Mindframe

for journalism &
public relations education

Fact or Fiction?

Reporting Mental Illness and Suicide

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Media effects on suicide: Fact or fiction?

There has long been debate about whether media portrayal of suicide leads to imitation or 'copycat 'suicide. An Australian review has concluded that there is an association between non-fictional media portrayal of suicide and actual suicide, and in some cases this association is likely to be causal *(Pirkis &Blood, 2000).*

This has implications for the way suicide is represented in the media. In particular, it becomes important to consider the potential effect of a report on an emotionally vulnerable individual. People in despair are often unable to identify solutions to their problems, and may be influenced by what they read, view, or hear. The effect may be more profound if someone feels able to identify with the person who died, perhaps because they are in the same age group or share similar experiences or ideals. An explicit report, particularly one which provides details about the method of self-harm, may lead those who are vulnerable to take a similar course of action.

Some of the most vulnerable people in our community are those with a mental illness, and they are at particular risk for self-harm or suicide. Psychological autopsy studies show that up to 90% of people who die by suicide may have been suffering a mental disorder at the time of their death *(Penrose-Wall, 1999).*It can be extremely difficult for people to seek help, in a society in which the old fears and misconceptions about people with mental illness still hold sway. Indeed, some have said that the social stigma can be more debilitating than the illness itself.

While the media effects debate is an ongoing area of research, health professionals and the public do consider the media an important influence on attitudes toward mental health and illness *(Francis et al, 2001, Pirkis & Francis 2012).*In general, the media does take a sensitive approach to reporting mental illness and suicide, as demonstrated by the recent Australian review. However, there are still instances where emotive or discriminatory language, exaggerated headlines and careless references can reinforce public misunderstanding and prejudice.

Dancing in the dark: Understanding mental illness

"Pregnant women don't lose their marbles:-study"

If you ask a member of the public to define asthma or diabetes, you are likely to receive a reasonably accurate and consistent answer. We may not all be able to explain the medical detail, but most of us have a fair idea of the meaning. Try asking for a definition of schizophrenia or personality disorder. You are likely to be met largely with confusion or with misconceptions.

While the importance of information about physical health is widely acknowledged, the Australian community understands of mental health and mental illness is far less comprehensive. Many people cannot correctly recognise mental disorders and do not understand the meaning of psychiatric terms *(Jorm, 2000: 396).*

Perhaps the most common misunderstanding is that people with mental illness are violent and dangerous. While this may be true in some cases, the generalisation has been made far too widely. Other common

misconceptions are that people with mental illness are somehow to blame for their condition, that they cannot contribute to society, or that they can never recover. These attitudes contribute to a significant amount of prejudice against the mentally ill, which may prevent people from seeking help. Stigma may also affect people's recovery, contributing to low self-esteem and decreased social contact. In contrast to physical health issues, most people in our community avoid even discussing the subject of mental illness, dancing around the issue in the shadow of these pervasive misconceptions.

The role of the Media: Framing and agenda-setting

Several media models suggest that the media constructs meaning by framing images of reality in a predictable and patterned way (McQuail, 1994). In the process of selecting, sorting and 'making sense 'of the news, events are contextualised based on a pattern of accepted themes (Hazelton, 1997).While the audience is increasingly recognised as an active participant in constructing meaning, the framing strategies used in presenting stories can significantly influence how an audience comes to understand or evaluate an issue.

The media is also conceptualised by many authors as having an 'agenda-setting' role, referring to the ability of the media to lend structure or importance to issues, by making decisions about the type and extent of information to be presented *(McQuail, 1994).*

Selective use of language can also influence the perception of an issue as trivial or important *(Hazelton, 1997).*It follows that journalists may contribute, consciously or unconsciously, to the way mental health is discussed and debated. If the themes used in reporting mental illness and suicide are predominantly negative, based on concepts such as crisis and risk *(Hazelton, 1997),* this will influence the public perception of mental health issues in general. Journalists can contribute positively by considering the framing of stories and features, and by employing the information role of the news media to present material which will improve public knowledge.

"Boy rapper's wife tries suicide"

Choices and challenges: The public interest

Reporting on mental illness and suicide raises a number of issues central to the practice of professional journalism: accuracy, credibility of source, ethical considerations and accountability. These considerations are interpreted in the Australian Journalism Association Code of Ethics, which requires journalists to

"Report and interpret honestly, striving for accuracy, fairness and disclosure of all essential facts" and "…not place unnecessary emphasis on personal characteristics, including…physical or intellectual disability".

A challenge when reporting on these issues is the potential conflict between professional, ethical and commercial values. What the public is interested in may not actually be in the "public interest". Journalists have an audience to satisfy but this needs to be balanced with sensitivity toward the issues and people involved. In some cases there may be an ethical conflict between the need to report a story in a certain way, to maximise impact, and the way it might be constructed to promote greater understanding. These

conflicts are inevitable but can be managed. One important consideration is what information the audience actually needs – sensitive details should not be reported merely for their commercial potential.

The need to consider the public interest is reflected in the way the Herald and Weekly Times frames their policy on professional conduct, which includes guidelines for the reporting of suicide: "the public interest is the only test that may occasionally justify divergence from the standards of conduct set out in this policy.

The public interest includes:

- detecting or exposing crime or serious misdemeanour;
- detecting or exposing seriously anti-social conduct;
- protecting public health and safety;
- preventing the public from being misled by some statement or action of an individual or organisation;
- detecting or exposing hypocrisy, falsehoods or double standards of behaviour on the part of public figures or public institutions and in public policy."*(Quoted in Hurst & White, 1994)*

Accuracy: Looking beyond the facts

Common tenet of professional journalism is 'reporting the facts accurately'. While this is true, a broader understanding requires the journalist to ensure accuracy not only of the individual facts, but also in regard to the context of reporting. This may involve challenging the traditional way in which a story is reported to ensure that the frame or "angle" of the story accurately reflects the situation.

"What is killing Australia's youth? Drugs, cars & suicides"

One way to challenge traditional frames is to consider a broader range of alternative sources. This is important when reporting on suicide and mental illness, as these are complex issues and there are different levels of understanding in the community. For example, a police officer may describe a person as 'psychotic'. While the police and courts are valuable sources of news, medical information of this nature should be confirmed before it is reported. Contextual accuracy requires not only checking whether the person has a diagnosed mental illness, but also whether this is a key issue in the story, or if there are other factors involved.

An Australian study has shown that many reports on suicide lack contextual accuracy. Some feature an over-dramatisation of events and "a lack of understanding of the overall picture of national suicide" *(Blood et al, 2001).*For example, reports frequently emphasise selected age groups, particularly young people, because youth suicide is so emotive.

Many reports portray suicide as a social phenomenon and miss the opportunity to reinforce that suicide risk is related to mental disorder *(Pirkis et al, 2001, Pirkis et al, 2008).*Expert sources can provide an understanding of the data and a range of views, ensuring that alarmist interpretations are avoided.

Information about risk factors and possible warning signs of suicide can lend the report balance and emphasise that suicide can be prevented.

Words and whispers: The language of mental illness

Certain words and phrases create strong images, but it is important to ensure that these are balanced and accurate. A recent study of reporting on mental health and mental illness in Australia found that almost 20% of reports were using out dated or colloquial language such as “cracked up”,“insane”,“mad”,“lunatic” and “mental patient” - the sort of words people used to whisper behind closed doors. Well, maybe some witnesses or experts still use such words, but quoting this type of language in news reports only adds to stigma and misconceptions.

“Psychopath on the rampage”

Words associated with mental illness are also often used in news coverage of issues unrelated to mental health, particularly in sports, business and financial news, where negative words such as “mad”,“maniac”,“insane”,“lunatic” and “loony” are often used. Using medical terminology out of context can lead to misunderstanding. For example, the word “schizophrenic” is often used to denote ambiguity, such as the “schizophrenic economy”. This perpetuates the widely accepted myth that schizophrenia means “split personality”, which is not accurate. Similarly, the word suicide is used in unrelated news coverage, for example, in the context of “career suicide” or “political suicide”, which may contribute to suicide being normalised.

Other words may appear accurate or inoffensive, but carry negative connotations. “Deranged” and “demented” denote a confused state, but in practice these words imply a dangerous or unpredictable person.

“Psycho killed homeless man”

The word “psychotic” indicates medical state in which a person experiences delusions or hallucinations and may be confused or frightened. In common use, however, this word suggests someone dangerous who is not in control of their actions. “Mental patient”, while previously used to refer to someone undergoing treatment in a psychiatric institution, is rarely relevant in today’s society, where most people are treated in the community. Many people who experience mental illness are well much of the time. It is perhaps more accurate and less stigmatising to refer to a person simply as someone who has had a mental illness.

“Deranged killer on the loose”

If in doubt about the relevance of a particular term or phrase used in relation to mental illness, check with a mental health professional or organisation (contacts available on the *Mindframe* for Universities website at www.mindframe-media.info).

Mad, bad and dangerous: The myth of mental illness and violence

It is common for media reports to link mental illness and violence *(Francis et al, 2001, Pirkis & Francis, 2012)*, for several reasons. Journalists often work within and react to frame of conflict, so mental health issues are often reported within this context, rather than in a positive way. Media professionals may feel justified in reporting a story from a 'public safety 'perspective and unintentionally over-emphasise the risk of violence. Such portrayal may also be favoured because it captures audience interest and it is easier to reinforce audience views than to challenge them.

Recent research shows that the vast majority of people with mental illness are not violent; indeed many violent people have no history of a mental disorder. The most common mental health problems, depression and anxiety disorders, have little or no association with violence *(Brennan et al, 2000, Torrey, 1994).*

"Anti-depressant drug blamed for killing"

There is an increased risk of violent acts in certain types of mental illness, including schizophrenia and other psychotic disorders, but not everyone with the illness will be prone to violence. The risk is largely associated with people who already have a history of violence or are not being treated with appropriate medication *(Torrey, 1994).*The risk is also increased if a person with a psychotic illness uses drugs or alcohol *(Arseneault et al, 2000).*In fact, research shows stronger links between violence and substance abuse than between violence and mental illness *(Noffsinger and Resnick, 1999).*

How can current reporting be improved

A study was commissioned in 2000 to evaluate whether reporting of mental health and suicide in Australia is consistent with guidelines developed by the Commonwealth Department of Health and Aged Care. Results showed that the majority of reports on mental health or mental illness are accurate and appropriate, but reports on suicide are less consistent with the guidelines.

Key areas which can be improved are:

Avoiding descriptions of self-harm: In 50% of reports on suicide the method of self-harm was described in detail, which may encourage vulnerable people to take a similar course of action.

Using appropriate language about suicide: Over 40% of items relating to suicide included examples of inappropriate language, including phrases that suggest completed suicide is a desirable outcome e.g. "successful suicide attempt", or "failed suicide attempt". Sensationalist terminology was often used to describe the prevalence of suicide in the community e.g. "suicide epidemic", "suicide rates are out of control".

Using appropriate language about mental illness: Unnecessarily dramatic or sensational terminology, or phrases such as "crazy", "lunatic", "insane", were used in almost 20% of reports on mental health and mental illness.

Avoiding stereotypes: 15% of items included stereotypes about mental illness, often generalising violent behaviour as a characteristic of all people with mental illness. Other stereotypes included portraying mental illness as a human failing and a "life sentence".

Encouraging people to seek help: Very few items (7%) provided information on help services. Around 50% of items on suicide did not make the link between suicide and mental health problems which can be treated. *(Pirkis et al, 2001, Pirkis et al, 2008)*

Guidelines for professional reporting

The following guidelines are consistent with the Australian Government resource 'Reporting Suicide and Mental Illness: A resource for media professionals 'developed in consultation with media organisations and professionals.

Reporting suicide

1. Do not give undue prominence to reports on suicide as this may glorify the act for those who are vulnerable, and may be distressing to families bereaved by suicide. This includes locating reports appropriately, so that they are not on the front page of a newspaper and not the leading item in broadcast reports.

2. Avoid repeated coverage of suicides, as this may normalise suicide as an acceptable option.

3. Avoid using the word "suicide" as part of a headline, to minimise risk of sensationalising or normalising suicide.

4. Avoid using photographs and television footage relating to suicide. Specifically, avoid featuring the suicide scene, precise location or method and ask permission before using photographs of the deceased and his or her family.

5. Do not portray suicide as a romantic or glamorous solution to problems.

6. Treat the bereaved with sensitivity, and respect their privacy, particularly as the bereaved may be at heightened risk of suicide themselves.

7. Avoid discussion of the method of self-harm used, to reduce the potential for imitation by others.

8. Avoid using language which suggests that completed suicide is a desirable outcome. For example the term "completed suicide" can be used instead of "successful suicide" and "non-fatal suicide attempt" can be used instead of "unsuccessful suicide attempt".

9. Reinforce that suicide is often related to mental illness, and promote help seeking behaviour. Suicide is not merely a social phenomenon. Although thoughts of suicide may be quite common, acting on them is not.

Reporting mental illness

1. Confirm references to mental illness are relevant and accurate. For example, If the headline asserts that an individual has a mental illness (either implicitly or explicitly) ensure this is confirmed and is relevant to the story.

2. Avoid out dated, negative or colloquial terms, such as "insane", "lunatic", "maniac", or "mental patient". Although colloquial words in other contexts may add "colour" to a report, most colloquial expressions used to describe mental illness are stigmatising and should be avoided.

3. Use medical terminology appropriately. Medical terminology is to be used only if it has been provided by an expert. Do not use medical terms out of context (e.g. 'the schizophrenic economy") as this may add to misunderstanding about certain illnesses.

4. Avoid sensationalism. For example, by not using terms such as "mental prison" or "victim of mental illness".

5.Avoid stereotypes, such as portraying people with mental illness as violent, unpredictable, unable to work, or unlikely to get better. It is also recommended that news reports recognise that "mental illness" covers a wide range of conditions, symptoms and effects.

6. Emphasise the person rather than the illness, by using descriptions such as "person with schizophrenia" instead of "a schizophrenic".

7. Respect privacy. Before deciding to publicise a person's mental illness, consider whether the person has given permission and the potential impact on the person.

8. Promote the use of mental health services, by including phone numbers for state, national or local services.

Need to know more...?

This guide is part of a kit of resources provided to each university in Australia. The *Mindframe* for Universities kit includes a CD of teaching resources for journalism lecturers and tutors, a CD for journalism students, and video resources on VHS cassette. A copy of the students' should be held in your university library or at the school of journalism. You will also find reference materials for students of journalism on the *Mindframe* for Universities website (www.mindframe-media.info).

In addition, the *Mindframe* website has been developed to provide information for journalists and other media professionals in Australia. These websites provide information about:

- Rates of suicide and mental illness in Australia
- Risk factors and warning signs for suicide and mental illness

- Symptoms and treatments for different types of mental illness
- Further information about key issues
- Links to useful contacts and organisations

Looking after your own health and wellbeing

This guide is designed to give you some experience in considering issues associated with reporting mental illness and suicide, so you will be better prepared to deal with these issues, both professionally and personally, when you graduate. Topics such as these can be upsetting, or make people feel uncomfortable. Usually, these feelings are temporary and do not cause serious distress. However, if you feel very upset as a result of reading these materials, or because of other problems you are experiencing, and these feelings continue, talk to your lecturer, tutor, or a university counsellor. You could also talk to your GP or call a counselling service such as Lifeline on 13 11 14.

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