

## Possible Follow-Up Actions

- Request mental health advice, background information on a person, or CATT attendance via your local Mental Health Triage service
- 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 **Victoria**

**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) 9247 5205**
- 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.