



**Mindframe**

*for journalism &  
public relations education*

**Issues and Impact**

**Communicating Mental Illness and Suicide**

## Why are mental illness and suicide relevant topics for a public relations course?

Public relations serves a wide variety of institutions and individuals in society and involves the development of effective relationships with many different stakeholders and publics. An important aspect of public relations is the ethical and strategic management of communication and relationships whilst observing both cultural contexts and social responsibility.

Public relations practice will have an impact on health and social issues, just as important social issues will inevitably have an impact, either directly or indirectly, on public relations practice. Mental illness and suicide are two of these important social issues.

Mental illness and mental health problems are common in the Australian community. Research suggests that 1 in 5 Australians will be directly affected by mental illness during any 12-month period (ABS, 2007), with many more people indirectly affected by the illness as a family member, friend or colleague. Mental illnesses rank as the third greatest contributor to the burden of disease in Australia following heart disease and cancer (Mathers et al, 1999). Despite this, community awareness about mental illness is generally poor, and this lack of understanding can lead to confusion, fear, misconceptions, stereotyping and discrimination.

Suicide is a prominent public health concern in Australia. When a person takes their life it can have devastating effects on family, friends, colleagues and potentially the whole community. Official reports indicate that around 1,800 people die by suicide each year (Steencamp & Harrison, 2000), with many more attempting to take their own life. The way in which suicide is discussed is important, especially where that discussion occurs through the mass media or other public means.

There are many aspects of public relations practice where the responsible management of communication about mental illness and suicide may be relevant. These include media relations, event management, crisis management, issues management, internal communications and community relations, just to name a few. In your role as a public relations practitioner you will be faced with choices regarding the use of appropriate language, branding and promotions, communication materials, managing media relations and managing your clients, colleagues and partners.

Mental illness and suicide are complex social issues that may impact directly or indirectly on your public relations practice. Without consideration, your practice could reinforce the fear and confusion that often exists about these issues and could alienate

sectors of society. Alternatively, public relations practice that considers the potential impact of these issues on communities and stakeholders could assist in breaking down stigma and reducing potential harm to vulnerable people. Decisions will need to be made to ensure that you achieve your desired communication goals within a socially responsible framework. An ongoing challenge for practitioners will be the potential for conflict between the broader public interest and the needs of yourself or your client.

**In any 12-month period, one in five Australians will experience a mental illness and around 2000 people will take their own life. Such prevalent social issues will impact on public relations practice, regardless of the specific role.**

For further information see the Fact Sheet section at [www.mindframe-media.info](http://www.mindframe-media.info)



## It's all about image

Practitioners need to be conscious of the messages certain images, symbols, pictures and words are conveying to publics. It is often too easy to use emotive words or images to promote a certain point or gain interest in an issue. However, the public relations practitioner has some responsibility to ensure messages are accurate and will be seen in the context in which they were intended.

Often the use of particular images or words can perpetuate negative and inaccurate stereotypes regarding mental illness. For example, just using the word 'crazy' will mean different things for different people. How do you know the right message is getting across? What images are you using that might either enhance your message or detract from it?

One of the major misconceptions affecting people living with a mental illness is the association between mental illness and violent behaviour. While research does not support this misconception, it is often reinforced through language and images. Similarly, stereotypes and images of people with mental illness often portray a sense of hopelessness, inability to work and an inability to recover. Whilst some individuals may have these experiences they are not true for the majority of people with mental illness.

Words and images can be even more important with the issue of suicide. Research shows that detailed description or images of the method or location of a suicide has been linked in some cases to further suicides using the same method or at the same location. This has implications for choices regarding communication about the detail of a suicide. It may also impact on your choice of images or angle for a campaign or communication strategy. For example, is it ever acceptable to use methods of suicide to make a point?

With a sensitive issue like suicide it is very easy to create dramatic impact by using certain statistics and not others. For example, it is accurate to say that on average we lose one person to suicide every four hours in Australia. That statistic will often create shock and fear. It would be just as accurate to say that almost 99% of deaths every year in Australia are not the result of suicide. This will have a completely different impact.

Communication strategies that are about, or involve, mental illness or suicide can at times lack contextual accuracy, often featuring over dramatisation of events and a lack of understanding of the overall picture (Blood et al, 2001). For example, media reports and discussions frequently emphasise selected illnesses or age groups, with young people over represented in communication about suicide because youth suicide is so emotive.

### Is John really 'crazy'?

**The word 'crazy' is not necessarily offensive to people with mental illness. However, in 2003, a mental health charity claimed that the use of the word 'crazy' combined with the imagery of the Crazy John's logo (with his tongue hanging out and rolling eyes), conjured up a particular image of a person with a mental illness. When polled, readers of MX magazine in Melbourne agreed that the image was offensive to people with a mental illness.**

In addition, issues related to mental illness and suicide are often confounded by the presence of co-existing problems such as drug and alcohol use and social issues such as housing, poverty and unemployment. Wherever possible, it is advisable to present the complexity of the issue without over dramatisation.

### **Campaign conflict**

**The 2006 White Ribbon Day Campaign, a UNIFEM activity advocating for an end to violence against women, came under criticism from suicide prevention organisations. The campaign showed video and printed images of a man who deliberately steps in front of a bus while his daughter watches – with the catch phrase ‘if there isn’t anything you wouldn’t do for your daughter. ...buy a white ribbon’**

It is important as a public relations practitioner to use reliable sources to get accurate facts, statistics and information. Contacting experts in the field will assist with accurate interpretation of statistics and placing situations or campaigns in context.

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## What's in a word?

The effective use of language is integral to all aspects of public relations practice. The way that language is used in both written and verbal communication can be very important in influencing public opinion and attitudes. Public relations practitioners need to be aware of this in their day to day work.

The language used in communication about mental illness can play a major role in creating and perpetuating stereotypes, myths and stigma. Studies looking at language used in the Australian media found that the use of outdated language such as 'cracked up', 'insane', 'mad', 'lunatic' and 'mental patient' is still an issue (Pirkis et al, 2008). 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. '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 a mental illness or someone who has a diagnosis of a particular illness.

Negative words such as 'mad', 'psycho', 'schizo' 'insane', 'lunatic' and 'loony' are often used in the coverage of issues unrelated to mental health. Using medical terminology out of context can lead to misunderstanding. For example, the word 'schizophrenic' is often used to denote duality, such as a 'schizophrenic economy'. This perpetuates the widely accepted myth that schizophrenia means 'split personality', which is not accurate.

The language used in communication about suicide can contribute to it being presented as glamorous or as an option for dealing with problems. It is important to avoid using language which suggests that suicide was a desirable outcome. For example the term 'took his or her own life' or simply 'died by suicide' can be used instead of 'successful suicide'. Similarly, 'attempt on his or her own life' or 'suicide attempt' can be used instead of 'unsuccessful suicide attempt'.

Misuse of the word suicide in unrelated events can also be problematic. For example, people may talk about 'career suicide' or 'political suicide', which may contribute to suicide being normalised.

**The word 'psychotic' refers to a mental state in which a person experiences delusions and hallucinations and may be confused or frightened. The word is, however, often inaccurately used to suggest someone dangerous or violent. In 2008, the 'Psycho Teddy' mobile phone ringtone and animation, featured a cartoon teddy bear that begins cute and cuddly but becomes bad and dangerous when it has a psychotic episode. Promotional material explained that the bear was insane and that sending it a text at the wrong time might trigger a psychotic episode. After receiving dozens of complaints, telephone companies ceased promoting the ringtone and the record company responsible for the ringtone relaunched the bear as DJ Teddy Z.**

It is important that you are familiar with current 'best-practice' in terms of talking about suicide, particularly if using the media as a forum for that discussion. All communication, including media releases, brochures, ministerials, speeches and reports should comply with best practice standards. You will need to be mindful of the use of appropriate language in all situations and contexts. For example, information is often transferred verbally via telephone and these conversations can still convey certain messages about the issues. You may also have a role to play in increasing awareness amongst colleagues and partners from other sectors such as advertising, marketing, sales and customer relations, regarding responsible and appropriate communication of these issues.

**For further information see the Fact Sheet section at [www.mindframe-media.info](http://www.mindframe-media.info)**





## Media relations, mental illness and suicide

International research indicates that the media\* have an important role to play in influencing community attitudes towards and perceptions of both mental illness and suicide. While many may argue that the potential for public relations practitioners to influence media content is limited, studies on the effect of public relations on the media have found that almost half of the articles published in major metropolitan media are the result of public relations activity (Zawawi, 2001) with some trade, specialist and suburban media content as high as 70% (Macnamara, 1993).

Research has indicated that the media is a very important source of information for the public regarding mental illness and many people's attitudes and beliefs regarding mental illness are influenced by what they see in the media (Francis et al, 2001, Pirkis & Francis, 2012). While some media codes of practice encourage care when reporting about mental illness, others have overlooked the issue.

In addition, Australian and international research shows that reporting and portrayal of suicide in the media can have an impact on vulnerable people (Pirkis & Blood, 2001, Pirkis & Blood 2010). Studies have found that the way suicide is portrayed in the media has the potential to influence rates of suicide in the community. This is not to say that suicide should never be discussed, but that care should be taken to report the issues in a sensitive way and to ensure that accurate information is given.

Media codes of practice state that, in general, suicides will not be reported. However, a death will often be reported if it is considered to be 'in the public interest'.

**The presentation of negative images in both fictional and non-fictional media is found to result in the development of more negative beliefs about mental illness, possibly contributing to negative stereotypes, stigma and discrimination.**

**People in despair may be influenced by media reports of suicide, particularly where they identify with the person in the report, or where suicide is romanticised, glamorised or otherwise portrayed as an 'acceptable' course of action.**

This might include the death of a prominent person, a death in a public place, or a death that is in some way related to other political or social issues, such as a death in custody.

In Australia, attempts have been made to influence the way the media portrays both suicide and mental illness through the Australian Government's *Mindframe* National Media Initiative. The strategy involves a number of projects which have focussed on providing resources and education opportunities to media professionals and journalism students (visit [www.mindframe-media.info](http://www.mindframe-media.info)).

More recently the *Mindframe* Initiative has expanded to include other groups of professionals who contribute to the mass communications industry and who are often a source of information for the media.

As part of this, specific resources have been developed for police officers, judicial officers and those working in the mental health and suicide prevention sectors.

Public relations practitioners work in all of these settings as well as other industries that may be affected by the issues from time to time. For example, what would you do if the CEO of the company you worked for took their own life? If you worked for the Department of Education and community members were outraged that exam stress was impacting on the mental health of students, how would you handle the situation?

Issues related to mental illness and suicide contain many news values given that stories may be shocking, deeply personal and highly emotional. In such cases there will be an ethical conflict between the need to present an issue in a certain way (perhaps to present your client in a more positive light) and the effect this might have on society. There will always be a range of options available and you will need to base your decision on your own values, your professional responsibility and the public interest.

Understanding news values can assist you when trying to pitch a story. For example, how do you make the launch of a new mental health service interesting to the media? It may also assist you to understand which of the news values do not complement the issue you are managing. For example, do you really want all the details of the CEO's death making the front page of the newspaper just because it was unexpected and shocking?

**For further information see the Fact Sheet section at [www.mindframe-media.info](http://www.mindframe-media.info)**

\* For the purpose of this document the definition of media is limited to traditional media only. Whilst we acknowledge the growing influence and importance of social media there is limited evidence to date regarding the relationship between reporting on suicide and mental illness in the social media and associated harm.





## Issues to Consider for Public Relations

### 1. Use appropriate language

- Avoid outdated negative or colloquial terms, such as 'insane', 'mad', 'lunatic' and 'mental patient' to reduce stigma and discrimination.
- Use medical terminology accurately and precisely, in the context of an illness. For example, the economy is not 'schizophrenic' and the weather is not 'bipolar'.
- Avoid labelling people by their illness. A person may 'have a diagnosis of' or 'live with anorexia', they are not 'anorexic'.
- Minimise the use of the word suicide, especially in communications with the media.
- Avoid using language which suggests that suicide is a desirable outcome. For example the term 'took his own life' can be used instead of 'successful suicide'.
- Avoid using the word suicide out of context to describe unrelated events or situations – for example 'career suicide'.

### 2. Avoid stereotypes and sensationalism

- Avoid negative and inaccurate stereotypes, implying that people with mental illness are violent, unpredictable, unable to work or unlikely to get better.
- Do not use mental illness as a way of making an issue funny, bizarre or unusual.
- Avoid imagery and graphics that are based on stereotypes. People with mental illness do not look any different from others in the community.
- Avoid simplistic explanations that suggest suicide might be the result of a single factor or event.
- Do not sensationalise suicide or use it as a way of communicating the seriousness of an unrelated issue. Methods of suicide should never be shown or described in information for the general public.

### 3. Ensure accuracy and use existing resources

- Make sure that you do your research. Source the most up to date data and take care to interpret it correctly.
- Invite people who are experts in their field (or who have personal experience of the issues) to provide feedback on your strategy.
- If your activities involve working with the media, refer people to [www.mindframe-media.info](http://www.mindframe-media.info) for information about the portrayal of suicide and mental illness.
- Vulnerable people may be distressed by information about either suicide or mental illness. It is important to include information on where people can access support (refer to the project website at [www.mindframe-media.info](http://www.mindframe-media.info) for a list of contacts).

For further information see the Fact Sheet section at [www.mindframe-media.info](http://www.mindframe-media.info)

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