Understanding the impact of reporting on suicide, mental health concerns and alcohol and other drug use: A guide for journalism students

This resource supplements your learning, to help prepare you to report on issues like suicide and mental health concerns. It has background information so you can understand why these issues need to be reported safely. It also includes some links to different media theories you may have come across in your studies.

Introduction

Australian media play an important role in shaping the community's social attitudes and perceptions of suicide, mental health concerns and alcohol and other drug (AOD) use, as well as attitudes and self-stigma experienced by people with living or lived experience.

In your role as a journalist, you may find yourself reporting on societal issues you care strongly about. You are also likely to be faced with choices regarding the context, language and imagery you use to portray certain issues.

This resource has been designed to empower you to make these decisions with confidence. It provides an overview of the positive and negative impacts of media reporting and serves as a quick reference guide for crafting stories about suicide, mental health concerns, and AOD use that are both safe and sensitive.

Contents

1. Media reporting on suicide

For more than two decades, the media has been actively working with *Mindframe* to promote safe reporting and portrayals of suicide in order to reduce potential harm and enhance community understanding.

Suicide is a complex issue and journalists are often faced with challenges where they must consider whether and how to cover this issue. Despite the media's crucial role in increasing awareness of suicide and its prevention, media stories about suicide also have the potential to do harm.

Scientific studies have confirmed an association between media portrayals of suicide and actual suicide [1]. Additionally, research from more than 100 international studies suggests that the risk of further suicidal behaviour increases when the reporting focuses on an individual who has died (especially a celebrity), when the death is glamourised or glorified, if reporting is prominent and repeated, and where the method and location is detailed [2,4].

This has implications for the way suicide is represented in the media. It is important to consider the potential effect on someone who is already feeling distressed, and balancing this against the public's right to know or what a media outlet considers in the public interest.

Communicating about method and location

Preferred	Problematic
Remove all details about method, including details of new or unusual suicide methods.	Explicit details about how someone has died; reporting uncommon or new methods. This includes linking to where people can find this information.
There may be some stories where talking about a suicide method is important (e.g. in a piece on restricting access to means or in policy discussions). In these cases, mention it in general terms only.	Explicit details about how to access oruse a specific method.
There may be some stories where referring to a public location where suicide deaths have occured is important (e.g. if areas are closed to the public). In these cases, mention it in general terms only.	Listing an exact location, including giving details of the site that refer to a suicide method.
Remove images or footage that include method or a public location.	Images or footage that include method or public location.
Ensure all elements, including still images, videos, art, icons, social media posts and URLs, apply this guidance.	

Inaccurate, unbalanced, or sensationalist media coverage can perpetuate misconceptions, significantly affecting individuals with a lived or living experience of mental health concerns, and can make them less likely to seek help [3].

When reporting in the media, certain language can contribute to suicide being presented as glamorous or as an option for dealing with problems. It is important to avoid using language that may suggest a suicide was a desirable outcome. For example, the term 'took their own life' or 'died by suicide' should be used instead of 'successful suicide'. Similarly, 'suicide attempt' should be used instead of 'unsuccessful suicide attempt' [3].

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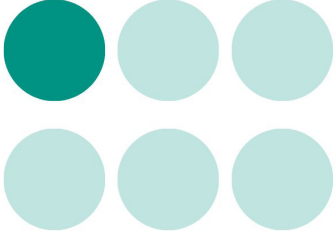
2. Media reporting on mental health concerns

Mental health concerns are a topic of public interest. When media reporting is done safely and responsibly, it can help to encourage help-seeking behaviour and reduce the prevalence of stigma.

Have a look at the examples below and consider what's been done well and if there's anything that could be improved.

1 in 6 Australians aged 16-85 have experienced suicidal thoughts or behaviours in their life
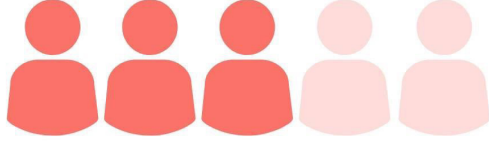
Australian Bureau of Statistics

If you, or someone that you know is experiencing distress, contact lifeline · 13 11 14 · lifeline.org.au

Source: ABS, National Study of Mental Health and Wellbeing

Source: Australian Buear of Statistics, X, 23/9/2022

3 in 5 people aged 16-85 took actions to help manage their mental health in 2020-21

Australian Bureau of Statistics

If you, or someone that you know is experiencing distress, contact lifeline · 13 11 14 · lifeline.org.au

Source: ABS, National Study of Mental Health and Wellbeing

Source: Australian Bureau of Statistics, X, 8/9/2022

Tackling men's mental health with chat. What is a Men's Table?

The Drum / By David Taylor

Posted Wed 23 Aug 2023 at 5:09pm, updated Wed 23 Aug 2023 at 5:42pm

The Drum | What is Men's Table and how does it get men to be vulnerable? |...

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CREATING A SAFE SPACE FOR MEN

Men's mental health

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YOUTUBE: What is Men's Table and how does it get men to be vulnerable?

If you need someone to talk to, call:

- **Lifeline** on 13 11 14
- **Kids Helpline** on 1800 551 800
- **MensLine Australia** on 1300 789 978
- **Suicide Call Back Service** on 1300 659 467
- **Beyond Blue** on 1300 22 46 36
- **Headspace** on 1800 650 890
- **QLife** on 1800 184 527

Top Stories

Hundreds rescued overnight in Far North Queensland as record rainfall continues

● LIVE

Nine people trapped on hospital roof, 300-600mm of rain falls in less than 24 hours

Source: ABC News, 23/8/2023

Inaccurate, unbalanced, or sensationalist media coverage can perpetuate misconceptions, significantly affecting individuals with a lived or living experience of mental health concerns, making them less likely to seek help if they need it [3].

Stigma

Stigma is defined as negative attitudes towards a person/people based on a single attribute such as having a mental illness. These attitudes contribute to existing social prejudice, may affect someone's recovery, and contribute to low self-esteem and decreased social contact. For some people living with mental health concerns, this stigma can be reinforced through the media and is often more debilitating than the illness itself [5].

Before reporting on these issues, journalists are asked to consider if referencing mental health concerns is important to the story, and to weigh up the potentially negative impacts on community members.

If including a reference to mental health concerns is in the public interest, consider the way that certain words and phrases create strong images. To ensure these are balanced and accurate, replace stigmatising words, such as 'insane', 'mad', 'lunatic' and 'mental patient' with inclusive wording such as 'a person living with mental health concerns' [3].

Words associated with mental health concerns are sometimes used out of context in sports, business and financial news. Using medical terminology in this way can lead to misunderstandings. For example, the word 'schizophrenic' is sometimes used to denote duality, such as the 'schizophrenic economy'. This perpetuates the inaccurate but widely accepted myth that schizophrenia means 'split personality'. Similarly, the word suicide is used in unrelated news coverage in references such as 'career suicide' or 'political suicide', which may contribute to suicide being normalised [6].

The word 'psychotic' indicates a medical state in which a person experiences delusions or hallucinations and may be confused or frightened. However, in common use, this word suggests someone dangerous who is not in control of their actions. While previously used to refer to someone undergoing treatment in a psychiatric institution, the term 'mental patient' is rarely relevant in today's society, with most people now treated in the community. Many people who experience mental health concerns are well much of the time. It is therefore more accurate and less stigmatising to refer to a person as someone 'accessing support or treatment for', or 'living with', a mental illness.

How can myths affect stigma?

The most common misunderstanding regarding mental health concerns is that people with a diagnosis are violent and dangerous. There is, however, a great deal of evidence that supports the opposite theory, i.e. that people with a mental illness are far more likely to be a victim of violence than the perpetrator[7].

Australian research shows that media reporting on common mental illnesses such as anxiety and depression is extensive and generally well-handled[2]. On the other hand, media portrayals of severe mental illness, including schizophrenia and bipolar disorders, in Australia are often prominently linked to violence or crime. This repeated association has a negative influence on public attitudes and behaviours[6].

These severe mental illnesses are far less prevalent in Australian society[8]. However, exposure to media reports that link crime and violence can have a cumulative effect, influencing beliefs that people with a mental illness are dangerous and violent[9].

While there has been a small increased risk of violence associated with untreated psychosis, violence is better accounted for by other factors, such as a history of violence or substance use (10) .The risk is exaggerated by the frequency and prominence of news reports linking severe mental illness to violence or crime. Most often, these stories are published in the front section of newspapers, have 'glaring' headlines, and are repeated in news reports across numerous media with no mention of the rarity of such acts[6].

3. Media reporting on alcohol and other drug use

The way in which AOD is portrayed in our public communication can shape community perception and have a large impact on someone's self-esteem and recovery.

In the past, public communication tended to label people who use drugs as "delinquents, violent, weak, morally unfit, dangerous, predatory and amoral" [11]. Inaccurate or alarmist portrayals of AOD in the media can lead to people experiencing stigma and marginalisation. The flow-on effect from this is that people who experience stigma are less likely to seek appropriate help in a timely manner.

Research suggests that communication messaging which fosters understanding and empathy, while encouraging support-seeking behaviours can combat this. Media professionals should be guided to frame AOD use like any other treatable health condition or public health issue that affects all populations, and from which people can make a full recovery.

Look at the article below and consider the ways in which it may help to reduce stigma around alcohol use.

How to know if you can quit alcohol alone or need professional help

ABC Everyday / By Grace Jennings-Edquist

Even if you don't need detox or medication, there are programs and strategies that can boost your chances of success. (Unsplash: Robert Eklund)

Source: ABC News, 29/3/2021

When communicating about someone who has broken the law in a drug-related crime, information can be presented in a factual way, avoiding sensationalist content. Details of relevant support services, including the National Alcohol and Other Drugs Hotline, should also be included [12].

4. Media theories

Various media models have conceptualised how content creators may influence the way audiences think about issues such as mental health concerns, AOD and suicide. The 'agenda-setting' model, for example, argues that media professionals make a range of decisions in their day-to-day work practices that can influence what issues or information audiences think about. These decisions include; selecting one story over another, giving a particular story or voice within a story greater or lesser prominence than another, or choosing what information to include in a story and what to leave out [13].

The 'framing' model extends this theory, suggesting that content creators and other media professionals can influence how an audience may think about a particular issue, depending on decisions such as which point of view they offer through the angle or the language they choose. This offers a frame or lens through which an audience interprets a story. With media the primary source of information for the public on mental health concerns, AOD and suicide, it follows that content creators have an important role to play in prevention. If portrayals of suicide reinforce stereotypes or do not represent reality, then a content creator can contribute to public misunderstandings and stigmatising attitudes or hinder the effectiveness of suicide prevention activities [13].

5. Choices and challenges: The public interest

Reporting on mental health concerns and suicide raises a number of issues central to the practice of professional journalism:

- Accuracy
- Credibility of source
- Ethical considerations
- Accountability.

These considerations are interpreted in the Media, Entertainment and Art Alliance (MEAA) Journalist Code of Ethics, which requires journalists to:

> *"Report and interpret honestly, striving for accuracy, fairness and disclosure of all essential facts"; "...not place unnecessary emphasis on personal characteristics, including race, ethnicity, nationality, gender, age, sexual orientation, family relationships, religious belief, or physical or intellectual disability."; and "...attribute information to its source. Where a source seeks anonymity, do not agree without first considering the source's motives and any alternative attributable source. Where confidences are accepted, respect them in all circumstances."*

The potential conflict between professional, ethical and commercial values can be challenging when reporting on these issues. What the public is interested in may not actually be 'in the public interest'. Journalists have an audience to satisfy, but this needs to be balanced with sensitivity toward the issues and people involved, as well as any potential risks to the audiences.

In some cases, there may be an ethical conflict between the need to report a story in a certain way to maximise impact, and the way it might be constructed to promote greater understanding. These conflicts are inevitable but can be managed. One important consideration is what information the audience actually needs. Sensitive details should not be reported merely for commercial potential.

The need to consider the public interest is reflected in The Australian Press Council's Standards on Coverage of Suicide, which requires member publications to take reasonable steps to:

- Avoid intruding on a person's reasonable expectations of privacy, unless doing so is sufficiently in the public interest (General Principle 5)

- Avoid causing or contributing materially to substantial offence, distress or prejudice, or a substantial risk to health or safety, unless doing so is sufficiently in the public interest (General Principle 6)

- Seek personal information only in the public interest, not unduly intrude on the privacy of individuals and show respect for the dignity and sensitivity of people encountered in the course of gathering news (Privacy Principle 1)

- Allow a victim or bereaved person to decline or discontinue an interview or photographic session at any time, and not exploit members of the public caught up in newsworthy events (Privacy Principle 7)[14].

Recommended approaches to reporting on suicide are also included in each media organisation's codes of practice, such as the SBS Code of Practice which states:
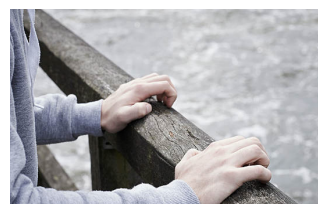
> *"Suicide is a legitimate subject for content but one that should be portrayed with a high degree of sensitivity. SBS will take care to avoid describing or showing methods of suicide in great detail. Where methods are described, SBS will have regard to context and editorial relevance[15]."*

6. Images matter

The images and symbols that we use to communicate about mental health concerns, suicide and AOD can have either a positive or negative impact on audiences. Journalists need to be conscious of these messages as it is often easy to use emotive images to promote a certain point or gain interest in an issue. However, media professionals have a responsibility to ensure messages are accurate and will be seen in the context in which they were intended.

It is recommended that a diverse range of images are used, including photography that models hope and support to reduce stigma, and that promotes help-seeking and help-offering behaviours. Practical elements such as accessibility or style need to be considered to limit any miscommunication. Images of people with personal or lived experience should used when possible, but only with their permission.

The *Images matter* guidelines recommend using images of hope and support (see left column below). Images in the right column suggest method and/or location are not recommended. Use images in the centre column sparingly, and if possible, balance with images of hope and support.

Mindframe has an online image collection with high-resolution, royalty-free images that can be used in public communications. The images aim to reflect diversity of people and experiences with a focus on hope and support. As such, problematic search terms such as suicide methods or locations will not provide image results. For further information on *Mindframe*'s *Images matter* guidelines, image database, and other supporting resources, visit underline mindframeimages.org.au

7. Accuracy: Looking beyond the facts

Accurately reporting the facts is a foundational principle of journalism. However, this focus on accuracy must always extend to the contextual framing of the reporting. This may require challenging traditional approaches to storytelling to ensure that the narrative or 'angle' accurately represents the situation.

It is crucial to consider a diverse range of alternative sources in your reporting, especially when covering complex issues like suicide, mental health concerns and AOD. These topics involve varying levels of understanding within the community. For instance, a police officer might describe a person as 'experiencing psychosis' in the heat of the moment. While law enforcement is a valuable source, information of this nature should be verified with a reputable medical practitioner or another reliable source before being reported.

Expert sources can provide an informed view and understanding of the data and a range of views, ensuring that alarmist interpretations are avoided. Information about risk factors and possible warning signs of suicide can lend the report balance and emphasise that suicide can be prevented, however it is important that these media stories are not published or aired immediately following a suicide. The importance of context should not be under-rated.

We recommend journalists utilise the *Mindframe Expert Directory*, developed to connect media and public relations professionals with experienced individuals who provide commentary across topics relating to suicide, mental health concerns and AOD, to support safe, responsible and accurate reporting, portrayal and communication. This resource can be used in conjunction with the Our words matter: Guidelines for language use and Our words matter: Glossary of terms.

To further increase the level of understanding of audiences, it can be helpful to include information from a person with lived or living experience of the issue. Sharing first-person stories in the media can help reduce stigma, increase understanding and provide hope to people in the community.

Appropriately trained speakers are strong advocates in suicide prevention and can assist in reducing stigma and improving knowledge and understanding of suicide in Australia. *Mindframe* has a suite of resources to support people with lived or living experience to talk about suicide and prepare for an interview.

Need to know more?

This guide is part of a suite of resources and reference materials for journalism students, available on the *Mindframe* portal at mindframe.org.au/education-resources-restricted. In addition, the resource *Reporting Suicide and Mental Ill-health: A Mindframe resource for media professionals* [2] may be a helpful tool. The *Mindframe* portal hosts a range of other helpful resources designed specifically for media.

8. Looking after your own health and wellbeing

The *Mindframe* guidelines aim to support you to feel better prepared to deal with these issues, both professionally and personally, when you graduate. At times, topics such as these can be distressing for some people. Students are reminded to ensure that if needed, talk to your lecturer, tutor or a university counsellor. You could also talk to your GP or call a counselling service such as Lifeline on 13 11 14. Further self-care tips can be found in the *Life in Mind Guide to self-care* and via the *Dart Centre for Journalism and Trauma* (see links and resources below. The *Mindframe* portal has a list of help-seeking services that you can share with audiences.

A guide: Self-care action plan

My self-care action plan

My self-care goal	What do I need to achieve this goal?	How can I achieve this goal?	How did completing this self-care goal make me feel?
Example: Read a book in the garden	*Example: Time away from the children*	*Example: Ask my partner to look after the children*	*Example: Relaxed and calm*

More information

To access further self-care information please visit: www.lifeinmindaustralia.com.au.

For more information on the *Life in Mind* National Communications Charter Champions, please visit: www.lifeinmindaustralia.com.au/the-charter/champions.

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Life in Mind

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Editor Perspective: Self-Care Practices and Peer Support for the Newsroom

July 31, 2014

A Dart Center Tip Sheet for College Media Advisors, Editors and Student Journalists.

As a college media advisor or editor, managing and mentoring your staff during traumatic news events is essential.

Your reporters, photographers, videographers, designers, and other news staff may undergo traumatic stress during any news event whether they are at the scene or behind the desk. It's important to have specific self-care practices in place to help your staff during these difficult moments.

CREATE AN OPEN NEWSROOM CULTURE

To encourage trauma-informed self-care practices among your staff, your newsroom should nurture and reinforce an open and supportive newsroom culture. Encourage your staff to speak openly with you and with each other and to feel able to do so without sharp criticism or backlash.

TRAUMA AWARENESS – EDUCATE

Set aside time to educate your staff on trauma, traumatic stress, PTSD, and the effects of covering traumatic news events. By educating your staff and making them "trauma-aware," they will be better prepared to respond and cope when a traumatic event occurs.

EMERGENCY CONTACT LISTS

Create an emergency contact tree for your newsroom. This emergency contact tree should lay out the protocol of who to call during a traumatic news event. This should be accessible to everyone on staff via print copy (you might create a business card with basic information that news staff can keep in their wallets) and digitally. Create back-ups of these lists in case the master list is lost or not accessible.

CHECK IN OFTEN

Before any of your staff go out to cover a traumatic event, let them know that you appreciate and value their work. This will remind them that they have your support as they tackle challenges that lie ahead. Let them know that being in regular contact with you and others in the newsroom is encouraged. They should check in with you and other staff members while out reporting on the event so that you know they are safe.

LISTENING EAR

When your staff is out in the field covering a traumatic event, or even when they are behind the desk, make sure that they know that you are there for them and the newsroom is a supportive environment. Those who feel alone or lack other support networks are more likely to be at risk for traumatic stress than those who have other sources of support. Provide encouragement as they are working on a difficult story and let them know that they should not hide their stress, feelings or emotions in these moments.

Source: Dart Center For Journalism & Trauma, 31/7/2014

Support services to consider sharing during and after sessions

Lifeline: lifeline.org.au | 13 11 14
Text 0477 13 11 14

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

StandBy Support After Suicide
1300 727 247

Kids Helpline:
1800 551 800
kidshelpline.com.au

headspace: 1800 650 890
headspace.org.au

ReachOut: ReachOut.com

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

Life in Mind: **Suicide prevention portal**
lifeinmind.org.au

SANE: 1800 187 263 (10am-10pm)
online forums: saneforums.org

Aboriginal and Torres Strait Islander: 13YARN.org.au | 13 92 76

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

Culturally and linguistically diverse: embracementalhealth.org.au

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