



Guidelines on media reporting of severe mental illness in the context of violence and crime



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Overview

These guidelines refer to reporting of mental illness and crime (including violence) and do not provide guidance on other issues that might intersect with crime, including sociodemographic factors such as gender, age, ethnicity, culture and religion. The guidelines do not seek to duplicate others, including guidelines on reporting [suicide](#), [mental illness in general](#), [family violence](#), [drug use and addiction](#), and [mass shooting](#).

Why these guidelines are important

- **Severe mental illness is most commonly portrayed in the context of violence and crime.**^{1,2} Violence has been found to feature in around half of Australian news stories which mentioned schizophrenia. Furthermore, many of these reports are considered stigmatising because they are based on myths about people with mental illness or emphasise negative characteristics of the person.³
- **Media reporting is a key source of information about mental illness,**⁴ and can lead to negative attitudes. This is particularly true for severe mental illnesses (such as psychosis, schizophrenia and bipolar disorder), as these are less common and people are less likely to know someone with these diagnoses.⁵ Exposure to media reports that link crime and violence to mental illness can have a cumulative effect, influencing beliefs that people with mental illness are dangerous and violent. This can lead to discrimination towards people with severe mental illnesses.^{6,7}
- **There is limited guidance available on responsible reporting of severe mental illness in the context of violence and crime.** These guidelines aim to fill this gap.

Development of the guidelines

These guidelines are based on the expert opinions of a panel of media professionals, mental health professionals and consumer advocates from Australia about best-practice reporting of mental illness in the context of violence and crime.



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Mental health literacy for media professionals

Useful facts about mental illness

Mental illness is common with one in five Australian adults experiencing a mental illness in any 12 month period.⁸ Disorders such as anxiety and depression are the most common, while more severe mental illnesses such as schizophrenia and psychosis are experienced by less than 1% of the population.⁹

The causes of mental illness are complex and involve an interplay of genetic, neurobiological, social, behavioural and environmental factors. Mental illness cannot be attributed to any single cause. [Find out more about causes.](#)

Mental illness is treatable through a combination of talking therapy, medication, supportive social networks and lifestyle changes including exercise. A combination of both medication and psychotherapy is considered gold standard treatment for most moderate to severe mental illnesses. [Find out more about treatment.](#)

There are a range of mental health support services available including [crisis and support helplines](#) and [online chat services](#) (i.e. [SANE Australia \(SANE\)](#), [Beyond Blue](#) and [Lifeline](#)). Additional services can be found [here](#).

People with the same diagnosis can have diverse experiences of the illness, including their symptoms, response to medications and use of services. Visit the [SANE website](#) to learn more.

More key data on mental illness is available on the *Mindframe* [website](#).



Key terms to understand when reporting on crime and mental illness

Key terms to understand when reporting on crime and mental illness

Below are some useful definitions of terms to help avoid confusion about their meanings:

Term	Definitions
Psychosis	The experience of hearing or seeing things that are not there (hallucinations) or believing things that are false (delusions). It is usually experienced as an episode rather than constantly being in a state of psychosis. It is treatable with anti-psychotic medication, psychological therapies and community support programs. Visit the SANE website for more information.
Psychotic	Experiencing psychosis (as above)
Schizophrenia	A mental illness that is characterised by impairment in functioning that can involve episodes of psychosis and periods of reduced emotional expression and motivation. This is not ‘split personality’. Visit the SANE website for more information.
Paranoid schizophrenia	A subtype of schizophrenia where the main symptoms are auditory hallucinations (e.g. hearing voices) and paranoid delusions (believing others are out to cause them harm).
Drug-induced psychosis	Psychosis that is brought on by alcohol or other drug use. View further information compiled by The University of NSW .

Term	Definitions
Antisocial Personality Disorder	A disorder characterised by persistent antisocial behaviours (that disregard others and social rules), including a lack of remorse, and deceitful, impulsive, irresponsible and self-centred behaviours. Visit the Project Air Strategy fact sheet (about personality disorders) to learn more.
Psychopath/sociopath	A more severe personality disorder characterised by lack of empathy (inability to understand how others are feeling) or lack of remorse, and shallow emotions (reduction in appropriate emotional responses to situations and events), manipulation of and disregard towards others, and an inflated sense of self-importance. It is much less common than antisocial personality disorder. ‘Psychopathic’ should not be confused with the term ‘psychotic’.
Defence of mental impairment	The defence of mental impairment is raised where the accused person’s mental illness meant that they did not know what they were doing when they committed the crime, or they couldn’t understand that what they did was wrong.
Not fit to stand trial	The issue of whether a person is ‘fit to stand trial’ is raised where their mental illness means they cannot understand the court process at the time of the trial.
Supervision order	If the person is found not guilty by reason of mental impairment, or unfit to stand trial, the court will put them on a supervision order. A supervision order means the person will receive compulsory treatment indefinitely instead of going to prison. Sometimes people spend longer on a supervision order than they would in jail for the same crime. These cases generally only account for less than 1% of criminal cases.
Independent psychiatric report/assessment	Where the accused person has a mental illness that is considered when the court decides on a sentence, an assessment of the person’s mental state is conducted by independent forensic psychiatrists who produce a report about the person’s mental illness so the court can determine an appropriate sentence.
Further information about legal terms in relation to mental illness can be found on the Victorian Institute of Forensic Mental Health (Forensicare) website .	

Facts about mental illness and violence

Guidelines

Useful facts about mental illness

Most people with mental illness are not violent and most people who are violent do not have a mental illness. Only 4% of violence is associated with severe mental illness¹⁰, which means that 96% - almost all - of the violence that occurs in the general population is not carried out by people with a mental illness.¹¹

When people with mental illness are violent, there are often other factors involved. For example, in people with psychosis there may be other factors that better explain violence¹² including ineffective/lack of treatment, substance misuse and criminal history.¹³

Some factors that can increase the risk of violence amongst everyone (whether they have a mental illness or not) are shown in the table below:

Examples of risk factors for interpersonal violence (adapted from WHO¹⁴)

Individual	Relationship	Community	Society
Alcohol consumption / drug use	Exposure to violence and conflict in the family	High crime levels	Economic inequality
Antisocial beliefs and attitudes	Violence in peer group	Local illicit drug trade	Gender inequality
History of violent behaviour	Low socioeconomic household status	High unemployment	Cultural norms that support violence
Victim of child abuse	Maladaptive parenting practices	Poverty	High availability of firearms or other weapons
		Situational factors (e.g. response to aggression in someone else, lack of bystander intervention, being out at night) ¹⁵	Weak economic safety nets



Consider the impact of news reports on mental illness and crime

- Consider the impact of the story on people with a mental illness, including anyone you know personally. You should be aware that inaccurate, unbalanced and sensationalist reporting of mental illness can have negative implications for others with mental illness or their families (e.g. increased discrimination against them, reduced professional help-seeking and lowered self-esteem).
- Reporting a diagnostic label of a person who has committed a crime can have negative implications for others with the same diagnosis or their families (e.g. increased discrimination against them, reduced professional help-seeking and lowered self-esteem).
- Negative reports can lead to cumulative damage on attitudes and behaviours towards people with mental illness.
- Negative reports about health services might discourage help-seeking. While such reports may be in public interest, it's important to be accurate and precise about issues so as not to give a negative perception of all services.

Report accurately

To ensure accuracy when reporting about mental illness in the context of crime, avoid:

- Assuming the cause of crime or violence is mental illness.
- Implying that everyone with a mental illness is violent, or is a risk to the public.
- Excusing antisocial behaviour by high-profile people (e.g. sports stars) on the basis of mental illness (e.g. depression) unless this has been verified by an authoritative source (e.g. court records, police reports and mental health professionals rather than their publicist).
- Attributing a mental illness to someone purely because their actions are shocking or seem inexplicable.
- Asking for an 'on air' diagnosis from mental health experts.
- Assuming that behaviours and emotional reactions that are common to many people are symptoms of mental illness (e.g. mood changes, lack of or excessive emotional reactions, inappropriate laughter or crying).
- Making generalisations about people with mental illness on the basis of their diagnosis (e.g. anyone with schizophrenia would be unable to work).
- Speculating about the person featured in a story having a mental illness.
- Portraying mental illness as a hopeless situation, something someone 'suffers' with forever, and cannot recover from (e.g. suggesting future employment and family life are not possible).

When reporting on mental illness and crime:

- Rely on authoritative sources (e.g. court records, police reports, mental health professionals) when reporting on a person's mental health status.
- Exercise caution in reusing information about a person's mental health from original reporting done in the immediate aftermath of an event.
- Ensure that in telling one person's story that the report doesn't suggest that everyone will have the same experience of mental illness.

In cases where a diagnosis of mental illness has been verified by an authoritative source:

- Do not assume that everything the person does or the emotions they display are the result of their illness.
- Only report on a person's mental illness in criminal proceedings where it is relevant.
- If mental illness has been verified as playing a role in the person's behaviour, report the diagnosis in the context of discussing other factors that may also have contributed to the behaviour, such as drug and alcohol misuse.



Provide relevant context

When reporting on mental illness and crime (and allowed by law):

- Avoid presenting mental illness as the sole cause of a violent incident.
- If relevant, explain factors that may have contributed to the incident (e.g. substance use, distressing hallucinations, a lack of treatment or treatment that may not have been effective).
- Avoid attributing mental illness-related violence to any single cause, or a simple biological cause.
- Seek accurate background information about mental illness from mental health professionals to provide context.
- Before reporting statistics on crime and mental illness, understand the source of information, the type of analysis done and its limitations.

- Try to interview professionals about what can be done to prevent similar incidents occurring again in the future (e.g. access to mental health services, police responses to mental illnesses).

When reporting on verdicts of ‘not guilty by mental impairment’:

- Explain the implications of the verdict, such as that the person will receive a supervision order or will be securely detained.
- Where mental illness is raised as a mitigating circumstance in a crime (e.g. ‘the person is depressed’), it should be reported as a claim rather than an established fact, unless this has been supported by an authoritative source.

Use appropriate language

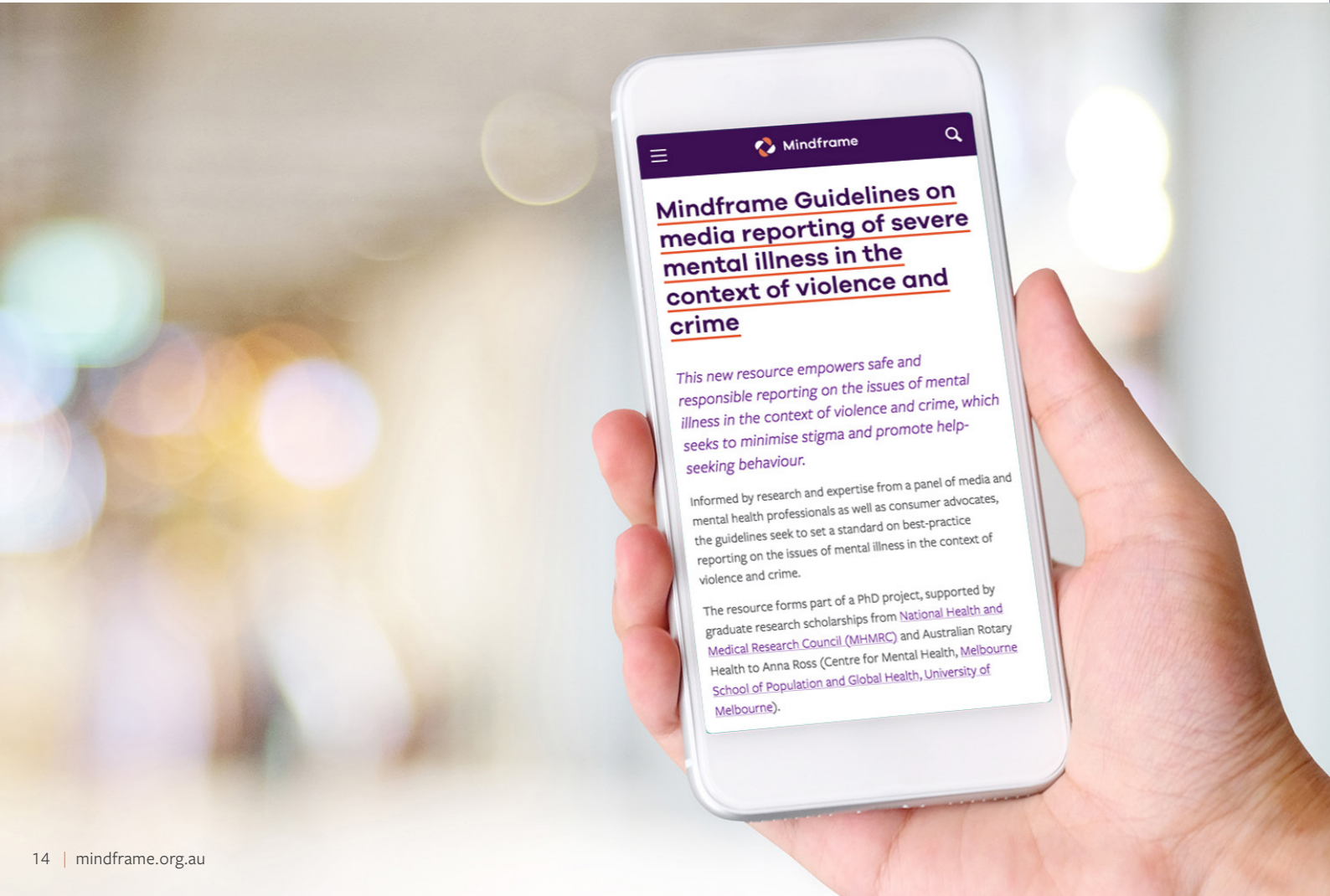
Recommendations for using appropriate language that are outlined in the [Mindframe guidelines](#) for reporting on suicide and mental illness also apply to reporting on mental illness in the context of crime and violence. Some of these principles are highlighted below as a reminder, as well as some additional recommendations for reporting in this context.

Avoid using language that:

- Sensationalises mental illness, such as ‘mental patient’, ‘nutter’, ‘lunatic’, ‘crazed’, ‘unhinged’, ‘psycho’, ‘schizo’, ‘wacko’, ‘deranged’ or ‘mad’.
- Labels or defines a person by their diagnosis, such as a person is ‘a schizophrenic’, ‘psychotic’ or ‘bipolar’.
- Confuses the experience of emotions with having a mental illness (e.g. someone who is angry is not ‘psychotic’).
- Uses colloquialisms to refer to treatment, such as ‘happy pills’, ‘shrinks’ or ‘mental institutions’.

Instead use:

- ‘Person-first’ language (e.g. ‘person with schizophrenia’ rather than ‘schizophrenic’, ‘living with bipolar disorder’ rather than ‘bipolar’).
- Terminology to describe mental health services that implies they are not similar to prisons (e.g. saying ‘discharged’ rather than ‘released’, ‘left’ rather than ‘escaped’, ‘admitted’ rather than ‘committed’ or ‘confined’).
- Accurate terms to describe types of mental illness (e.g. ‘psychopathic’ versus ‘psychotic’).



Provide help-seeking information

- Encourage help-seeking by providing the details of appropriate sources of help (e.g. SANE, Lifeline) and by linking directly to relevant online support options in online news reports. *Mindframe* recommends providing the details of at least two sources of help that are available 24/7 (e.g. Beyond Blue, Lifeline).

More details about appropriate services can be found on the [Mindframe website](#).

- Provide a link to authoritative sources for [further information](#) about mental illness and crime.

When images and video footage are used

When reporting on mental illness and using images or video footage, avoid:

- Images of a hospital ward or its patients, unless it is specifically relevant to the story.
- Repetitive use of stock images to represent mental illness.
- Threatening or other negative images (e.g. dark despairing or distressing situations).
- Images of pills, unless specifically relevant to the story.
- Images depicting violence (e.g. such as blood, knives and guns), unless specifically relevant to the story.
- Stills from films such as *Psycho*, *The Shining*, or *One Flew Over the Cuckoo's Nest*.
- Images from unrelated historic events that included violence (e.g. Port Arthur massacre).
- Stigmatising labels in media graphics (e.g. 'maniac', 'psychotic' or 'schizophrenic').

When considering inclusion of an image or video footage alongside a story about crime and mental illness:

- Consider if it's appropriate to seek consent before taking a photo or filming a person with mental illness (e.g. during or following an interview).
- Explain to the person with mental illness how their photo or footage will be used or potentially stored and reused (e.g. photos and video footage are stored digitally forever and may be reused for other unrelated stories).



Responsible use of social media

- Avoid liking or sharing news reports that violate reporting guidelines.
- Avoid sharing news stories that imply that mental illness often causes violence.
- Include phone numbers or links to appropriate help services.
- Monitor posts regularly for unsafe or harmful comments. If it is not possible to monitor in real time, consider disabling the comment section on the online article or social media post where possible.

If a post is made to social media that is contrary to media reporting guidelines:

- Report unsafe content to the relevant social media help centre, if available.
- Link to the media reporting guidelines when moderating comments.

Training and mentoring

Media professionals and journalism and communications students should seek training in responsible reporting of mental illness and crime. Where possible, media professionals with greater knowledge of mental illness should mentor others in reporting of mental illness and should

point out to colleagues where they have made misleading statements about mental illness. Media professionals should also nominate a champion in their organisation who is available to advise on best practice for reporting on mental illness and crime.

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