, objectivity, minimal censorship, and state/commercial independence. Audiences are usually considered to be most interested in things that affect them directly or that could affect them or those around them or potentially cause them harm. It should be noted that in some cases the media also has commercial (profit) interest and this can drive the need to produce stories to increase their audience.

There are **three** broad groups of news media within Australia:

- **Broadcast media** – including radio and television;
- **Print media** – including newspapers and magazines;
- **Online media** – including (a) Web-based communication activities for both print and broadcast media; and (b) New Media - including blogs and Social Networking sites (Facebook, Twitter, etc), which are increasingly being used by the traditional mass media.

Further information on targeting approaches to the individual sectors of the media can be found in *Proactively Working with the Media*.

Who decides what gets reported?

Many journalists decide what stories they produce. However, the final decision on what's reported is made by their respective editors (print media), news director (broadcast news), online editor (for news websites) or the program director/producer (in broadcast programs).

Radio

Radio is provided through a network of public broadcasters, commercial and community stations.

Public Broadcasters

Australia has two public radio broadcasters:

- **Australian Broadcasting Corporation** (ABC) radio is made up of 60 metropolitan and regional stations and four national networks and an Internet service;
- **Special Broadcasting Service** (SBS) radio is Australia's multicultural and multilingual broadcaster. It broadcasts in more than 50 languages across a network which is available in all capital cities and key regional centres.

Commercial Stations

There are around 260 commercial radio stations, represented by Commercial Radio Australia (CRA). They are in metropolitan and regional areas (FM/AM frequencies) and usually funded by advertising and for profit or as part of a profit making enterprise.

Community Stations

There are over 350 community radio stations, supported by the Community Broadcasting Association of Australia (CBAA), with 60% of which are in non-metropolitan areas. A 'community', as represented by a community radio station, may be defined in terms of interest, geographical, age, gender or cultural boundaries.

Television

Like radio, television is accessed by a high percentage of the Australian population.

Public Broadcasters

Both the ABC and SBS are also Australia's national public television broadcasters. ABC provides local and national programming and digital channels. SBS provides a national television service and digital channels. SBS broadcasts a mix of Australian produced and international programs, in over 50 languages other than English.

Commercial Free-to-Air television

Commercial free-to-air television has three channels and reaches most Australians. They are run for profit or as part of a profit making enterprise and funded through advertising revenue.

Subscription Television

The major distinctive feature of subscription television is the direct contract between the television provider and the subscriber. Subscription television has a smaller target audience than free-to-air television and offers more specialised programming.

Community Television

Australia has a small number of free-to-air community television stations most of which are located in capital cities.

Print Media

Print media is a large and diverse sector and information is presented in many different forms. These include:

Newspapers

There are more than 600 newspapers in Australia, including: 12 major national or state/territory daily newspapers, about 35 regional daily newspapers, nine Sunday newspapers, and almost 500 weekly or twice weekly regional, rural and suburban publications. They come in either tabloid or broadsheet format and vary in circulation size. In Australia, Saturday and Sunday editions of major newspapers are more widely read than weekday editions.

The majority of major newspapers are owned by two publishing companies. There are also independently owned newspapers in both metropolitan and regional areas. There is a number of newspapers published in a language other than English.

Magazines

There are over 1500 magazines published in Australia including women's interest, general interest, health, television, home and garden, leisure and current affairs titles.

Online News

The online media environment continues to grow rapidly and almost all major media outlets, from print through to broadcast programs also have websites that provide and update daily news items regularly. In addition, there are an increasing number of purely online news and information forums accessible to the community.

As well as specific websites for news media, there are other rapidly emerging forms of direct digital communication on the Internet under a broader term "New Media". New Media includes blogs and Social Media (Facebook, Myspace, Twitter and Linkedin). Whilst not exclusive to mass media organisations, however these are increasingly being used by the traditional media to communicate to their audiences and connected to their main web pages.

The Internet is the only medium that allows content to be created and uploaded by the wider public and therefore does not have the level of regulation associated with traditional media. Whilst this enables efficient and widespread dissemination of information, it also creates the opportunity for inaccuracies.

Multicultural and Indigenous media

There are media organisations which aim to provide information and entertainment for particular population groups. These include:

- **Multicultural and multilingual media** – **the National Ethnic & Multicultural Broadcasters' Council** is the peak body for a network of over 120 ethnic community broadcasters. Other media in this sector includes print media publications and SBS.
- **Indigenous Media** – **Australian Indigenous Communications Association** is the peak body for Indigenous media organisations. There is a national commercial television network (NITV) as well as an extensive network of commercial and community radio stations. There are also two major Indigenous print media publications. In addition, SBS and the ABC have designated Aboriginal and Torres Strait Islander staff.

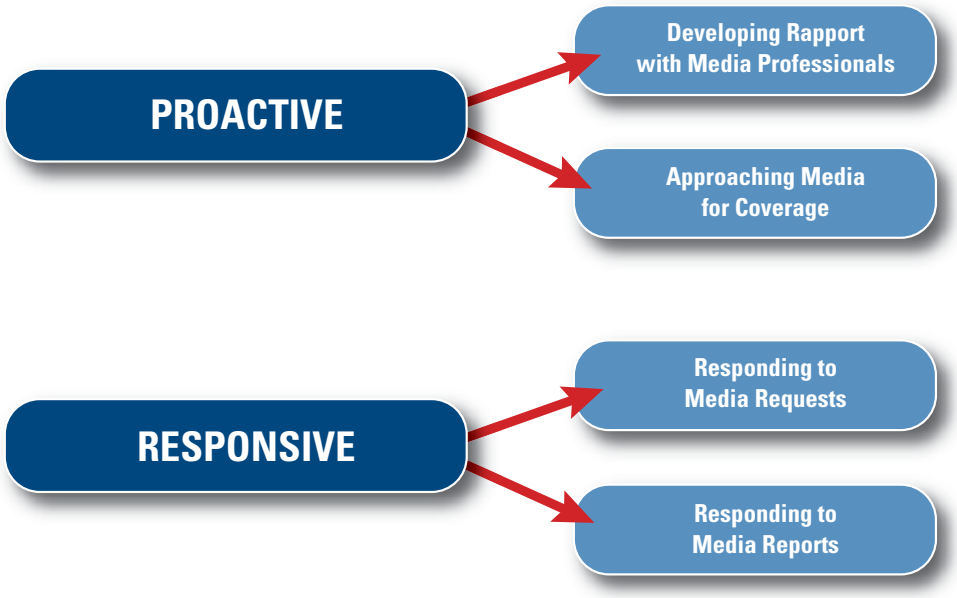
Are there any limitations or regulations on reporting?

Each sector of the media is served by a peak body and has a code of practice or code of ethics. Information about regulatory bodies, codes of practice and codes of ethics can be found at the websites listed below.

- **Australian Communications and Media Authority (ACMA)** – **www.acma.gov.au**
  - Broadcast media is covered by the Broadcasting Services Act, administered by ACMA. Individual broadcasters also register codes of practice with ACMA. Regulators for under ACMA include:
    - **Commercial Radio Australia** – **www.commercialradio.com.au**
      - peak body for commercial radio stations
    - **Free TV Australia** – **www.freetvaust.com.au**
      - peak media body for commercial free-to-air television
    - **Australian Subscription Television and Radio Association (ASTRA)** – **www.astra.org.au**
      - peak body for subscription television
    - **Community Broadcasting Association of Australia** – **www.cbaa.org.au**
      - peak body for community broadcasters
- **Public broadcasters:** there are specific Acts for ABC, and SBS.
    - **Special Broadcasting Service (SBS)** – **www.sbs.com.au**
      - covered by the Special Broadcasting Services Act
    - **Australian Broadcasting Corporation (ABC)** – **www.abc.net.au**
      - covered by the Australian Broadcasting Corporation Act
- **Australian Press Council** – **www.presscouncil.org.au**
  - peak body for print media and has a voluntary code of practice that members subscribe to.
- **Media, Entertainment and Arts Alliance** – **www.alliance.org.au**
  - has a voluntary code of ethics for Journalists from all media sectors.

(*Mindframe has information on all codes at* ***www.mindframe-media.info***)

There are a number of different ways that individuals and organisations involved in mental health and suicide prevention can work with the media. Broadly speaking, these can be grouped into working proactively and working in a responsive manner.



Any work with the media provides an opportunity to support sensitive, accurate and appropriate reporting of suicide and mental illness through the implementation of the *Mindframe* principles.

The following section provides some suggestions for planning media work about suicide and mental illness, including:

- Developing media plans and policies;
- Making and sustaining contact with media professionals;
- Generating stories;
- Responding to media requests; and
- Responding to media reporting.

There is additional information outlining some key tools and activities, such as developing media releases and organising and conducting interviews.

The emphasis of this section remains on consolidating the principles of *Mindframe* in all media work. It is in no way intended to provide comprehensive media training. It is designed primarily to assist people with limited experience of working with the media, but may also be useful in supporting decision making by those with more experience.

Whether your organisation intends to proactively seek media coverage, respond to media requests for information, or comment or respond to media reporting, it is useful to take time to plan what your approach will be. This is your 'media strategy'.

Key things to remember when planning for media contact:

- Know your organisation's media policy;
- Develop your key messages;
- Identify how you will work with the media;
- Identify and brief media spokespeople.

Know your organisation's media policy

Before any involvement with the media, check your organisation's media or communications policy. All State health departments and area health services have media policies as do many larger non-government organisations.

Larger organisations may also have media relations or public affairs officers or departments. People employed in these roles will generally have media related qualifications and experience. Their role will be to manage any communications between the organisation and the community. This will include public relations, publications and promotions as well as media liaison. For many organisations, all media contact must be coordinated through these individuals/departments. If your organisation has a media relations or public affairs officer or department, they should be your first contact point before any involvement with the media.

A media policy is a clear set of instructions about what should happen when the media contact the organisation. Media policies will generally include the following:

- Instructions about what questions to ask media professionals who approach the organisation;
- The series of actions that should be taken following a media request;
- Identified authorised media spokespeople within the organisation;
- The issues the organisation will or will not comment on;
- Instruction on practices in relation to other issues, such as privacy, as appropriate.

If your organisation does not have an existing media policy then it is advisable to develop one. Suggestions for developing a media policy can be found in *Tools for Working with the Media*.

When developing new media policies you are encouraged to incorporate *Mindframe* principles. It may be helpful to review existing media policies for the same.

Policies could suggest that all responses from your organisation or professional affiliation should be consistent with the *Mindframe* principles, while highlighting your unique organisational, professional or personal perspective.

Develop your key messages

The first step in planning your strategy for working with the media is to identify the key message (or messages) you want to communicate. This message (or messages) should be clearly stated in a brief sentence and will form the basis of any communication with the media. For example, a consumer organisation may have a key message that consumers should be involved in all decisions made about mental health care. This may be stated simply as, 'Not about us, with us'. It is also useful to identify what your organisational position is in relation to key issues. It may be useful to prepare a card with a statement of your organisational message and position on key issues as a reference for any individual who may act as a spokesperson.

It is also useful to identify your areas of expertise in advance. Be clear about the areas you are able to provide advice or comment on and do not be pressured to stray from these.

It would be beneficial to prepare:

- A brief statement of your organisation and your focus;
- A reference card stating your organisation's key message (or messages) and position in relation to relevant issues;
- Brief facts and statistics relevant to your area of expertise, that support your key message, e.g. for young people, for your state, for a particular population group;
- Contextual information, i.e. risk factors and warning signs for suicide or symptoms and effects of mental illness and common misconceptions;
- Contact details for local support services and helplines.

Mindframe aims to support people involved in mental health to adopt a consistent approach, based on 'best practice principles' in the provision of information about mental illness and suicide. This should not however, take away from the diversity of viewpoints within the mental health and suicide prevention sector.

The *Mindframe* principles relate to the manner in which information is communicated rather than the position taken.

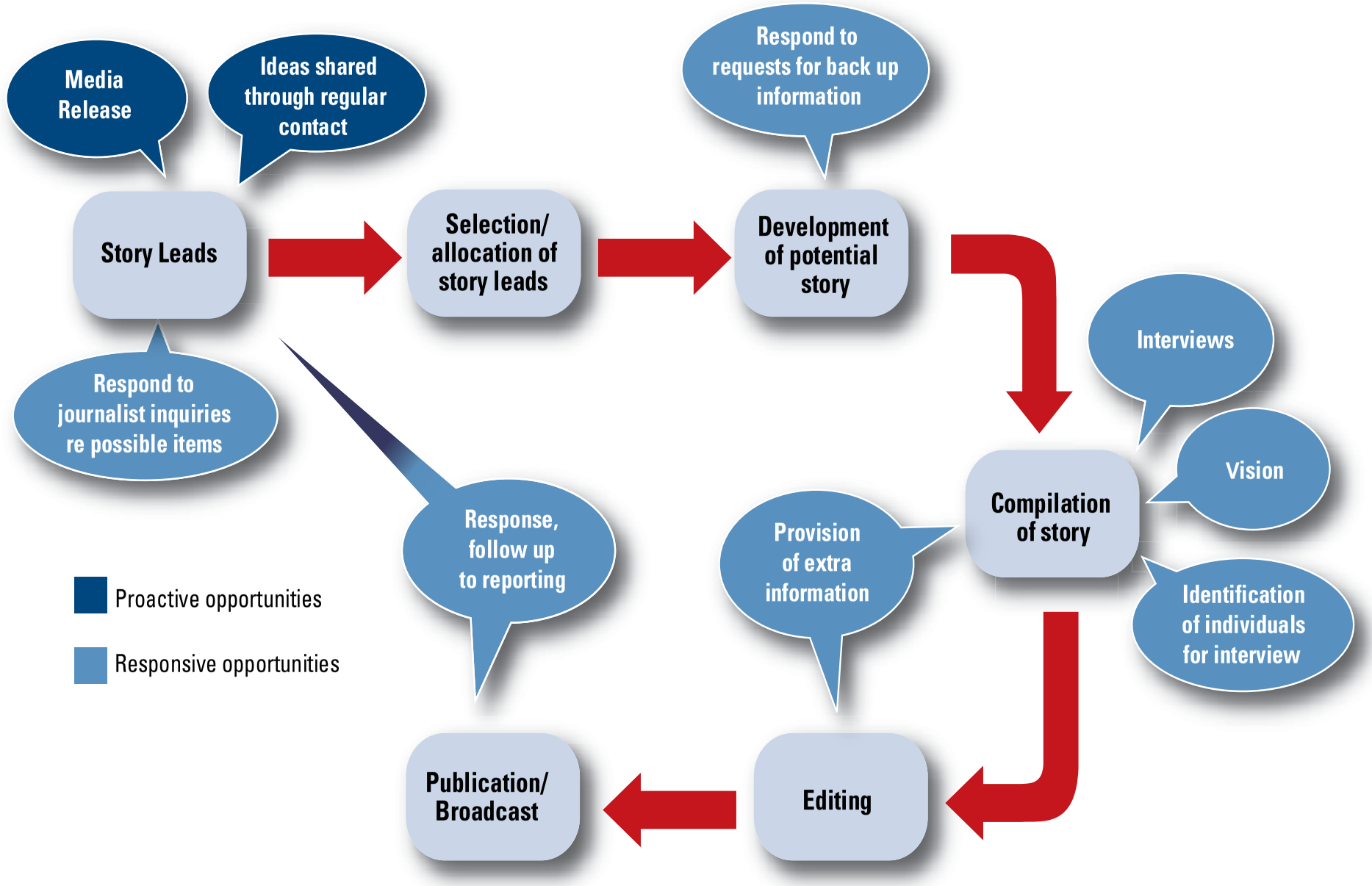
Identify how you will work with the media

Whether you plan to seek media coverage or to be available as a source of expert information, it is important that the media know who you are and what you do. Prepare information about your organisation (or network) and the areas you are able to comment on and circulate these with contact details at regular intervals. These details should be circulated at least six-monthly or as soon as details change. You may also want to re-send them following a relevant event that may spark a story.

Figure 2 outlines a simplistic representation of the stages in development of a story from a lead or idea to publication/broadcast highlighting opportunities for involvement at each stage.

There are fewer opportunities in some forms of media (such as radio news bulletins) and more opportunities with other form of media (such as feature articles for a weekend newspaper or a weekly current affairs program).

Figure 2 (below) outlines the key stages in the development of a media story. As can be seen there are many opportunities in this process to support responsible reporting.



Identify spokespeople

Once you have identified your areas of expertise it is important to identify individuals who can act as media spokespeople on these issues. When identifying media spokespeople consider the following:

- Ensure spokespeople know that they have been identified and they are happy to carry out this role.
- Spokespeople need to be easily contacted and available both in working hours and after hours.
- Only identified media spokespeople should speak to the media. This does not mean that other people cannot be involved. For example, other people may be able to provide facts, statistics and information directly to the media or to the identified spokesperson.
- Media spokespeople should be familiar with the *Mindframe* principles. You may wish to provide them with copies of the quick reference card or this resource book – either in print or electronic form. Spokespeople should also be updated on new facts and statistics.
- Ensure that the media relations person or the public affairs unit is aware of any change in the status of media spokespeople, including changes in role, when they are on leave or unable to be contacted.
- Media training is advisable for those who have regular contact with the media. This may be provided through your public affairs unit or a commercial media training organisation.

Consumer and Carer involvement:

Media professionals preparing stories on suicide, mental health and mental illness will frequently seek involvement of consumers and carers. If you identify consumers and/or carers as spokespeople it is important that you provide adequate and appropriate support for them throughout the process. This support should include the following:

- Assisting them to gain all of the information they need to make an informed decision about participation;
- Establishing whether they are well enough to participate on each occasion;
- Finding out what their expectations of the process are and helping to determine whether these are likely to be met;
- Establishing with them what their boundaries are and making sure these boundaries are clearly communicated to the media professional;
- Determining whether they wish to remain anonymous and supporting this if they do;
- Providing a support person to go with them to the interview;
- Providing the opportunity to debrief after the interview and after the story is published or broadcast.

Issues for consumers and carers to consider before involvement with the media are discussed on pages 24 and 25.

Proactively Working with the Media

Working proactively with the media to generate stories holds many advantages. Providing the media with a source of reliable information and ideas for stories is an effective way of supporting the publication and broadcast of stories that promote appropriate messages.

Some strategies for working proactively with the media include to:

- Develop rapport with media professionals;
- Make sure your story is newsworthy;
- Generate your own stories;
- Target your approach to media outlets;
- Plan how you will make contact;
- Make sure your approach is consistent with the principles of *Mindframe*.

Develop rapport with media professionals

If you are going to actively seek coverage it is a good idea to identify a mix of local media and specialist media and develop regular contact with them. The first step is to identify media professionals who it would be most useful to work with.

To do this, you can look at past work by these individuals. Ask yourself the following questions:

- Are they fair and accurate?
- Are they in a position to cover your issues?
- Does their style appeal to you or your organisation?

Alternatively there are 'media guides' and databases that list media organisations and those who work within them. These guides are available by subscription online or alternatively are often held in public libraries. Organisations with media units are likely to already have identified contacts.

When working to develop media contacts keep in mind the following:

- Build relationships based on trust and some level of compromise.
- Establish yourself as a reliable contact by providing timely and accurate information.
- Be available as journalists often work to short deadlines.
- Be persistent and don't be discouraged if your story doesn't get coverage. There are many factors that influence whether a particular story is included, many of which are not specifically related to the story itself, so keep trying.

It may also be useful to find a local 'champion'. This may be a journalist or media personality who has a particular interest in your issues.

Make sure your story is newsworthy

The media will not cover a story just because you ask them to. They are asked to cover many stories each day and must make decisions about which of these they will cover. It is the journalist or editor's decision as to whether a potential story will get covered. This decision is made on the basis of the story's 'news value'.

The basic news values are impact, timeliness, proximity, conflict, currency, unusualness and relativity.[54]

- *Impact* refers to the relevance the story has to the audiences' lives.
- *Timeliness* refers to information that helps people organise their lives.
- *Proximity* refers to how 'close to home' a story is.
- *Conflict* is the news value most people associate with the media, and is often seen as the most important value in today's media. Conflict is also present in the news that 'afflicts the comfortable' by making them anxious or guilty.
- *Currency* is the term used to describe how 'hot' an issue is at any one time.
- *Unusualness* refers to an incident or story being unexpected.
- *Relativity* describes whether a news story is worthy compared to other possible stories and across different media.

Spend time identifying what is newsworthy about your story – this is the 'angle'. Try to emphasise this when you approach the media. You may want to develop three or four different angles to pitch to different media.

> 'The more education the media has about particular issues the more likely they are to see value in running the story'
>
> *Program Director, Commercial Radio*

EXAMPLE: Highlight what is 'Newsworthy' about your story

A rural mental health service has established a partnership with a non-government organisation to set up a supported accommodation service for people with mental illness. The mental health service and the non-government organisation have decided to seek media coverage for this new development in rural mental health services. Two media releases have been prepared, one for local media and one for state-wide media.

1. The media release for local media highlights the 'impact' that the development of the new service will have on the people in the local community. The benefits, in terms of the increased range of available local mental health services and the number of people who may benefit from the service, were included.

2. The media release for state or national media highlights the 'currency' of the story by linking it to the need for more community based services for people with mental illness, an issue receiving a significant amount of media attention nationally. Information about relevant state and national policy directions regarding the development of such services as well as research and expert opinion about their benefits and efficacy has been included.

Generate your own stories

If you want regular exposure in the media look for opportunities to generate stories. Events that may be happening within your organisation can provide opportunities for 'ready made news'. Such events may include:

- New services or initiatives;
- Breakthroughs and achievements;
- New research findings;
- Service openings;
- Conferences and workshops;
- Visits from well known individuals or experts in the field;
- Community involvement;
- Winning or announcing awards;
- Launches, e.g. of promotion and prevention initiatives or consumer programs.

Alternatively you could look for options to create news through:

- Making comment on or tying a story in with news of the day;
- Working with the media on a mutual project;
- Tying in with a special day/week/event;
- Holding a contest/competition;
- Staging a special event.

Target your approach

You are more likely to be successful in gaining coverage for your story if you identify specific media outlets and target your approach to them. Issues to consider when targeting your approach include the following.

- Identify the audience you are hoping to reach. Identify appropriate publications, programs, or organisations to access this audience.
- Plan the angle you will accentuate. Try to adjust this to suit the target audience.
- Consider the language you use. This will vary depending on the media professional you are dealing with, e.g. a specialist health reporter may be more familiar with mental health terminology than a general news reporter.
- Where appropriate, consider translating your media release to secure coverage in non-english media.
- Plan the means by which you will approach the media for coverage, i.e. telephone, email, face-to-face.
- Consider whether you are able to provide pictures or opportunities for video footage or audio.

Sometimes it is worth approaching more than one media outlet with your story. At other times it may be beneficial to give exclusive rights to one organisation.

The key people to contact and requirements for stories to be covered will vary between different types of media (print, television, online and radio) and the type of program they offer (e.g. news versus programs). It is advisable to contact the specific media outlets you plan to work with and ask who the contact people would be and the specific requirements they have.

Table 1 is by no means exhaustive but provides a simple guide as to what some of the differences between types of media might be.

EXAMPLE: Target your approach

A mental health service in a regional city wants to publicise the opening of a new youth mental health service. They have identified two specific target audiences for this information. One target group is young people who might potentially access the service. The second group is parents who may want to encourage a young person to access the service. Below are some suggestions as to how media approaches could be targeted for these audiences.

Target audience one – young people who might potentially access the service:

- Identify media outlets – youth radio including Triple J and local commercial stations;
- Angle – the availability of a service specifically to meet the needs of young people. Emphasise characteristics specifically suited to young people, e.g. staff that are tuned in to the issues facing young people, aspects of the environment that would appeal to young people and how the service can be accessed;
- Language – informal;
- Spokesperson – young person and/or young health worker from the service talking about services provided.

Target audience two – parents:

- Identify outlets – ABC local radio, local newspaper, television news;
- Angle – parents can now feel more confident that there is a quality service to meet the mental health needs of their children. Emphasise the quality of the service, experience of staff, evidence base of the approach taken;
- Language – simple, no jargon;
- Spokesperson – manager or clinician from the service.

Plan how you will make contact

The way you make contact will depend on the nature of your story and the relationship you have with people in the media.

The most common way to pitch a story is to prepare a media release. This involves writing a short piece about your story which includes the most important points – usually the, 'who', 'what' 'when', 'where' and 'why'. The media are inundated with media releases every day. Yours will need to be done well in order to stand out. Tips for preparing effective media releases can be found in *Tools for Working with the Media*. Once a media release has been sent, either by email or fax, the sender should telephone to offer further information or a spokesperson for interview or photo opportunities.

If you have formed a relationship with people in the media you may be able to email or call them directly to discuss a potential story. Alternatively, telephone the media outlet and ask what would be their preferred way of receiving information about a potential story.

Make sure any approaches to the media for coverage are consistent with the *Mindframe* principles:

- Avoid using the word suicide and diagnostic terms in your title, where possible.
- Make sure language is consistent with suggestions for media professionals.
- Be mindful of unintentionally supporting myths or stereotypes.
- Make sure information is current and accurate.
- Look at options for including suicide prevention or mental health promotion information.
- Include contact details for support services or helpline numbers.

Radio

Table 1. Characteristics of different sectors of the media

SECTION	KEY CONTACTS	TYPES OF STORIES	REQUIREMENTS/CONSTRAINTS	TARGET AUDIENCE
News	Chief of Staff Health/Medical Reporters Journalists/Reporters	Brief news items and grabs	▪ Short deadlines mean that a quick response is required, sometimes within a matter of minutes, or at most a few hours. ▪ Comments and grabs must be brief. ▪ Spokespeople may need to be available early in the morning (from 5.30 or 6 am) for breaking news of the day.	▪ Most radio stations target a broad audience. ▪ However, each station is usually focussed on a particular demographic such as a younger or older audience (which influences the content and music selection). ▪ Some radio stations (especially community radio) may target specific cultural, language or religious groups.
Programs	Program Director Program Producers Specialist program hosts (e.g. health programs)	Current affairs programs Talk-back programs Specialist health or medical programs Language programs (SBS and some community broadcasters)	▪ It may be possible to pre-record interviews if you are unavailable for live interviews. ▪ For talk-back programs a spokesperson will usually talk 'live on air' to the presenter.	

Television

Table 1. Characteristics of different sectors of the media

SECTION	KEY CONTACTS	TYPES OF STORIES	REQUIREMENTS/CONSTRAINTS	TARGET AUDIENCE
News	Chief of Staff Journalists/Reporters	Brief news pieces read by the presenter or reporter accompanying footage and/or interviews. Usually recorded on the same day.	▪ News stories are usually 30 sec to two minutes depending on whether interesting footage is available. ▪ Spokespeople must be able to communicate their key messages succinctly and without using jargon, in front of a camera and crew.	▪ Television aims to produce programs that appeal to a wide audience, with most people having access to television in Australia. ▪ However, specific programs are usually targeted at particular demographics. ▪ Television is a visual medium, so footage and interviews are necessary.
Current Affairs	Executive producer Producer Investigative journalist Reporter	Longer pieces (10 mins to one hour) that may provide the opportunity for a number of interviews and varied footage of people, places and events. Often recorded in advance – with more preparation time than news.	▪ The journalist may require a number of different people for interview. ▪ Additional background information and facts related to the issue may also be required. ▪ The program will generally have a particular 'angle'.	

Newspapers and Magazines

Table 1. Characteristics of different sectors of the media

SECTION	KEY CONTACTS	TYPES OF STORIES	REQUIREMENTS/CONSTRAINTS	TARGET AUDIENCE
News	Editor/Deputy Editor Chief of staff Journalists, general and those covering health, medical and political stories.	Different types of news stories – from international, national and local. Generally shorter in length than features and predominantly report facts.	▪ Suburban and regional papers tend to prioritise local stories, while national or metropolitan papers are more likely to carry state, national and international stories. ▪ Newspapers require fresh news or a different angle on issues currently in the news. ▪ Pictures and names may be required to accompany the piece.	▪ Some newspapers have a broad target audience – with a state-wide or national focus. Other newspapers are focussed predominantly on local issues. ▪ Magazines tend to have more targeted audiences than newspapers in a particular age, gender or other demographic – e.g. young single women with high disposable income.
Features	Weekend Editor Features Editor Features reporter Lift-out editors (Example of a lift out – Body and Soul in Sunday News Ltd papers)	Offer an opportunity to explore issues in more depth – with an opportunity for editorial comments. Sunday papers often contain more feature stories, supplements and lift-outs as compared to daily newspapers. Magazines may include features about a person, event or issue.	▪ Features will usually need to relate to current news, topical issues or an area of particular concern or interest to the public. ▪ Additional background information and a number of interviews may be required in a short timeframe. ▪ Pictures will usually be required to accompany the piece for both newspaper and magazine.	

Responding to Media Requests

Many mental health organisations, even those who don't actively seek coverage, are approached by the media for information or comment. This may be in the context of general requests for information or comment to support a story on suicide, mental health or mental illness. It may also be in response to some sort of adverse event, which may or may not involve the organisation directly. This section outlines some considerations when responding to media requests.

Key things to remember when responding to media requests:

- Make sure you are familiar with your organisation's media policy.
- Identify in advance, the ways you will work with the media, the messages you want to communicate and who your spokespeople will be.
- Find out as much as you can about the story before deciding whether or not to participate.
- Negotiate time to make a considered response.
- Ensure media spokespeople are available and have been fully briefed.
- Make sure all responses are consistent with the *Mindframe* principles.
- Remember stories about adverse events may still provide opportunities for education and the inclusion of promotion and prevention information and help line numbers.

Be prepared

The media often work to short deadlines so in most cases there will be little time available when a request comes. Being prepared to respond to media requests will include:

- Making sure your organisation has a media policy in place that is consistent with the principles of *Mindframe*, and that you are familiar with its contents;
- Being clear about the messages you want to communicate;
- Identifying ways in which you or your organisation will work with the media;
- Making sure that your organisation has identified media spokespeople and relevant people know who they are and how they can be contacted.

These issues are discussed in more detail in *Planning for Media Contact.*

Decide whether to participate in a story

When approached by the media to participate in a story, find out as much as you can about the story before making a decision. Questions to ask the approaching media professional may include:

- Who is the journalist?
- What is their knowledge/opinion of the issue?
- Who else are they speaking to?
- Who do they want to interview?
- When do they want to do the interview?
- What is the story about?
- What is the reason for the story?
- What information will be required?
- What types of questions will be asked?
- Is the story for radio, television or print media?
- Is it for a news story, feature or other?
- Will pictures/video be required?
- When will the story be published or broadcast?

When you have asked these questions, find out how soon they need a reply and arrange to call back within that timeframe.

> 'The mental health sector needs to have an understanding of what TV news needs. For example they need to provide comments and visuals from experts, doctors as well as a consumer voice'
>
> *News Editor, Network 10*

When deciding whether or not to participate in a story, consider the following:

- Check your organisation's media policy before responding to any media request.
- Does the issue fit within your organisation's area of expertise and the subjects on which it is able to provide comment?
- Are you the best person or organisation to respond to this request or could you refer the journalist to a more appropriate contact?
- If other people or organisations are providing a response, evaluate whether your response will add to the story in question.
- Is the media organisation one that you would naturally work with? For example, small local organisations may choose to work primarily with local media whereas large national organisations may prefer to be involved with nationally focused media.
- Are you able to provide the spokespeople or information in the timeframe specified?

Remember to consider *Mindframe* principles when deciding whether to participate in a story:

- Avoid engaging in repetitive or prominent reporting of suicide.
- Think about whether the story is likely to have benefits for the community by providing suicide prevention or mental health promotion information or encouraging help seeking behaviour.
- Question what the impact of not participating in the story might be.
- Even negative stories may provide the opportunity for education or inclusion of promotion and prevention messages.

Make a response

It is important that organisations and individuals provide a timely and considered response to media requests. Some considerations will include the following:

- Ask the journalist for a deadline and make sure you respond within this timeframe, even if it's to say that you can't give a full response but one is being prepared.
- Be clear about your organisation's agreed message and organisational position relevant to the story in question.
- Determine who is the best person to speak to the media. Is there an identified media spokesperson in the organisation?
- Prepare media spokespeople or yourself for interview. (See the section on Interviews in *Tools for Working with the Media)*
- Promote the *Mindframe* resources to media professionals who contact you and suggest they access the website.

Your aim should be to assist the media professional to produce the most accurate and responsible information in line with best practice reporting on suicide and mental illness.

Responding to adverse events

Often media approach people involved in mental health in the context of adverse events or issues directly involving the individual or organisation. For example, an area health service may be approached following the suicide death of a patient in the hospital.

Alternatively, approaches may relate to issues or events not directly involving the individual or organisation. For example a psychologist may be approached to comment on the mental health needs of individuals fleeing war zones in the context of inadequate services in immigration detention centres.

When the adverse event directly involves you or your organisation

- Being prepared is particularly important. Without appropriate planning and policy development you may be unaware of how to respond in these situations.
- Where there is a media relations officer or unit, all communication from the media should be referred to this department and no response should be made without authorisation.
- Negotiate adequate time to develop an organised response.
- Identify and use only one spokesperson but make sure they can be available.
- Ensure media spokespeople are fully briefed.
- Be clear about your organisation's policies about issues such as disclosure.
- The way in which you respond (or do not respond) to a request may not only reflect on your organisation, but may also have an impact on mental health issues and mental health care more broadly.
- The way an organisation communicates in a crisis may significantly influence the way the event is responded to and its impact on the organisation and the wider community. For example, your inability to respond in an appropriate way may damage the reputation of your organisation and may also reduce community 'trust' in the mental health system as a whole.
- One approach to effectively manage an adverse event may be to take the upper hand and inform the media, taking the opportunity to give accurate information along with suggestions for reporting the incident in line with the *Mindframe* principles. In some cases this may be a better approach than waiting until the media find out from other sources, who may give inaccurate or biased information.
- 'No comment' may not be the best response when dealing with adverse events. Consider using the media request as an opportunity to influence the content of the story and remember if you do not respond the story will probably still go ahead, perhaps with information from less reliable sources.
- Remember, even negative stories can provide opportunities for education and the inclusion of promotion and prevention information. At the very least you can provide help-seeking information.

EXAMPLE: Responding to media approaches about an adverse event that directly affects your service

A mental health facility is approached by the media to provide information for a story on the recent death by suicide of one of their inpatients. While the mental health facility in question would undoubtedly prefer that the story was not reported, this is the type of story that the media would view as being in the public interest and are likely to report, with or without cooperation.

By agreeing to participate, the mental health facility can help to ensure that the report is based on accurate information, includes a suicide prevention message and is consistent with the *Mindframe* Principles.

The facility may or may not want to provide someone for interview but it might consider making some contact through the media unit. The media manager or spokesperson from the mental health facility might consider the following when talking to the media about this issue:

- Discuss the importance of not reporting the details of the method.
- Encourage the inclusion of help line and local health service referral numbers for those who may be affected by the report.
- Discuss the language used in the report and emphasise the need to avoid language that glamorises suicide or presents it as normal or a way to deal with problems, for example the term 'successful suicide'.
- Place the story in context, by comparing with the numbers of people who access the service each year.
- Emphasise that hospital may still be the safest place for people who are at risk of taking their own life and it is important that the story does not discourage these people from accessing services.
- Urge caution if the media professional is planning to approach people who may have been bereaved by the person's death, explaining that these individuals may be quite vulnerable.
- Explain why staff may not be in a position to provide comment, for example they may be bereaved themselves if they knew the person, or may be restricted by service policies.
- Provide information about risk factors and warning signs for suicide.
- Refer the media professional to the *Mindframe* resources and website.

When the event does not directly involve you or your organisation

- Disasters or distressing events widely reported in the media may provide the opportunity to include information aimed at mental health promotion, combating stigma or encouraging help-seeking behaviour. For example, overseas events such as an earthquake or Tsunami may provide the opportunity to discuss the mental health implications of trauma for people from diverse backgrounds and promote information available in a range of languages dealing with stress, grief, loss or bereavement.
- You may also be asked to provide comment or information for a story about an adverse event involving someone with mental illness or a death by suicide that is not directly related to your service. While you may not be in a position to comment on the specific case you may, through your involvement, support the consideration of the *Mindframe* principles and the inclusion of promotion and prevention information.
- Be prepared and be clear about the message you want to communicate.
- It may be beneficial to work with other mental health organisations.

EXAMPLE: Responding to media approaches about an adverse event that does not directly involve your organisation

You are approached by a media professional to provide comment and background information for a story about an assault that was committed by an individual whom the police identified as having schizophrenia. The individual in question is not known to your service.

You consider the story will probably be run with or without your contribution but that by participating you may be able to support a story that is based on accurate information and consistent with the *Mindframe* principles.

Issues to consider when talking to the media in this situation include:

- Question the reliability of the information regarding the persons diagnosis and suggest that this information should not be included if it is not verified by an appropriate source.
- Question the relevance of the person's mental illness. That is, just because someone has mental illness and committed an assault doesn't mean that the assault has anything to do with the mental illness.
- Discuss the possible negative implications of including this information in a media report.
- Ensure that if the mental illness is reported, that the language used does not imply that the behaviour is indicative of all people with that disorder: i.e. that it does not suggest that all people with schizophrenia are violent.
- Provide factual information about the association between mental illness and violence and balancing information regarding other risk factors for violent behaviour.
- Encourage the inclusion of help line numbers and information about treatment options.
- Refer the media professional to the *Mindframe* resources and website.

Responding to Media Coverage

Sometimes, in reporting issues around suicide and mental illness, the media get it wrong. It is helpful to attempt to discuss the issues with those involved, preferably in a proactive and cooperative manner. There are a number of possible strategies for responding to inaccurate or inappropriate reporting. Consider what type of response is most appropriate for each circumstance.

- Send a report to SANE's StigmaWatch program at **www.sane.org**
- Contact your Public Affairs or Media Relations Unit and request that they contact the journalist or organisation involved. They may have an existing relationship with the newspaper or station and may get a better response. Provide a list of your concerns in order to support this contact.
- If you are a large organisation or professional body consider issuing a countering media release.
- If you don't have a media unit, contact the person involved (reporter) directly. Highlight your concerns, let them know about the potential impact of the story and try to identify how you can work together to produce a better story.
- Ask the media professional concerned to view the material on the Mindframe website **www.mindframe-media.info** and contact the *Mindframe* project team if they have any questions or would like to request a briefing for staff at their organisation.
- Write a letter to the editor for publication. This is an expedient way to present an alternative view.
- Consider countering the negative story by pitching a positive story about the issue to the organisation or a rival organisation.
- You can submit a formal complaint to the peak media body representing that particular organisation if, and only if, it in some way breaches one of their codes of practice. For print media this can be done through the Australian Press Council (**www.presscouncil.org.au**) and for broadcast media you can contact the Australian Communications and Media Authority (**www.acma.gov.au**). All codes of practice can be viewed online or by contacting the relevant authority.

Remember, feedback doesn't always have to be negative – consider giving positive feedback for examples of good reporting.

- Send examples of good reporting to StigmaWatch for posting on the 'good news' section.
- Contact the media professional responsible and congratulate them on a good job.
- Give specific feedback regarding the positive aspects of the story. This will assist the media professional involved to include these features in future stories on mental illness and suicide.
- Enter the story in media awards, e.g. Suicide Prevention Australia's Life Awards, The Mental Health Service Awards, or local media awards.

Throughout this resource reference has been made to key tools for working with the media. These include:

- Developing and reviewing media policies;
- Effective use of media releases;
- Preparing and conducting interviews with the media.

This section provides brief information on developing these key tools in line with the *Mindframe* principles. They are vital for any individuals or organisations planning to work with the media. It will be most useful for those with limited experience of working with the media or who do not have a media unit.

Developing a Media Policy

A media policy is a useful tool that can support an approach to media communications that is consistent with both the stated aims and position of the organisation and best practice principles for reporting suicide, mental health and mental illness. Whether your organisation intends to actively seek media coverage, respond to media requests for information or just respond to media coverage, it is worth taking the time to put together a media policy.

What follows are considerations when putting together an organisational media policy.

> Individuals planning to have media involvement may also find it useful to consider these issues and develop a plan for how they will approach work with the media. It may also be useful to liaise with any networks you have links with about their media policies.

Ensure consistency with umbrella organisations

- Media policies should be developed in line with those of umbrella organisations. For example, area health services should refer to State Health Department policies, and State branches of non-government organisations should refer to the policies of the national organisation.
- Locate copies of umbrella organisation policies with your local policy.
- Individual health professionals may wish to contact their professional body or check their website for a copy of their media policy.

Outline the organisation's plan and goals for working with the media

- What will be the extent of the organisation's involvement with the media? Will it actively seek coverage, respond to requests for information or respond to reporting?
- What are the key messages the organisation wants to communicate through the media?
- What are the areas of expertise that the organisation will provide information or comment on to the media?

Outline organisational infrastructure for working with the media

- Does the organisation have a media or public affairs department or officer?
- If so, what are the specific roles of this department or person?
- How can they be contacted?

Identify who within the organisation is authorised to speak to the media

- Are there specific people within the organisation who are authorised to speak to the media?
- Who are these people?
- Are there any circumstances under which other individuals may be authorised to speak to the media?
- Are there other ways in which people can be involved in working with the media? For example, providing information or suggesting stories to the media unit.

Identify the actions individuals should take when approached by the media

- You may wish to identify actions for those who are and are not authorised to deal with the media.
- First actions usually involve taking details of the approaching media professional and the request, and arranging to call back before the deadline. You may wish to specifically list the questions that should be asked.
- In organisations with a media unit it is typical for all media requests to be handled through this unit.

Outline procedures for authorised individuals managing media requests

- Outline the do's and don'ts for those handling media requests.
- These will be related to both the organisation's position and *Mindframe* principles of portraying suicide and mental illness in the media.

Outline any other relevant policies

- Consider other issues relevant to media involvement such as privacy and confidentiality, media access to facilities, etc.

Ensure consistency with best practice principles as outlined in this resource

- Ensure any guidance provided is consistent with recommendations for best practice as outlined in this resource.
- Specifically outline *Mindframe* suggestions relevant to each section of your policy.
- Locate this resource, or at least the associated quick reference card with your policy.

Tips for Preparing a Media Release

As previously stated, a media release is the most common way to pitch a story to the media. An effective media release will include key messages and alert the media to a story, raising enough interest for them to want to find out more. Below are some tips for preparing a media release.

Formatting your media release

- Use A4 paper, letterhead if available. If you do not have access to letterhead put your contact details at the top right hand corner of the page.
- Use normal upper and lower case type and double spacing (or 1.5) in between lines of text. Only use one side of the paper and allow ample margins at the top and bottom of the page.
- Put MEDIA RELEASE, at the top of the page in the centre in bold capitals. Put the date of issue and either FOR IMMEDIATE RELEASE, or any embargo at the top right of the page. (Embargo means that the media shouldn't act on the information until the date specified.)
- The release should be only one page in total.
- Include the name and contact details of people who can be contacted for further information at the bottom. Identified contact people must be available out of hours.

Content

- Give the release a short clear heading, to grab attention.
- The first paragraph should be a self-contained summary of the most important points of the story. Try to answer the questions, who, what, where, and when if not also why and how.
- The paragraphs following should contain the remainder of information in order of importance.
- Paragraphs should be only one or two sentences.
- Write in a simple and concise manner with short sentences (less than 15 words), containing one idea.
- Use simple language and avoid jargon or abbreviations.
- Quotes (with sources) from noteworthy or prominent people, statistics and photographs will add to the appeal of your release.
- Make sure your information is accurate and proof read.
- List the *Mindframe* website address at the bottom of your release

Distribution

- Send your release by fax or email.
- Follow up with a phone call to offer further information or a spokesperson for interview or photo opportunities.

Smithtown
Mental Health

Main Road
Smithtown
N.S.W Australia
Ph. (02) 6767 6767
Fax. (02) 6876 8768
www.smh.org.au

30/11/2005
FOR IMMEDIATE RELEASE

MEDIA RELEASE

New State of the Art Facilities for Smithtown Mental Health

On Monday 5th December Smithtown Mental Health will celebrate the opening of its new facilities on Main Road. The new facilities will make it possible for Smithtown Mental Health to provide a more comprehensive service to people in the local area who may be experiencing difficulties.

John Smith, CEO of Smithtown Mental Health, says: 'One in five Australians are affected by mental illness at any one time, so a lot of people in Smithtown will benefit from these new facilities'.

The new facilities will provide of a range of services, including those that assist people who have mental health difficulties to enter, or re-enter the workforce, recreational facilities, and spaces for group and individual counselling, support and rehabilitation programs.

The new facilities were funded by a combination of government funding and local fundraising. Smithtown Mental Health would like to acknowledge community groups including the Tigers and Concerned Citizens Association who have worked tirelessly to raise the funds required.

Smithtown Mental Health is a not for profit organisation providing support and services to people experiencing mental health difficulties in Smithtown.

Freda Young, Director of Smithtown Mental Health is available for interview.

For issues to consider when preparing stories on mental health issues see **www.mindframe-media.info**

For further information:
Name
Contact details

Interviews

Interviews can be an effective way to get your messages into the media. They may also be challenging and may not always have the desired outcome. Each approach from the media for interview should be considered individually and thought given as to whether or not to participate. If a decision is taken to participate in an interview time should be invested in planning to achieve the best possible outcome. This section contains issues to consider when making a decision whether to participate and planning for interviews.

Deciding whether to participate in an interview

There are a number of factors to consider when deciding whether or not to participate in a media interview:

- Never agree to participate in a media interview without first consulting with your organisation's Media Unit or Public Affairs Department.
- Find out what you can about the interviewer.
  - Try to look at some of their previous work (preferably on the same or a related topic) and evaluate it in terms of: their attitude to the subject; whether their reporting is fair and accurate; whether they might be receptive to your view; and whether you like their style.
- Find out what you can about the interview.
  - Ask the journalist: Why they want to do the interview? What angle they are planning on taking? Whether anyone else will be interviewed? How long the interview will be? Whether they require pictures? Will the interview be live or pre-recorded? While it is unlikely you will be provided with the questions in advance it is quite reasonable to ask what subjects they are planning to cover.
- Ask yourself:
  - Whether you can give the information that the journalist requires?
  - What would be the benefits and disadvantages of doing the interview?
- Only do the interview if you feel comfortable.
- If you decide not to participate in the interview consider whether you can refer the journalist to another suitable contact.

It is best to participate in an interview if you:

- Are able to manage your feelings about the issue and aren't at risk of becoming too angry or upset;
- Are not too personally involved with the issue being reported;
- Have time to prepare;
- Are authorised to participate;
- Are currently well, and believe that participating will not cause you unmanageable stress;
- Have good support;
- Feel confident about talking to the media about the subject matter;
- Feel your right to privacy will be respected;
- Trust the motives of the journalist will fit with your reasons for wanting to do the interview;
- Are comfortable with the effect your participation may have on your family or community.

If you are not confident of any of the above issues it may be better to wait and participate at another time.

If you decide to participate

- Be available and respond promptly but do not go into an interview without giving yourself time to prepare. For example, if a radio program calls wanting you to participate in an interview ask if you can call back in ten minutes (or however long you need to compose yourself and prepare).
- Know your subject and your organisation well. If you are not completely familiar with the information then arrange to be briefed before the interview by someone else in the organisation. Gather together relevant facts and statistics you may wish to refer to during the interview. This is important even if you do not have long to prepare.
- Define what the message is that you want to get across and tailor it to the target audience.
  - A useful exercise may be to have a colleague or friend repeatedly ask you what your key message is until you can respond with a clear, succinct statement.
- Identify approximately three main points and keep coming back to these during the interview. You could write these points on a card and refer to it during the interview if necessary.
- Consider the language you use in the interview and whether it is relevant for the target audience. For example, what language should you use for a youth program or a program aimed at Indigenous Australians.
- Keep your message simple, speak in short succinct sentences and avoid jargon.
- Anecdotes and examples help to get the message across, try to have a one or two ready.

- Do not just answer ‘yes’ or ‘no’; answer in sentences that may be quoted. Don’t feel like you have to keep the interview going, answer the question and then stop talking.
- Be as open and cooperative as possible, stay calm and don’t buy into an argument. Keep your message positive.
- If there are things you think need to be added (primarily for print media) ask the journalist if you can contact them with further information, and then make sure you do so if this is agreed.
- Do not say anything you do not want reported, ‘off the record’ is not guaranteed.
- Do not be drawn into commenting on something you have not prepared for or are not certain of the accuracy of any answer you might give.
- Have a practise interview with friends or colleagues.

Handling tricky questions

- Ask the interviewer to clarify difficult, ambiguous or leading questions.
- Instead of saying ‘no comment’, say that you are unable to answer the question and give a reason why, e.g. ‘That is out of my area of experience.’
- Skirt questions rather than refusing to answer, make passing reference to the question and then direct your response to broader issues or new information.
- If a story is about adverse events, do not give unnecessary information that may worsen the situation, e.g. Do not give added details about a suicide death.
- Avoid answering ‘what if’ questions.
- Try to keep coming back to your three main points.

Suicide Facts and Statistics

This section contains a brief overview of facts and statistics about suicide in Australia. Comprehensive and up-dated facts and statistics (as they become available) can be found on the *Mindframe* website at **www.mindframe-media.info**. Alternatively you may want to contact the agencies listed on page 79 for further information.

The main source of Australian data on suicides is the Australian Bureau of Statistics (ABS). They release new data on an annual basis. Unless otherwise stated, the statistics provided in this document are from the ABS publication, *Causes of Death 2009, Catalogue 3303.0.*[55]

Definition of Terms

Terms that are commonly used when discussing suicide include:

Suicide – death determined by the coroner as a result of self-inflicted harm where the intention was to die.

Attempted suicide – self-inflicted harm where death does not occur but the intention of the person was to die.

Self-harm – any behaviour that involves deliberate injury to oneself. Self-harm may be an attempt at suicide although it is not necessarily so. It is usually a response to distress.

Suicidal behaviour – acts such as suicide and attempted suicide. This also includes suicide related communications such as verbal or nonverbal statements expressing suicidal intent.

Suicidal ideation/thoughts – thoughts about, or plans for, taking one's own life that may or may not lead to a suicide attempt.

A Note on Interpreting Facts and Statistics

Suicide statistics are usually reported as either the total number of persons who died by suicide or as an age-standardised suicide rate, such as 7 per 100,000 people. This means that for every 100,000 people in a population or sub-group, seven died by suicide in a given time period (usually a year). Suicide statistics may also be reported as a percentage of deaths from all causes, such as 2% of all deaths in a population were due to suicide. This means that for every 100 deaths in a population in a given time period, two were due to suicide.

Caution should be exercised when reporting and interpreting suicide information. The reliability of suicide statistics are affected by a number of factors including under-reporting, differences in reporting methods across states and territories, and the length of time it takes for Coroners to process deaths that are reported as potential suicides.

An Overview of Suicide in Australia

How many people die by suicide in Australia?

- Suicide is a prominent public health concern in Australia. Over the past decade, about 2100 people have died by suicide each year.[56]
- There were 2132 deaths from suicide registered in 2009, which is down from the 2282 deaths from suicide recorded in 2008. Note that both 2008 and 2009 figures are subject to revision.
- Deaths from suicide represented 1.4% of all deaths registered in 2009.

Is the problem getting worse?

- 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 rates for males peaked in 1997 at 23.6 per 100,000 but have steadily decreased since then and stood at 14.9 per 100,000 in 2009.
- Female rates reached a high of 6.2 per 100,000 in 1997. Rates declined after that and were 4.5 per 100,000 in 2009.

Do rates vary between states?

- Combining suicide data over a 5-year period provides a more reliable picture of differences across the states and territories due to the relatively small number of suicides in some states and territories in any one year.
- In recent years (2005-2009) Tasmania and the Northern Territory have had the highest rates of suicide, followed by South Australia. In contrast, New South Wales and Victoria had the lowest rates of suicide and the Australia Capital Territory and Queensland had fluctuating rates.

Are the rates different for males and females?

- Suicide rates for males are higher than those for females and have been higher since at least the 1920's;[57] however, more women than men attempt suicide.[58]
- The ratio of male to female suicides rose from 2:1 in the 1960s to over 4:1 in the mid 1990s. In recent years, the suicide rate for males has reduced slightly and it is now 3.3 times that of females in 2009, and is consistent across most age groups.
- Between 2000 and 2009, the suicide rate fell by 22%, with this rate of change different for males (24%) and females (13%).

Do rates vary across age groups?

- From 1990 until 1997, 20 to 24 year old men were consistently the most likely of all age groups to die by suicide, with rates reaching 42.8 per 100,000 in 1997. However, between 1998 and 2005 the highest rates have been observed for males aged in the 25-45 year age groups. In 2009 the highest rate in men was observed in the 85+ year age groups, followed by the 40-44 year age group.
- From 1990 onwards, there has not been any one age group of females that has consistently had a higher rate of suicide than other age groups.

Is there a youth suicide epidemic?

- During the mid 1980s, suicide rates for 15 to19 year old males rose rapidly and peaked at 21 per 100,000 in 1988. Over the following decade, rates fluctuated from around 17 to 19 per 100,000 for this group and stood at 18.4 per 100,000 in 1997.
- Since 1997, suicide rates among 15 to 19 year old males have decreased fairly consistently and in 2009, the rate was 9.3 per 100,000 – this is the third lowest rate (after 2004 and 2006) seen in this age group for at least 20 years.
- In contrast, for 15 to 19 year old females, the suicide rate has been relatively stable over the past 20 years at around 3 to 5 suicide deaths per 100,000. In 2009, 3.4 per 100,000 15 to 19 year old females had died by suicide.
- Suicide in children under the age of 15 years is a rare event in Australia.

Are the patterns the same for Aboriginal and Torres Strait Islander Australians?[59]

- Accurate suicide statistics and population estimates are difficult to obtain for Aboriginal and Torres Strait Islander people. Thus data on suicide levels and rates for Aboriginal and Torres Strait Islander people are likely to be, at best, minimum figures and the information must be interpreted cautiously.
- Due to both the relatively small numbers and low coverage in some areas of Australia, the ABS only publishes data on suicide deaths among Aboriginal and Torres Strait Islander people for New South Wales, Queensland, South Australia, Western Australia and the Northern Territory. In 2009, there were 97 deaths by suicide of Aboriginal and Torres Strait Islander people in the five states and territories considered.[60]
- The percentage of all deaths attributable to suicide is much higher among Aboriginal and Torres Strait Islander people (4.2% in 2007) than Non-Indigenous Australians (1.4%) in the specified states and territories.
- Suicide is more concentrated in the earlier adult years for Aboriginal and Torres Strait Islander Australians than for the general Australian population,[61] with available data indicating the highest rates for both males and females being in the 15 to 24 year age group.[62]
- As for other Australians, Aboriginal and Torres Strait Islander males are more likely to die by suicide than are Aboriginals and Torres Strait Islander females. Using combined data for 1998 to 2002, 6.7% of all males deaths were due to suicide compared with 1.9% of all deaths for females.

Do rates vary among people from culturally and linguistically diverse backgrounds?

- Australia is home to people from a wide diversity of cultures. Suicide rates, and risk factors associated with suicide, differ between cultures.
- One quarter of suicides in Australia occur among people who have migrated to Australia, with 60% of these being people who have come from non-English speaking countries. However, rates vary according to country of origin, gender and age.[63]
- Rates are generally higher among people born in English-speaking countries, and those from western, northern and eastern Europe, and lower among people from southern Europe, the Middle East and Asia.[64]
- Overall, males born outside of Australia have a lower suicide rate than Australian-born males, while the rate is higher for females born overseas than for Australian-born females. The rate is also higher for people of both genders aged over 65.[65]

Are rates higher in rural and remote Australia?

- There is some evidence that suicide rates in rural and remote areas are significantly greater than in urban populations. This may be especially true among young men in remote regions.[66]
- Possible factors contributing to higher rates in these areas include isolation, rural poverty, increased risk-taking behaviour and access to lethal means (eg firearms). It has also been suggested that a culture of self-reliance, that does not encourage help-seeking behaviour, may be one of the most important contributing factors to youth suicide in rural areas.[67]

Are rates higher in people who have mental illness?

- Many people who die by suicide or make a suicide attempt have a history of mental illness or are experiencing symptoms of mental illness.
- Up to 12% of people affected by mental illness take their own lives (compared with an average of 1.4% for the whole population),[68] and suicide is the main cause of premature death among people with mental illness.[69]
- Early detection and treatment of mental illness is important in preventing suicide, although many people do not seek help until symptoms become severe. This may be partly due to misconceptions and stigma surrounding mental illness.[70]

Risk and Protective Factors for Suicide

What are some risk factors for suicide?

There is no single cause for suicidal behaviour and each person's situation is unique. Suicide is a complex phenomenon and rarely occurs as the result of a single event. However, research has revealed a number of common risk factors, which may increase the likelihood of someone taking their own life:

- **Individual factors** - such as being male, experiencing physical health problems and stressful life events such as bereavement or relationship breakdown. Young gay, lesbian or transgender people may also have an increased risk of suicide; [71]
- **Mental illness** - such as anorexia, depression, substance abuse, psychotic disorders and a history of previous
  suicide attempts;
- **Family-related factors** - such as family breakdown, family conflict, child custody issues, abuse or family history of suicide;
- **Social factors** - such as socio-economic disadvantage, unemployment, being Aboriginal or Torres Strait Islander, school disengagement, incarceration, and social and geographical isolation (especially remote communities);
- **Environmental factors** - such as access to methods of suicide and exposure to suicide methods via the media or peers. Suicide sometimes occurs in 'clusters' within a local area, when people identify with the distress of someone who has taken their own life.

Are there protective factors for suicide?

Similar to risk factors, there are no clear universal protective factors that may decrease the likelihood of a person taking their life. Some known factors include:

- being connected or belonging to a family, school or other community, such as a sporting or recreation group;
- having at least one significant person to relate to and bond with (whether that is a family member, a friend or other person);
- having personal coping skills and resilience to deal with difficult situations;
- a sense of meaning, spiritual faith or belief that suicide is wrong;
- economic security, particularly in older people;
- good physical as well as mental health;
- early detection and treatment for mental illness and emotional problems;
- restricted access to means, such as firearms, prescription medications and certain geographical locations.

Myth Busting

There are many myths and misconceptions about suicide in the community. Below are suggestions for challenging some of these misconceptions using accurate information about suicide that has been drawn from research and clinical practice.

Myth: Most 'normal' people don't think about taking their own life

Measuring suicidal thoughts is difficult, but research suggests that thoughts about suicide are not that uncommon at some point in a person's life, although most people do not act on them.[72]

Myth: Most suicides occur without warning

Although there may be some cases where suicide occurs without warning, many people that attempt or complete suicide give verbal or non-verbal clues before the incident. Often there has been a history of personal problems, warning signs, mental health issues, suicide threats or prior attempts. Many people thinking about suicide will tell someone, loved ones and/or strangers, and some will seek professional help.

Myth: If someone reveals their suicide plan, you should not break their confidentiality

Any information suggesting a person is contemplating suicide should be acted upon. A serious threat of suicide is one of the few situations where confidentiality must be breached in the interest of saving a life.

Myth: People who talk about killing themselves or attempting suicide are not serious – talking about it is just an attention-seeking behaviour and should be ignored

Any suggestion of suicidal thoughts or threats of suicide should always be taken seriously. A person who threatens or attempts suicide is in need of support, whether or not they may be serious about ending their life at that particular time.

Myth: Talking about suicide with someone who is at risk may give them the idea and increase the chances of an attempted suicide

Many troubled people may be relieved if the issue is raised in a caring and non-judgemental way, allowing them to talk one-on-one about their feelings and to seek help.

Myth: People who attempt suicide are just selfish or weak

People who attempt suicide are often experiencing strong negative feelings, and may believe there is no other solution. People in this situation need professional and personal support, not judgement.

This section contains a brief overview of facts and statistics about mental illness in Australia as well as information that may be useful in countering common myths.

Comprehensive facts and statistics are available from the *Mindframe* website at **www.mindframe-media.info**.

Fact sheets and resources about mental illness and related issues, in a number of languages, can be found on the SANE Australia website at **www.sane.org** and Multicultural Mental Health Australia at **www.mmha.org.au**. Fact sheets and resources about anxiety and depression are provided on the beyondblue website at **www.beyondblue.org.au**

Definition of Terms

Often the terms 'mental health', 'mental illness' and 'mental health problem' are used interchangeably. For example, mental health workers have been quoted in the media referring to 'the problem with mental health' rather than 'mental illness'. This may lead to confusion. Definitions for each of these terms, which refer to different parts of the spectrum between mental health and wellbeing and illness, can be found below.

Mental health – is a positive concept. It is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.[73]

A mental illness or **disorder** – is a diagnosable illness that significantly interferes with an individual's cognitive, emotional and/or social ability. There are different types of mental disorders, e.g. depression, anxiety, psychosis, substance use disorder and these different disorders may all occur with different degrees of severity.[74]

Mental health problems – occur often as a result of life stressors. Mental health problems also have a negative impact on a person's cognitive, emotional and social abilities but may not meet the criteria for an illness. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of severity and duration of symptoms.[75]

A Note on Interpreting Facts and Statistics

Statistics on mental illness are usually reported in terms of incidence or prevalence.

Incidence – is the number of cases identified in a given period, usually a year. Incidence rate is usually expressed per 100 000 population.

Prevalence – is the proportion or percentage of the population with the disease or disorder.

An overview of Mental illness in Australia

Unless otherwise stated the statistics in this section are from the 2007 National Survey of Mental Health and Wellbeing.[76]

How many people are affected by mental illness in Australia?

- Mental illness is common in Australia with one in five Australians experiencing a mental illness within a 12-month period. Almost half (45%) of Australians aged 16-85 years will experience a mental illness at some stage in their lives.
- Prevalence of mental illness decreases with age. Prevalence (including substance use disorder) is greatest among 18-24 year olds (26%) while prevalence among people 75 years and over is 5.9%.
- 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.[77] Major depression accounts for more days lost to illness than almost any other physical or mental disorder.[78]

How common are specific disorders?

- About 14% of Australians will be affected by anxiety disorders in a 12-month period.[79]
- About 4% of people will experience depression in a 12-month period, and 20% will be affected in their lifetime.[80]
- Postnatal depression affects between 10 to 20% of all new mothers to some degree.[81]
- 3% of Australians are affected by psychotic illness such as schizophrenia and bipolar mood disorder at some point in their life.[82] About one in 100 Australians will experience schizophrenia.[83]
- Approximately 2% of Australians will experience some type of eating disorder at some stage in their life.[84] Most of those affected (90%) are women.[85]
- Between 2 and 5% of the population are affected by Borderline Personality Disorder at some stage of their lives, with women three times more likely to be diagnosed with this disorder than men.[86]

Are there differences between men and women?

- Women are more likely than men to report anxiety disorders (18% compared with 11.1%) and affective disorders (7.1% compared with 5.3%).
- Men are more than twice as likely as women to have substance use disorders (7% compared with 3.3%), with alcohol disorders being three times more common than drug use disorders.
- Men are affected by schizophrenia in slightly greater numbers, women tend to experience later onset, fewer periods of illness, and better recovery.[87]

Is mental illness common in young people?

- The greatest numbers of people with a mental illness are in the 18-24 year age group.
- 14% of Australian children and adolescents aged 12-17 years have mental health problems. This rate of mental health problems is found in all age and gender groups, although boys are slightly more likely to experience mental health problems than girls.[88]
- Onset of bipolar disorder and schizophrenia usually occurs in the mid to late teen years.[89]
- Depression is one of the most common mental health problems in young people.[90]
- Adolescents with mental health problems report a high rate of suicidal thoughts and other health-risk behaviour, including smoking and drug use.[91]

Are the patterns similar for Aboriginal and Torres Strait Islander peoples?

- The term "social and emotional wellbeing", rather than "mental health" is preferred by Aboriginal and Torres Strait Islander peoples because of its more positive and holistic connotations.[92]
- At present, there is no definitive national data about the incidence or prevalence of mental disorders in Aboriginal and Torres Strait Islander Australians. However, limited available research supports the conclusion that serious mental disorders occur in these populations, and such disorders are at least as common as in the mainstream population.[93]
- Aboriginal and Torres Strait Islander people receive proportionately reduced access to specialised care for mental disorders and behavioural disorders, yet their involuntary hospitalisation rate is significantly increased compared to the wider community.[94 95]
- The death rate associated with mental disorders among Aboriginal and Torres Strait Islander males is over three times the rate for other Australian males.[96] However, the rate is the same for Aboriginal and Torres Strait Islander females as those in the general Australian population.
- An Aboriginal or Torres Strait Islander person may also see particular feelings, beliefs or hallucinations, including hearing voices, as a spiritual or personal issue rather than mental illness.[97]

Do rates vary among people from culturally and linguistically diverse backgrounds?

- In the Australian population, the prevalence of mental or behavioural problems among people born overseas is similar to those born in Australia. Similarly, the rates among people who speak a language other than English at home are about the same as for those who speak English at home.[98]
- People from cultural and linguistically diverse backgrounds do not access mental health services as often as the mainstream population.[99]
- The conceptualisation of mental illness differs from culture to culture, as does the level of stigma attached to mental disorder and mental health problems. There is some evidence that people with mental illness may be more stigmatised and marginalised in some cultural groups.
- Loss, physical illness or disability, or the onset of disorders such as dementia, which often results in a loss of competency in English, can increase the risk of depressive disorders and suicide in older people from culturally and linguistically diverse backgrounds.[100]

Are rates higher in rural and remote Australian communities?

- There is little data about the prevalence and incidence of mental illness among people who live in rural and remote Australia.
- The 1997 National Survey of Mental Health and Wellbeing found no differences in the overall rates for affective disorders, anxiety disorders and substance use disorders between urban and rural areas but did note some gender differences. For males, the rate of disorder was slightly higher for those living in a capital city, while for females it was higher for those living in rural or remote areas.

Myth Busting

There are many myths and misconceptions about mental illness in the community. Some common myths are listed below, with some suggested responses about how to provide accurate information that challenges these myths and misconceptions.

Myth: People who are mentally ill are violent

FACTS:

- Many violent people have no history of mental disorder and most (90%) people with mental illness have no history of violence.[101]
- Only a small proportion of violence in society is attributable to mental illness (studies suggest up to 10%).[102 103]
- The use of drugs or alcohol has a stronger association with violence than does mental illness.[104]
- A small proportion of people with a psychotic illness may show violent behaviour, usually in the context of ineffective treatment, drug or alcohol use or in relation to distressing hallucinations or delusions.[105 106 107]

Myth: Mental illness is a life sentence

FACTS:

- Most people will recover fully from a mental illness, especially if they receive help early.
- Some people will only experience one episode of mental illness and recover fully while others may be well for long periods with occasional episodes. For a minority of people periods of acute illness will occur regularly and some will experience ongoing disability.
- Although some people experience significant disability as a result of ongoing mental illness, many others live full and productive lives.
- Most people with mental illness will be treated in the community.[108]

Myth: Mental illnesses are all the same

FACTS:

- There are many different types of mental illnesses and many types of symptoms.
- Not everyone with the same diagnosis will experience the same symptoms.
- Simply knowing a person has a mental illness will not tell you how well or ill they are, what symptoms they are experiencing, or whether they may recover or manage the illness effectively.

Myth: Some cultural groups are more likely than others to experience mental illness

FACTS:

- People from any background can develop mental health problems or a mental illness.
- However, many people from culturally and linguistically diverse and refugee backgrounds have experienced torture, trauma and enormous loss before coming to Australia, which can cause significant psychological distress and vulnerability to mental illness.[109]
- Cultural background also affects how people experience mental illness and how they understand and interpret the symptoms of mental illness.

Myth: People with mental illness can not do well in their job or successfully raise a family

FACTS:

- Mental illness says nothing about a person's capabilities or future. Many people living with mental illness work and parent effectively.
- While some people may require support from their workplace when unwell, many will not require any additional support.
- However, the stigma associated with mental illness can lead to discrimination in the workplace and can lead many people to not disclose their illness.
- While support may be required in some cases, this does not mean that people with a mental illness cannot fulfil their parenting role.

Contact Information

For advice on reporting suicide and mental illness contact: *Mindframe* Project Team **(02) 4924 6904**

Research Sources and Contacts

Current research and statistics about suicide, mental health and mental illness in Australia can be obtained from the organisations listed below.

General

Australian Bureau of Statistics
www.abs.gov.au
Phone: 1300 135 070

Australian Government Department of Health and Ageing
www.mentalhealth.gov.au
Phone: (02) 6289 1555 OR 1800 020 103

Australian Institute of Family Studies
www.aifs.gov.au
Phone: (03) 9214 7888

Australian Institute of Health and Welfare
www.aihw.gov.au
Phone: (02) 6244 1000

Australian Institute for Suicide Research and Prevention
www.griffith.edu/health/australian-institute-suicide-research-prevention
Phone: (07) 3735 3382

beyondblue
www.beyondblue.org.au
Phone: (03) 9810 6100

Black Dog Institute
www.blackdoginstitute.org.au
Phone: (02) 9382 4523

Clinical Research Unit for Anxiety and Depression
www.crufad.com
Phone: (02) 8382 1408

LIFE: National Suicide Prevention Strategy
www.livingisforeveryone.com.au
Phone: (08) 8398 8408

Mental Health Research Institute of Victoria
www.mhri.edu.au
Phone: (03) 9388 1633

Queensland Centre for Mental Health Research
www.qcsr.uq.edu.au
Phone: (07) 3271 8660

SANE Australia
www.sane.org
(03) 9682 5933

Suicide Prevention Australia
www.suicidepreventionaust.org
Phone: (02) 9568 3111

State Health Departments

ACT Health and Community Care,
Mental Health Services
www.health.act.gov.au
Phone: (02) 6205 1313

NSW Health,
Mental Health and Drug and Alcohol Office
www.health.nsw.gov.au/mentalhealth
Phone: (02) 9391 9309

NT Health Department,
Mental Health Unit
www.health.nt.gov.au/mental_health
Phone: (08) 8999 2553

Qld Health
www.health.qld.gov.au
Phone: (07) 3234 0111

SA Health
www.health.sa.gov.au
Phone: (08) 8226 6000

Tas Department of Health and Human Services,
Mental Health Services
www.dhhs.tas.gov.au/mentalhealth
Phone: (03) 6230 7780

Vic Department of Health,
Mental Health, Drugs and Regions
www.health.vic.gov.au
Phone: (03) 9096 1314

WA Department of Health,
Mental Health Commission
www.mentalhealth.wa.gov.au
Phone: (08) 6272 1200

Aboriginal and Torres Strait Islander

Australian Indigenous Health*Info*Net
www.healthinfonet.ecu.edu.au

LIFE: National Suicide Prevention Strategy
Aboriginal and Torres Strait Islander Section
www.livingisforeveryone.com.au

Office for Aboriginal and Torres Strait
Islander Health (OATSIH)
www.health.gov.au/oatsih
Email:oatsih.enquiries@health.gov.au
Phone: (02) 6289 1555

For Aboriginal Medical Services:
Vibe Australia
Healthy Vibe: Race Around the Surgery
www.vibe.com.au

Multicultural

Migrant Health Service, Adelaide
Phone: (08) 8237 3900

Multicultural Mental Health Australia (MMHA)
www.mmha.org.au
Phone: (02) 9840 3333

NSW Transcultural Mental Health Centre
www.dhi.gov.au/tmhc
Phone: (02) 9840 3800

Queensland Transcultural Mental Health Centre
www.health.qld.gov.au/pahospital/qtmhc/default.asp
Phone: (07) 3167 8333

Migrant Resource Centre
Southern Tasmania Inc.
www.mrchobart.org.au
Phone: (03) 6221 0999

Victorian Transcultural Psychiatry Unit
www.vtpu.org.au
(03) 9288 3300

West Australian Transcultural Mental Health Service
Phone: (08) 9224 1760

Help seeking contacts for media stories

It's important the media add the correct help-seeking contact information to stories about suicide or mental illness. Always encourage the media to use from the following national contacts.

Suicide Stories

National Crisis Counselling Services

For **any story** about **suicide**, add at least wo of the following:
Lifeline – 13 11 14
Suicide Call Back Service – 1300 659 467

For **young people** 5-25 years:
Kids Helpline – 1800 55 1800

For **men** of all ages nationally:
MensLine Australia – 1300 78 99 78

Other Services and Information

For any **story** about **suicide**, stories can also include:
Lifeline – www.lifeline.org.au
Salvo Care Line – 1300 36 36 22
Talk to your local GP or health professional

For **young people**, add:
Reach Out! – www.reachout.com

For people **bereaved by suicide**, add:
Salvation Army Hope Line – 1300 467 354

For people from a **culturally and linguistically diverse background**, add:
Multicultural Mental Health Australia
www.mmha.org.au

For **Aboriginal and Torres Strait Islander People**, add:
Local Aboriginal Medical Service
available from www.vibe.com.au

Other services, add:
SANE Australia helpline 1800 18 SANE (7263) or www.sane.org
Gay and Lesbian Counselling Service
www.glccs.org.au
Vietnam Veterans' Counselling Services and Community Services – 1800 011 046

Mental Illness Stories

National Crisis Counselling Services

For **news stories** involving **mental illness**, add at least one of the following crisis contacts:
Lifeline – 13 11 14
Suicide Call Back Service – 1300 659 467
Kids Helpline – 1800 55 1800
MensLine Australia – 1300 78 99 78

Other Services and Information

In addition, for any **story** about **mental illness**, add:
SANE Australia helpline
1800 18 SANE (7263) or www.sane.org
Talk to your local GP or health professional

For **depression, anxiety, ante/postnatal depression and bipolar disorder**, add:
beyondblue: the national depression initiative –
1300 22 4636 (1300 bb info)
or www.beyondblue.org.au
Black Dog Institute
www.blackdoginstitute.com.au
Talk to your local GP or health professional

For **young people**, add:
headspace – www.headspace.org.au
Reach Out! – www.reachout.com
Youthbeyondblue (for depression and anxiety and how to help a friend)
www.youthbeyondblue.com 1300 22 4636

For men, add:
MensLine Australia - 1300 78 99 78
For people from a **culturally and linguistically diverse background**, add:
Multicultural Mental Health Australia
www.mmha.org.au

For **Aboriginal and Torres Strait Islander People**, add:
Local Aboriginal Medical Service – available from www.vibe.com.au

Other services, add:
Lifeline service finder (for local contacts)
www.lifeline.org.au
Kids Helpline www.kidshelp.com.au

State Crisis and Specialist Referral Lines

ACT
(02) 6205 1065 or 1800 629 354 (crisis line)

NSW
Mental Health Information Service (referral)
(Monday to Friday 9.30pm to 4.30pm)
1300 794 991

NT
Darwin (08) 8999 4988 (crisis)
Alice Springs (08) 8951 7710 (crisis)

Qld
1300 729 686

SA
1800 182 232 (crisis, country)
13 14 65 (Metro)

Tas
(03) 6233 2388 or 1800 332 388
(crisis)

Vic
1300 363 746

WA
1300 555 788 (crisis)
1800 552 002 (Rural Link)

Local Contacts

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