

Media alert

8 September 2020

Please cascade to all appropriate staff

Reminder for reporting on video circulating on social media

Australian media are reminded to report responsibly around the current circulation on a range of social channels of a problematic and graphic video, which features a man's death by suicide.

The *Mindframe* guidelines recommend not including any images or descriptions that could be seen as method or location used for suicide and/or self-harm, as this may lead to imitation by vulnerable individuals.

Media are also advised to avoid using or including stigmatising or sensationalist language in quotes or main text in relation to this story and ensure inclusion of relevant [help-seeking](#) information.

To avoid circulating unsafe coverage, media are encouraged to check syndicated articles and caution against replicating international articles that do not meet the Australian *Mindframe* guidelines due to the increased risk for inclusion of potentially harmful content.

Everymind Acting Program Manager, Sara Bartlett said the *Mindframe* team is currently working with a range of agencies to minimise risk and harm associated with the circulation and discussion of this video.

"We are collaborating with the e-Safety Commission, Headspace and online social media organisations to co-ordinate a response to help mitigate potential harm to audiences," Ms Bartlett said.

"We acknowledge that this particular video and its circulation is of public interest however media are encouraged to be mindful that international coverage may not adhere to safe reporting guidelines."

Please refer to guidelines around method/location and language on the following page.

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

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. | <ul style="list-style-type: none"> ✓ 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. | <ul style="list-style-type: none"> ✓ 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. | <ul style="list-style-type: none"> ✓ 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. | <ul style="list-style-type: none"> ✓ Avoid using detailed or dramatic photographs or footage, e.g. images of people standing on ledges or of implements used in a suicide attempt. |

Consider the language you use

| Issue | Problematic | Preferred |
|---|--|--|
| Presenting suicide as a desired outcome | <ul style="list-style-type: none"> ✗ 'successful suicide' ✗ 'unsuccessful suicide' | <ul style="list-style-type: none"> ✓ 'died by suicide' ✓ 'took their own life' |
| Associating suicide with crime or sin | <ul style="list-style-type: none"> ✗ 'committed suicide' ✗ 'commit suicide' | <ul style="list-style-type: none"> ✓ 'took their own life' ✓ 'died by suicide' |
| Sensationalising suicide | <ul style="list-style-type: none"> ✗ 'suicide epidemic' | <ul style="list-style-type: none"> ✓ 'increasing rates' ✓ 'higher rates' |
| Language glamourising a suicide attempt | <ul style="list-style-type: none"> ✗ 'failed suicide' ✗ 'suicide bid' | <ul style="list-style-type: none"> ✓ 'suicide attempt' ✓ 'non-fatal attempt' |
| Gratuitous use of the term 'suicide' | <ul style="list-style-type: none"> ✗ 'political suicide' ✗ 'suicide mission' | <ul style="list-style-type: none"> ✓ refrain from using the term suicide out of context |

Contact the *Mindframe* team

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mindframe@health.nsw.gov.au

Twitter @MindframeMedia

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

Suicide Call Back Service: 1300 659 467 www.suicidecallbackservice.org.au

Blue Knot Helpline: 1300 657 380 Mon-Sun, 9am-5pm AEST

Kids Helpline: 1800 551 800 www.kidshelpline.com.au

Beyond Blue: 1300 22 4636 www.beyondblue.org.au

Support services

Adult

Lifeline: 13 11 14

lifeline.org.au

Suicide Call Back Service: 1300 659 467

suicidecallbackservice.org.au

Beyond Blue: 1300 224 636

beyondblue.org.au/forums

MensLine Australia: 1300 789 978

mensline.org.au

Youth

Kids Helpline: 1800 551 800

kidshelpline.com.au

headspace: 1800 650 890

headspace.org.au

ReachOut: ReachOut.com

Aboriginal and Torres Strait Islander: healthinphonet.ecu.edu.au

Lesbian, gay, bisexual, trans, and/or intersex: 1800 184 527 qlife.org.au

Culturally and linguistically diverse: embracementalhealth.org.au

Other resources

Head to Health: mental health portal

headtohealth.gov.au

Life in Mind: suicide prevention portal

lifeinmindaustralia.com.au

SANE: online forums saneforums.org



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Other key national resources

Head to Health: Mental health portal: www.headtohealth.gov.au

Life in Mind: Suicide prevention portal: www.lifeinmindaustralia.com.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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