Communicating about suicide, mental health concerns and alcohol and other drugs: A guide for public relations 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 communicated about safely. It also includes some links to different theories you may have come across in your studies.

Introduction

Public relations professionals and other public communicators play an important role in influencing 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 lived and living experience.

Public relations serves a variety of institutions and individuals, and involves effective relationship development with various stakeholders and with the public. An important aspect is the ethical and strategic management of communication and relationships while observing cultural contexts and social responsibility.

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1. Why are mental health concerns, suicide and AOD relevant for a public relations course?

There are many aspects of public relations practice where the responsible management of communication about suicide, mental health concerns and AOD may be relevant. These include media relations, social media management, event management, crisis management, issues management, internal communications and community relations.

In your role you will be faced with daily choices regarding the use of appropriate language, branding, promotions and communication materials, as well as managing media relations and managing your clients, colleagues and partners. It can be helpful to refer to the *Mindframe* guidelines, which seek to inform, support and empower people to communicate safely and sensitively about issues like suicide, mental health concerns and AOD[1].

Public relations impacts health and social issues, just as social issues impact, either directly or indirectly, public relations practice. Suicide, mental health concerns and AOD are some of these important health and social issues.

Mental health concerns

Mental health concerns are quite common in Australia with research indicating that more than two in five (44%) Australians aged 16 to 85 are likely to have experienced a mental disorder at some time in their life. Anxiety disorders are most common, affecting one in six (17%) Australians, followed by affective disorders (such as a depressive episode) (8%), and substance use disorders (such as alcohol dependence) (3%). Mental disorders and substance use disorders were the second largest contributor (24%) of the non-fatal burden of disease in Australia[2]. Despite this, community awareness about mental health concerns is generally poor, and this lack of understanding can lead to confusion, fear, misconceptions, stereotyping and discrimination.

Suicide

Suicide is also a prominent public health concern in Australia. When a person takes their life it can have devastating effects on family, friends, colleagues and the whole community. Reports indicate almost 90% of people who have died by suicide had risk factors including relationship breakdown or unemployment, mental health conditions, chronic diseases, and substance use disorders[3].

The way suicide is discussed is important. Research from more than 100 international studies suggests the risk of suicide increases where news reporting focuses on an individual who has died (especially celebrities), if the death is glamourised or glorified, when reporting is prominent and repeated, and where the method and location is detailed[4]. This is not to say that suicide should not be discussed. However, care should be taken to remove details of method and location, consider context, and include help-seeking information. It is also important to consider emerging evidence of the risks associated with communicating these topics publicly on social media and in PR campaigns.

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 or use a specific method.
✅ There may be some stories where referring to a public location where suicide deaths have occurred 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.

There is evidence that suicide prevention campaigns are effective, but their impact can be difficult to measure as suicide prevention has multiple components. Communication professionals are sometimes placed in a difficult position, wanting to mitigate the risk of suicide contagion, but not wanting to suppress coverage of acts that could be perceived as political statements, or of undermining freedom of speech[5].

AOD

Sensitive reporting on AOD is important, given problematic AOD use can lead to chronic illnesses, injuries, poisoning, and early death. In Australia, AOD use is one of the main contributors for health problems. In 2018, these behaviours collectively accounted for 15.4% of all burden of disease[6]. However, inaccurate or alarmist portrayals of AOD in the media can contribute to stigma, and people who experience stigma are less likely to seek support in a timely manner.

2. Awareness raising campaigns

Campaigns are sometimes used by public communicators as a suicide prevention tool and to help reduce stigma and discrimination against people with AOD use concerns or mental health concerns. Public health campaigns can enhance community understanding and awareness, while also increasing people's willingness to support other initiatives. With this in mind, the World Health Organization (WHO) requires that an awareness component is included in national suicide prevention strategies[7].

One example of a campaign that did this effectively was 'Time to Change'. Launched in the UK in 2009, the initiative used coordinated action at local and national levels to engage individuals, communities and stakeholder organisations. The campaign included an annual physical exercise event 'Get Moving!', held annually during Mental Health Awareness Week to facilitate social contact in the community. It used bursts of mass-media advertising and public relations exercises to promote three key messages: that mental illnesses are common and people with such disorders can lead meaningful lives; that the discrimination and exclusion associated with mental illness can have a more negative affect on people than the illness itself; and that we can all do something to help people with mental illness. The campaign encouraged people to support those they know with a mental illness with actions such as maintaining social contact[8].

A home-grown example is the successful and well-known R U OK?. This campaign was also launched in 2009 and aims to prevent suicide by encouraging and empowering Australians to reach out to friends and family who might be experiencing personal difficulties.

Studies have shown that the positive impact of the R U OK? campaign is increasing over time. It has been proven to improve beliefs, intentions and behaviours, and is as an effective tool to spread key messages about the importance of reaching out to others and empowering people to have conversations about life problems [9].

Source: R U OK?

However, campaigns can also have unintended negative consequences. For example, anti-drug campaigns are often shock-based, reinforce negative stereotypes and portray people who use drugs as threats to the community. Some of the adverse implications of these campaigns for people who use drugs include isolation, low self-esteem and reduced access to treatment.

In 2015, the Australian government launched a six-week, $9 million media campaign titled 'Ice Destroys Lives', in an effort to target crystal methamphetamine use. While we know mass media campaigns disseminate drug-related information at a population level, these campaigns are rarely evaluated. In one study that was completed, it was shown that Ice Destroys Lives was widely recognised and delivered a prevention message to young people. However, for people with a history of crystal methamphetamine use, the campaign reinforced negative stereotypes and did not encourage help seeking. Research recommends alternative evidence-based strategies to reduce crystal methamphetamine-related harms [10].

It is important that you are familiar with current best-practice when talking about suicide, mental health concerns and AOD, particularly if using the media as a forum for the discussion. All communication, including media releases, brochures, ministerial, speeches and reports should comply with best practice standards. You may also have a role to play in increasing awareness among colleagues and partners from other sectors such as advertising, marketing, sales and customer relations, regarding responsible and appropriate communication of these issues. For further information, visit mindframe.org.au.

3. Images matter

The images and symbols that we use to communicate about mental health concerns, suicide and AOD can have a positive or negative impact on audiences.

Consider the images you use

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.

Practitioners need to be conscious of these messages as, too often, highly emotive images are used to promote a certain point or gain interest in an issue. However, public relations practitioners have a responsibility to ensure that messages are accurate and will be seen in the context in which they were intended.

Public relations professionals are advised to use a diverse range of images that model hope and support to reduce stigma and promote 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 may be used when possible, but always with the individual's permission.

In 2021, drug harm minimisation was a priority for the Australian Federal Police (AFP). The AFP's public relations team used Halloween to launch a campaign highlighting extreme impacts of drug use. Unfortunately, there was little consideration for how much stigma the campaign would create for people with lived or living experience of AOD use.

The 'Have a conscience' campaign promotional materials shared on the Australian Federal Police Facebook page included the text 'Illicit drug users can bankroll criminals who enslave women and destroy the environment' and 'Heroin users can steal for their habit, increasing insurance premiums. No one wants bill shock'. Unfortunately, alarmist portrayals of AOD in the media, like these, can lead to stigma and the marginalisation of people impacted by AOD, and their families. People who experience stigma less likely to seek appropriate help in a timely manner.

Look at the image below and consider the ways in which this approach, language and design may be stigmatising.
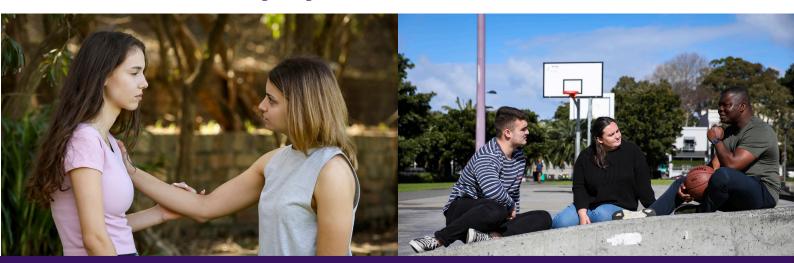

WARNING: TRANSNATIONAL SERIOUS ORGANISED CRIMINALS ARE **AUSTRALIA'S REAL BOOGIE MEN**.

Illicit drug users can bankroll criminals who enslave women and destroy the environment.

Have a conscience.

Source: AFP Facebook page, 31/10/2021

Images matter: *Mindframe guidelines for image use*

Mindframe has an online image collection with high-resolution, royalty-free images that can be used in public communications. Images within this collection 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 Image matter* guidelines and *Mindframe* online image collection, visit mindframeimages.org.au.

4. The importance of language

The *Our words matter* resource suite was developed to support various sectors, including those working in public relations, to communicate about mental health and wellbeing, mental health concerns, suicide and AOD. Key learnings are included in the table below. The comprehensive *Our words matter: Guidelines for language use*, and supporting resources suite are available via the [Mindframe portal](#).

Preferred	Problematic
Non-judgmental language that is associated with suicide or self-harm ✓ E.g. Died by suicide; took their own life; attempted suicide; person who self-harms; lived experience of self-harm	**Stigmatising language associated with suicide or self-harm** ✗ E.g. Committed suicide; successful/completed suicide; self-harmer
Factual language that accurately informs ✓ E.g. Increased rates or higher rates of suicide; address concern in the community	**Sensationalised language that is inaccurate, alarming or creates a sense of hopelessness** ✗ E.g. Skyrocketing rates; epidemic; fight or combat drugs; war on drugs
Person-first language that reflects people's experiences ✓ E.g. Living with; has a diagnosis of a mental illness; person who uses drugs; person with a dependence on alcohol	**Describing a person by a diagnosis or stigmatising language** ✗ E.g. Schizophrenic; psych patient; addict; lunatic; psycho; junkie; crackhead; alcoholic; a drunk
Correct terminology relating to treatment and support services ✓ E.g. Antidepressants; psychiatrists; psychologists; support service	**Stigmatising language relating to treatment and support services** ✗ E.g. Happy pills; shrinks; psych ward; nuthouse

Mental health concerns

The language we use to communicate about mental health concerns can either increase community understanding or perpetuate negative and inaccurate stereotypes[1]. The effective use of language is integral to public relations practice and plays a major role in influencing public opinion and attitudes, and creating or breaking down myths and stigma[12]. Public relations practitioners need to be aware of this in their day-to-day work.

For example, the term 'mental patient', previously used to refer to someone undergoing treatment in a psychiatric institution, is now seen as stigmatising in today's society. This term is now considered inaccurate, given most people are now treated in the community. We also now know that many people who experience mental health concerns are well most of the time and lead full and contributing lives[12].

It is therefore more accurate and less stigmatising to refer to a person using terms such as 'someone who lives with depression' or 'has an experience of mental health concerns'. Whenever possible, it is advised to ask the person how they would prefer their experience to be described[5].

One major misconception is the common association of mental health concerns and violent behaviour. There is a significant evidence showing that people with a mental illness are far more likely to be a victim of violence rather than the perpetrator[11]. Yet, too often, this myth continues to be reinforced through the language used in public communication. Similarly, stereotypes of people with mental health concerns often portray a sense of hopelessness, inability to work and an inability to recover. While some individuals may have these experiences, they are not true for the majority of people with mental health concerns and these myths are very stigmatising.

Using medical terminology out of context can also lead to misunderstandings. For example, the word 'schizophrenic' has been used to denote duality, such as a 'schizophrenic economy'. This perpetuates the myth that schizophrenia means 'split personality', which is not accurate.

Suicide

The language used in communication about suicide can contribute to it being presented as glamorous or as an option for dealing with problems. It is important to avoid using language which suggests that suicide was a desirable outcome. For example, the term 'took their own life' or 'died by suicide' can be used instead of 'successful suicide'. Similarly, 'suicide attempt' can be used instead of 'unsuccessful suicide attempt'[1].

Research shows detailed description of the method or location of a suicide has been linked to further suicides using the same method or location[12]. This has implications for choices regarding communication about the detail of a suicide.

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

AOD

The ways AOD is portrayed in our public communication can shape community perception and have a large impact on idividuals' self-esteem and recovery. In the past, public communication tended to focus on people who use drugs as "delinquents, violent, weak, morally unfit, dangerous, predatory and amoral."[13]

Inaccurate or alarmist portrayals of AOD 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 that fosters understanding, empathy and encourages support-seeking behaviours can combat this. Public communicators 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.

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 such as the National Alcohol and Other Drugs Hotline should also be included[14].

5. Media relations around mental health concerns, AOD and suicide

Issues related to suicide, mental health concerns and AOD contain significant news value, given that stories may be shocking, deeply personal and highly emotional. Media sectors and organisations have their own guidelines and codes of practice. It can be useful to understand those that apply to your context before writing media releases on these topics as this will assist you when trying to pitch a story.

When you're working on a suicide prevention campaign, you may want to ensure you have a diverse range of expert opinions to add legitimacy to the words. The *Mindframe Expert Directory*, was developed to connect public communicators, including those working in public relations, with experienced individuals who provide commentary across topics relating to suicide, mental health concerns and AOD. Their perspectives and knowledge can 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*.

The importance of including the voice of lived and living experience in your campaign

When developing a media release related to suicide, mental health concerns or AOD, audiences often find it beneficial to read or hear from a person with lived or living experience over a quote from the CEO of the business you're working for. While your spokesperson may be knowledgeable about the topic and have good intentions, they not be able to provide a first-hand account. By sharing first-person stories of people with a lived or living experience, public relations professionals can help reduce stigma, increase understanding and provide hope to people in the community. Guidance to support speakers with lived or living experience is available via the *Mindframe* portal.

Need to know more?

This guide is part of a suite of resources and reference materials for public relations 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.

6. 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 accessing or 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

References

1. Our words matter: Guidelines for language use.

2. Australian Institute of Health and Welfare [Internet]. 2023 [cited 2023 Sep 13]. Prevalence and impact of mental illness - Mental health. Available from: https://www.aihw.gov.au/mental-health/topic-areas/mental-illness

3. Causes of Death, Australia, 2021 | Australian Bureau of Statistics [Internet]. [cited 2023 Sep 12]. Available from: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021

4. Reporting suicide and mental Ill-health: A Mindframe resource for media professionals.

5. Yip PSF, Pinkney E. Social media and suicide in social movements: a case study in Hong Kong. J Comput Soc Sc. 2022 May 1;5(1):1023–40.

6. Australian Institute of Health and Welfare [Internet]. 2023 [cited 2023 Oct 10]. Alcohol, tobacco & other drugs in Australia, Health impacts. Available from: https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/impacts/health-impacts

7. World Health Organization. Preventing suicide: a global imperative [Internet]. Geneva: World Health Organization; 2014 [cited 2023 Sep 19]. 89 p. Available from: https://apps.who.int/iris/handle/10665/131056

8. Henderson C, Thornicroft G. Stigma and discrimination in mental illness: Time to Change. The Lancet. 2009 Jun;373(9679):1928–30.

9. Ross AM, Bassilios B. Australian R U OK?Day campaign: improving helping beliefs, intentions and behaviours. Int J Ment Health Syst. 2019 Sep 14;13(1):61.

10. Douglass CH, Early EC, Wright CJC, Palmer A, Higgs P, Quinn B, et al. "Just not all ice users do that": investigating perceptions and potential harms of Australia's Ice Destroys Lives campaign in two studies. Harm Reduction Journal. 2017 Jul 14;14(1):45.

11. Cain B, Currie R, Danks E, Du F, Hodgson E, May J, et al. 'Schizophrenia' in the Australian print and online news media. Psychosis: Psychological, Social and Integrative Approaches. 2014 Jun;6(2):97–106.

12. 9789240076846-eng.pdf [Internet]. [cited 2023 Sep 13]. Available from: https://apps.who.int/iris/bitstream/handle/10665/372691/9789240076846-eng.pdf?sequence=1&isAllowed=y

13. Keary P. The Least of These: How Eduardo Diaz's Image of Drug Users in Pakistan Offers an Alternate Media Representation of Addiction. Communication, Culture and Critique. 2017 Mar 1;10(1):131–47.

14. Mindframe_AOD_Guidelines.pdf [Internet]. [cited 2023 Sep 26]. Available from: https://mindframemedia.imgix.net/assets/src/uploads/Mindframe_AOD_Guidelines.pdf