

**Media alert**

29 September 2020

Please cascade to all appropriate staff

**Release of National Suicide and Self-Harm Monitoring System**

Australian media are called on to communicate safely and sensitively on suicide-related data now publicly accessible through the National Suicide and Self-Harm Monitoring System.

The *Mindframe* team seek to promote safe, productive conversations about the information contained on the website and encourage media to consider the *Mindframe* guidelines when choosing, framing and commenting on the data.

In communicating about this data, it is important to remember that behind the numbers are people, with families, friends and communities who have been deeply impacted by their deaths.

Framing suicide as a tragic and avoidable loss and including the stories of people with lived experience can help to highlight the negative impact suicide deaths have on others.

It is also valuable to include stories of hope and recovery (including overcoming suicidal ideation) to encourage those in the community who are vulnerable to suicide to seek help.

Media are also advised to:

- Place the story in context and ensure accuracy and balance
- Use safe, inclusive language and avoid stigmatising or sensationalist language
- Avoid or minimise details about method or location
- Use images (video, photographs, graphics) that promote hope and recovery or help-seeking behaviour
- Avoid stigmatising or sensationalist images (video, photographs, graphics)
- Include help-seeking pathways.

More information on reporting guidelines can be found on the [Mindframe](#) website.

## Consider the language you use

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	✗ 'successful suicide' 'unsuccessful suicide'	✓ 'died by suicide' 'took their own life'
Associating suicide with crime or sin	✗ 'committed suicide' 'commit suicide'	✓ 'took their own life' 'died by suicide'
Sensationalising suicide	✗ 'suicide epidemic'	✓ 'increasing rates' 'higher rates'
Language glamourising a suicide attempt	✗ 'failed suicide' 'suicide bid'	✓ 'suicide attempt' 'non-fatal attempt'
Gratuitous use of the term 'suicide'	✗ 'political suicide' 'suicide mission'	✓ refrain from using the term suicide out of context

## Minimise details about method and location

Issue	Options to consider
Reporting explicit detail about method has been linked to increases in use of that method and overall suicide rates.	✓ If it is important to mention method, discuss in general terms e.g. 'mix of drugs' instead of detailing the type and quantity.
Reporting uncommon or new methods of suicide can lead to imitation as well as a lasting impact on rates.	✓ Remove specific details about new or unusual methods of suicide and references to ways further information can be found e.g. online.
Describing locations of suicide may promote these to vulnerable people and increase frequency of attempts at these sites.	✓ If referring to a location, describe this in general terms only e.g. use 'at a nearby park' instead of detailing the exact location.
Images or footage depicting method or location of a suicide can lead to imitation by vulnerable people.	✓ Avoid using detailed or dramatic photographs or footage, e.g. images of people standing on ledges or of implements used in a suicide attempt.

### Contact the *Mindframe* team

02 4924 6900

[mindframe@health.nsw.gov.au](mailto:mindframe@health.nsw.gov.au)

Twitter @MindframeMedia

If you find any problematic media coverage, please refer directly on to [Sane StigmaWatch](https://www.sane.org/changing-attitudes/report-a-media-item-to-stigmawatch) for urgent follow up:  
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### Help-seeking information

Adding help-seeking information to stories (online, print and broadcast) can provide somewhere for people who may be adversely impacted by the coverage to find professional support. It is recommended in this instance that youth focused support services be included along with services to support those with a lived experience of childhood trauma or sexual assault.

### National 24/7 Crisis Services

**Lifeline:** 13 11 14 [www.lifeline.org.au](http://www.lifeline.org.au)

**Suicide Call Back Service:** 1300 659 467 [www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

**MensLine Australia:** 1300 78 99 78 [www.mensline.org.au](http://www.mensline.org.au)

**Kids Helpline:** 1800 551 800 [www.kidshelpline.com.au](http://www.kidshelpline.com.au)

**Beyond Blue:** 1300 22 4636 [www.beyondblue.org.au](http://www.beyondblue.org.au)



### Support services

#### Adult

**Lifeline:** 13 11 14

[lifeline.org.au](http://lifeline.org.au)

**Suicide Call Back Service:** 1300 659 467

[suicidecallbackservice.org.au](http://suicidecallbackservice.org.au)

**Beyond Blue:** 1300 224 636

[beyondblue.org.au/forums](http://beyondblue.org.au/forums)

**MensLine Australia:** 1300 789 978

[mensline.org.au](http://mensline.org.au)

#### Youth

**Kids Helpline:** 1800 551 800

[kidshelpline.com.au](http://kidshelpline.com.au)

**headspace:** 1800 650 890

[headspace.org.au](http://headspace.org.au)

**ReachOut:** [ReachOut.com](http://ReachOut.com)

#### Other resources

**Head to Health:** mental health portal

[headtohealth.gov.au](http://headtohealth.gov.au)

**Life in Mind:** suicide prevention portal

[lifeinmind.org.au](http://lifeinmind.org.au)

**SANE:** online forums [saneforums.org](http://saneforums.org)

[healthinonet.ecu.edu.au](http://healthinonet.ecu.edu.au) - Aboriginal and Torres Strait Islander

[1800 184 527 qlife.org.au](http://1800.184.527.qlife.org.au) - Lesbian, gay, bisexual, trans, and/or intersex

[embracementalhealth.org.au](http://embracementalhealth.org.au) - Culturally and linguistically diverse



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[mindframe.org.au](http://mindframe.org.au)

### Other key national resources

**Head to Health:** Mental health portal: [www.headtohealth.gov.au](http://www.headtohealth.gov.au)

**Life in Mind:** Suicide prevention portal: [www.lifeinmind.org.au](http://www.lifeinmind.org.au)

### Media self-care

Reporting suicide and mental illness can also impact to the welfare of journalists. To support media professionals *Mindframe*, in consultation with the [DART Center Asia Pacific](#), has developed journalism self-care resources for media professionals reporting suicide and mental illness. These resources can be found [here](#).

If you find any problematic media coverage, please refer directly on to [Sane StigmaWatch](#) for urgent follow up:

<https://www.sane.org/changing-attitudes/report-a-media-item-to-stigmawatch>



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