

Mindframe advice for reporting on the deaths of a woman and her children near Kingaroy QLD**31 May 2019****Please cascade to all media staff**

Mindframe wish to acknowledge the grief and loss felt in the communities affected in the incident that occurred on Monday 27 May, 2019.

We recognise the story is of public interest and will receive ongoing coverage as further details emerge. It is important to ensure that media report responsibly, given that repeated and sustained coverage can increase the risk to those who may be impacted by the content.

The traumatic nature of events such as this can have a profound impact on whole communities and may last for a period of time. *Mindframe* encourages the continued support of grief and loss for the family, friends and the communities in QLD.

Any coverage of this recent incident should include details of [help-seeking](#) information along with any other crisis support lines that may be required as the story develops.

As more details emerge about the incident, we ask the Australian media to consider the *Mindframe* [guidelines](#).

Avoid: Reporting explicit detail about method and means.

Use: If it is essential to include method, discuss in general terms:

E.g. 'Police investigations continue'

Avoid: Speculation around the circumstances leading up to the incident

Note: this is for police investigation only and possible coronal findings.

Avoid: Using detailed and dramatic photographs or videos of the scene

NOTE: Graphic images or footage depicting method or location can lead to imitation by people who are vulnerable to self-harm and suicide.

The Mindframe project team

Tel: 02 4924 6900 **Email:** mindframe@hnehealth.nsw.gov.au **Twitter:** @MindframeMedia

Help-seeking information

Individuals are more likely to seek help and support when appropriate services are included in stories. 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.



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: au.reachout.com

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

healthinonet.ecu.edu.au - Aboriginal and Torres Strait Islander
1800 184 527 qlife.org.au - Lesbian, gay, bisexual, trans, and/or intersex
mhima.org.au - Culturally and linguistically diverse



mindframe.org.au

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 Centre Asia Pacific](#), has developed journalism self-care resources for media professionals reporting suicide and mental illness. These resources can be found [here](#).



Reporting suicide: a quick guide for the media

Recommendations for reporting a suicide death

Decide whether to report. Ensure a suicide has been confirmed by official sources to avoid speculation or interfering with investigations. Assess if there is a clear public interest in the story, consult your editorial policies and seek advice from experts.

Reduce prominence. Vulnerable people may be drawn to stories about suicide. Place a story on the inside pages of a newspaper or further down the order of broadcast reports. Removing 'suicide' from headlines and search terms can also help reduce prominence.

Modify or remove information that may increase risk.

- Refrain from using content of a suicide note as this does not give appropriate context to the reasons behind the death.
- Limit promotion of public and online memorials.
- Avoid images that may glorify the death in some way.
- Minimise details about method and location of death.

Take care interviewing family and friends. Respect people's grief and privacy in the period immediately after a death. Consider delaying interviews as people bereaved by suicide may be vulnerable or at risk of suicide themselves.

Apply cultural considerations. Naming or depicting an image of a person who has died can cause great distress in some communities. Seek advice before using the name or image of an Aboriginal or Torres Strait Islander person.

Handle celebrity suicide with care. Coverage of a celebrity suicide can glamourise and normalise suicide. Minimise details about method and location, consider focusing on the wastefulness of the death, and add information about risk factors for suicide and help-seeking options for people who may be affected.

Promote help-seeking support services:

Lifeline: [13 11 14](tel:131114)

lifeline.org.au

Suicide Call Back Service: [1300 659 467](tel:1300659467)

suicidecallbackservice.org.au

beyondblue: [1300 24 636](tel:130024636)

beyondblue.org.au

MensLine Australia: [1300 789 987](tel:1300789987)

mensline.org.au