

## Possible Follow-Up Actions

- Best practice at mental health incidents is a joint collaborative attendance with ambulance, mental health and support services
- Refer journalists to the *Mindframe* website [www.mindframe-media.info](http://www.mindframe-media.info) for advice on reporting suicide and mental illness.

### National Crisis Counselling Services

Lifeline 13 11 14

Suicide Call Back Service 1300 659 467

Kids Helpline 1800 55 1800

MensLine Australia 1300 78 99 78

### Information about Mental Illness

Beyondblue (depression & anxiety)  
1300 22 4636 or [www.beyondblue.org.au](http://www.beyondblue.org.au)

SANE Australia (general)  
1800 18 7263 or [www.sane.org](http://www.sane.org)

For young people  
[www.headspace.org.au](http://www.headspace.org.au) or [www.reachout.com](http://www.reachout.com)

[www.mindframe-media.info](http://www.mindframe-media.info)

## Managing Media Interactions for Mental Illness & Suicide Incidents in **Tasmania**

This card provides guidance on managing media interactions when mental illness and/or suicide are involved.

Your words and actions at the scene may affect how the incident is portrayed in the media.

How the event is reported can influence public attitudes towards persons with mental illness or suicidal behaviour.

### What should I consider first?

- Contact the media unit on **(03) 6173 2296**
- Make official comment **only if authorised**
- Remember, **both** your actions and words are important - media may make inferences based on what you say and do
- The lines between “interview” and “conversation” can get blurred – **nothing is ever off the record**
- The immediacy of media and social media means **you** may be the subject of a story or online post.

[www.mindframe-media.info](http://www.mindframe-media.info)

## When the callout involves a person with mental illness...

### Remember:

- Your legislative responsibilities
- Your job is to respond to a person's behaviour at the scene
- Take care not to comment on their mental health status:
  - **Use** words that describe behaviour  
e.g. "erratic", "unusual", "creating a disturbance"
  - **Do not use** words that infer something about mental illness e.g. "psychotic", "deranged", "delusional".
- Use neutral words to explain when a person is taken for a health assessment e.g. the person was "taken to hospital"
- Ensure your actions and words reflect that mental illness is a health concern, even when responding to a criminal matter
- Your interactions with the person will be observed by witnesses (media, members of the public, family members)
- Your behaviour at the scene may impact upon the 'angle' for the media report or a post on social media.

## When the callout involves a suspected suicide...

### Remember:

- Your legislative responsibilities
- If you are the authorised officer, provide only enough basic details to the media so they do not speculate:
  - e.g. "this will be a matter for the coroner" or "it appears to be a non-suspicious death"
  - **Do not** disclose the name of the deceased or speculate on possible causal factors.
- Reporting the method or location of a suicide death have been linked to increased rates of suicide by that method or in that location, so:
  - **Do not** disclose any details about a particular method of death
  - **Identify** if you need to manage any media or eye witnesses who are taking footage or photos.
- Be aware that witnesses (as well as family and friends) may be traumatised by the death.

A callout involving a person with mental illness or suicidal behaviour is complex. It involves applying confident policing skills to manage the scene, witnesses and interactions with the media.