

## Guide for lived experience speakers: talking about mental illness

The media is an important source of information for the community about mental health issues and plays an important role in influencing the way people think and act towards people who are affected by mental illness and suicide.

Media reports that reinforce stereotypes can lead to negative community attitudes. However, responsible reporting can help in the understanding of mental illness in the community and decrease the stigma and discrimination experienced by people living with mental illness.




Consider whether to become involved in the story

- ✓ Does being involved in the story give you an opportunity to help the community to learn and understand about mental illness and services?
- ✓ Does your personal experience match what the story is about?
- ✓ Have you received advice about becoming involved in the story?
- ✓ What impact may it have on you if you become involved in this story?

For many people with a mental illness and their families, stigma can create as much pain and stress as the illness itself.



### Be mindful of language

Be aware of your own language and suggest other words instead of any unhelpful language used by media.

Issue 	Problematic 	Preferred 
Certain language sensationalises mental illness and reinforces stigma <sup>26</sup>	Terms such as 'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'	A person is 'living with' or 'has a diagnosis of' a mental illness
Terminology that suggests a lack of quality of life for people with mental illness <sup>27</sup>	Referring to someone with a mental illness as a 'victim', 'suffering from' or 'afflicted with' a mental illness	A person is 'being treated for' or 'someone with' a mental illness
Labelling a person by their mental illness <sup>28</sup>	A person is 'a schizophrenic', 'an anorexic'	A person 'has a diagnosis of', or 'is being treated for' schizophrenia
Descriptions of behaviour that imply existence of mental illness or are inaccurate <sup>29</sup>	Using words such as 'crazed', 'deranged', 'mad', 'psychotic'	The person's behaviour was unusual or erratic
Colloquialisms about treatment can undermine people's willingness to seek help <sup>30</sup>	Using words such as 'happy pills', 'shrinks', 'mental institution'	Accurate terminology for treatments e.g. antidepressants, psychiatrists or psychologists, mental health hospital
Terminology used out of context adds to misunderstanding and trivialises mental illness <sup>31</sup>	Terms like 'psychotic dog', using 'schizophrenic' to denote duality such as a 'schizophrenic economy'	Reword any sentence that uses psychiatric or medical terminology incorrectly or out of context

## Avoid negative stereotypes

Balanced and accurate reporting has the potential to increase understanding of mental illness. However, stereotypes can lead to negative community attitudes and stigma.

Myths 	Facts 
People who are mentally ill are violent, dangerous, untrustworthy or unpredictable.	Many violent people have no history of mental illness and most people with a mental illness have no history of violence. <sup>104</sup> People with a mental illness are much more likely to be the victims of violence and crime than the perpetrators. <sup>105</sup>
People are unable to recover from mental illness.	Mental illness is not a life sentence. Most people will recover completely and go on to live full and productive lives. There are various treatments available to enable people to manage their symptoms/illness. <sup>106</sup>
Mental illnesses are all the same.	There are many types of mental illnesses and many kinds of symptoms or effects. <sup>107</sup>
People who share the same diagnosis will have the same experience of mental illness.	Even though a particular mental illness will tend to show a certain range of symptoms, not everyone will experience the same symptoms. A diagnosis will tell you little about a person's ability and personal characteristics. <sup>108</sup>
Some cultural groups are more likely than others to experience mental illness.	Anyone can develop a mental illness and no one is immune to mental health problems. <sup>109</sup> Cultural background may affect how people experience mental illness and how they understand and interpret the symptoms of mental illness. <sup>110</sup>
People with a mental illness differ in appearance to others in the community.	People with mental illness do not look any different from others in the community. <sup>111</sup>

## Provide support information

Always provide information about relevant services or suggest where people can get support or further information.

## Look after yourself

It is important that you safeguard your wellbeing when sharing your story. Sharing your story may bring up uncomfortable or distressing feelings. These feelings might come up immediately or in following days, weeks or months. *Mindframe* would strongly encourage checking in with yourself and engage in some self-care activities. Self-care can include any intentional acts to help look after your physical, mental and emotional health. This may include; engaging in physical exercise, staying in touch with friends and family, having a good night sleep, or speak with a mental health professional.

- Suicide Call Back Service - 1300 659 467
- Lifeline - 131 114
- Beyond Blue - 1300 22 4636
- Kids Helpline - 1800 55 1800
- MensLine Australia - 1300 78 99 78