

An introduction to communicating mental illness and suicide

Lecture Notes

These notes accompany the PowerPoint presentation provided as a suggested lecture for introducing public relations students to issues involved in communicating mental illness and suicide. This PowerPoint presentation and accompanying notes have been developed for use by public relations lecturers. They are designed to inform responsible and appropriate communication about suicide and mental illness in order to reduce harm and copycat behaviour, reduce the stigma experienced by people who live with a mental illness, and increase community understanding of these issues. The PowerPoint presentation contains practical advice and information to support exploration of these issues with students.

This PowerPoint presentation and lecturer's notes have been developed by the Hunter Institute of Mental Health as part of the *Mindframe* for Universities project for Public Relations. Further supporting information, including the Issues and Impact document and a range of Fact Sheets, is available from the project website at www.mindframe-media.info.

Slide 2 Why are mental illness and suicide relevant topics for a public relations course?

1 People studying public relations may question whether mental illness and suicide are relevant to a public relations course. In answer to this, there are several reasons why it's important that students have at least some exposure to these topics. Firstly, because mental illness and suicide are so prevalent, many publics are directly or indirectly affected by these issues.

2 - 3 The way mental illness and suicide are discussed can influence community attitudes and understanding about these issues. Practice can either reduce potential harm to vulnerable people or potentially increase it.

4 By considering these issues in an educational environment, students will be better prepared to make ethical decisions in their professional lives.

Slide 4 Mental Illness is Common in Australia

1 – 2 In 2007 a sample of the Australian general population was surveyed by the Australian Bureau of Statistics about aspects of mental health and wellbeing. The survey forms the basis of updated prevalence data in Australia. Generally speaking – mental illness is common in Australia. About one in five Australians will experience a mental illness in a 12-month period, with some people experiencing more than one illness at a time. The same study also indicated that about 45% of people will experience some form of mental illness in their lifetime.



3 Available statistics from the national study (and other sources) indicate that in a 12 month period:

- About 14% of Australians will be affected by anxiety disorders, with 5% experiencing anxiety so crippling that it affects every aspect of their lives.
- About 6% of people will be affected by a major depressive illness, with 20% of people experiencing depression at some point in their life.

The World Health Organisation has indicated that by the year 2020, depression will represent the highest burden of illness worldwide. Currently in Australia, depression rates third (behind heart disease and cancer) as contributing the highest burden of illness (i.e. death and disability combined).

- About 2% of people will be affected by bipolar affective disorder.
- About 1% of Australians will experience schizophrenia.
- 2% of the population will experience an eating disorder such as bulimia nervosa and anorexia nervosa.
- About 5% of people will experience a substance use disorder – with men more than twice as likely as females to have a substance use disorder.
- For further Information, you may like to refer to the fact sheet section of the *Mindframe* for Universities website.

The *Mindframe* for Universities website at www.mindframe-media.info provides more information about specific illnesses and other facts and statistics for students who would like further information. The points listed on the following slides are an overview of 'issues to consider' when communicating about mental illness. These are based on available research evidence around community attitudes and community discussion. These will form the basis of examples and case studies that can be discussed to further explore the complexities and considerations involved.

Slide 5: Issues to consider: Use Appropriate Language

1 - 4

- The effective use of language is integral to all aspects of public relations practice. The way that language is used in both written and verbal communication can be very important in influencing public opinion and attitudes. With issues such as mental illness, where community understanding is generally poor, language can have an even greater impact.
- Most people would be conscious about using appropriate language. However, terms such as 'cracked up', 'nutcase', 'psycho' and others are still in use – evident in the media, public speeches etc.

- Make sure medical terminology is used correctly and in context. Using psychiatric terms out of context is inaccurate and often perpetuates the myth that mental illness is associated with violence (e.g. 'Lleyton was psychotic at the net'), or that schizophrenia is 'split-personality' disorder (e.g. 'schizophrenic economy' or 'schizophrenic performance by Collingwood'). We would rarely, if ever, hear medical terms for other conditions used in this way.
- Do not label a person by their illness – e.g. someone has 'a diagnosis of schizophrenia' or is known to be 'living with anorexia' they are not 'a schizophrenic' or 'an anorexic'. In addition, referring to someone as 'suffering' with or 'afflicted by' a mental illness is outdated. It is advised to use terminology such as 'living with a mental illness'.

For further information, you may like to refer to the fact sheet section of the *Mindframe* for Universities website.

Slides 6-7 Example: Language

S6 Psycho Teddy example

- Terms like psycho are often used in common language – often with some cultural references to Hitchcock's movie of the same name. Students may like to comment on common use of the word. The term 'psycho' is usually used to refer to violence and aggression, despite the fact that psychotic illness is not related to these behaviours. Many people use the terms 'psychotic', 'psychopathic' (which is an American term for Anti-Social Personality Disorder) and 'psycho' interchangeably without consideration.
- Unfortunately, people often make the mistake of using the common cultural meaning of 'psycho' and apply it to psychotic disorder. Psycho Teddy is a good public example of this confusion and the problems it can create. In the example, the name is made worse by specific and inaccurate descriptions of a 'psychotic episode'. This is a clinical term used to describe a set of symptoms including hallucinations, delusions and thought disorder. People (generally) do not become violent when they are having a psychotic episode, but this product reinforces this myth.

For further information you may want to refer to the fact sheet section of the *Mindframe* for Universities website.

S7 Misuse of diagnostic terms

- The media, public figures and the general community sometimes use diagnostic terms out of context. A good example of this is the word 'schizophrenic', which is often used to denote ambiguity or a 'flipping' between one extreme to the other, particularly in sport, business and finance. However, this perpetuates the myth that schizophrenia is similar to split personality disorder.
- Consider how appropriate it is to use medical terminology in these contexts. Would other medical terms such as cancer or diabetes be used in this way?



Slide 8: Issues to consider: Avoid stereotypes

1

- Practitioners need to be conscious of what messages certain images, symbols, pictures and words are conveying to publics. It is often too easy to use emotive words or images to promote a certain point or gain interest in an issue.
- Often the use of particular images or words can perpetuate negative and inaccurate stereotypes regarding mental illness. For example, just using the word 'crazy' will mean different things for different people. How do you know the right message is getting across?

2

- Using mental illness as a way of making an issue funny or bizarre could offend and alienate the one in five people affected by mental illness at any one time. People would not use people with cancer as a comic angle for a message or campaign. While many people with mental illness have a great sense of humour, and may laugh at their own experiences, there is a real difference between laughing with someone and laughing at someone.

3

- Avoid suggesting that people with mental illness are inherently violent, unable to work, unpredictable, untrustworthy, weak or unable to get well. Stereotypes can lead to stigma and discrimination.
- An individual case should not imply that all people with a mental illness – or even the same diagnosis – will have the same outcome.

4

- Despite public perceptions, the research does not support the belief that mental illness is associated with violence. Students may want to think about the types of representations or discussions that may inflate that misconception.

For further information you may want to refer to the fact sheet section of the *Mindframe* for Universities website.

Slide 10 Example: Stereotypes

1 Crazy John's Example

The word 'crazy' is not necessarily offensive to people with mental illness – it can mean eccentric, wild, exciting – and not necessarily mentally ill. However, the mascot to go with the name does indicate the intended use of the word. How might a mascot with rolling eyes and tongue hanging out contribute to stereotypes when attached to the business name?

Students may like to brainstorm other cases where the word crazy has been used and other examples of images that may promote stigma.

2 Locos Burritos

Students can discuss whether the name of these products could be seen to promote stereotypes. Consider that strait jackets, for example, conjure up many images and impressions about mental illness. While these had a place in history, they are not common practice now. In addition, most people are treated in the community rather than in hospital care, and the 'asylum' no longer exists.

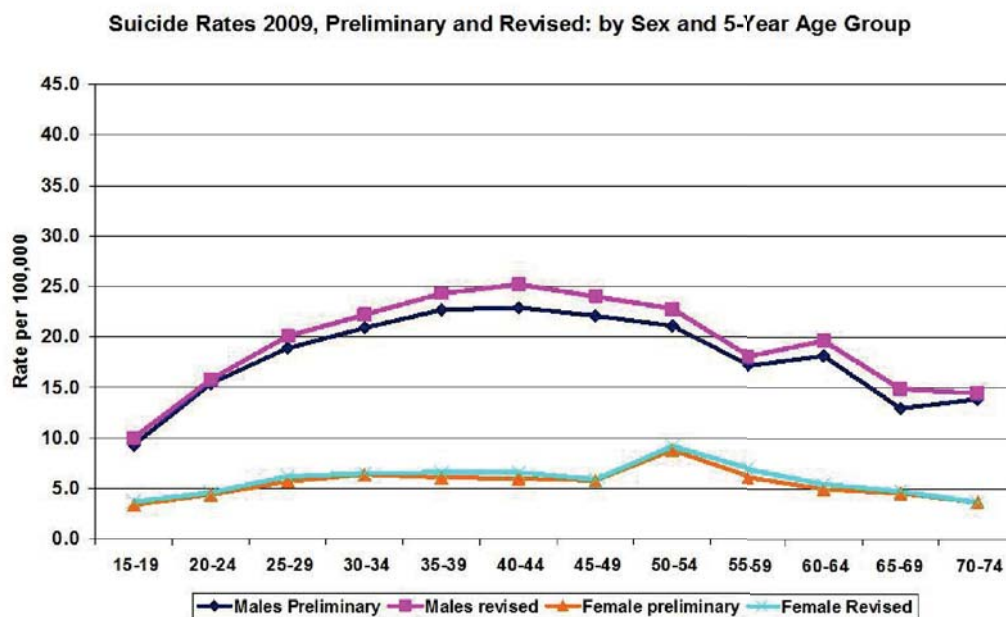
Students may like to debate the pros and cons of a marketing strategy like this. While some people may consider that these are harmless words – would they be harmless to the one in five people with a mental illness? Is it good business to alienate part of your potential clientele?

Slides 11-12: Current rates of suicide

You may want to start by asking participants what they know about suicide rates before showing the graph. For example: *Who is most at risk of suicide currently in Australia? Males or females? What age groups?*

Note:

The graph outlines suicide rates per 100,000 of the population for specific age groups by sex. Suicide rates are released after approximately two years. As such, the most current rates are for 2009.





1 Suicide rates and trends can change over time and it is important that people managing communication about suicide are aware of the most current facts and statistics and communicate these accurately. The *Mindframe* for Universities (www.mindframe/for-media) websites have current facts and statistics in text and as graphs.

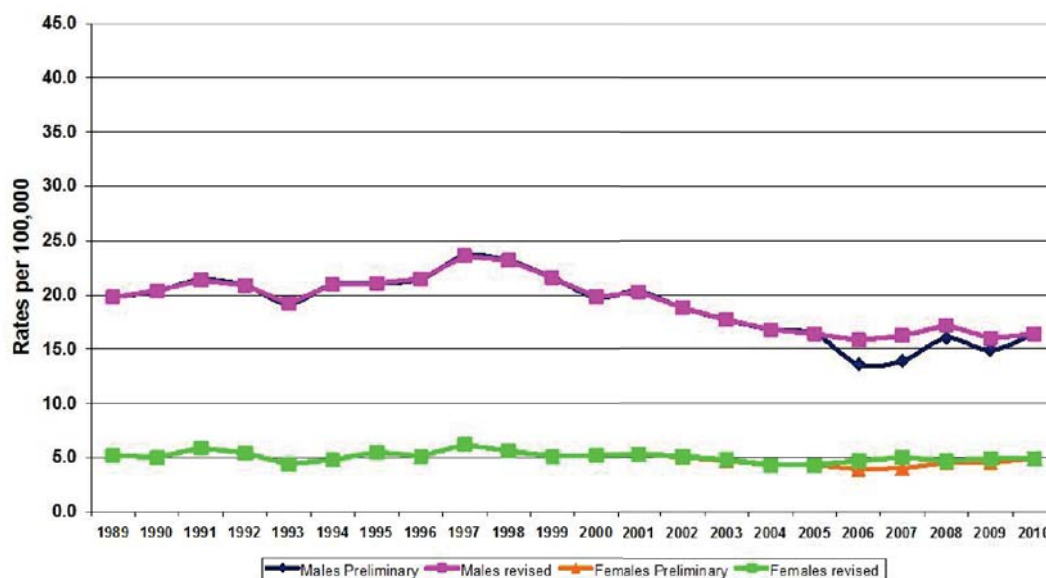
2 There is a clear sex difference between males and females, with rates of death by suicide being 3 to 4 times higher among males than females across all age groups (except for young people 15 to 19 years). Figures going back 80 years indicate that this has always been the case.

3 The suicide rate for men aged 35 to 39 years (23 per 100,000) is currently the highest for all age groups. However, the rate for men aged 30 to 49 years inclusive is very high. Females in the 40-44 age group represented the highest female suicide rate in 2007 (6.3 per 100,000). As a 10-year age group, females 35 to 44 show the highest rate for this particular year. Note that young males between the ages of 15 and 19 actually had the lowest suicide rate in 2007 of all the male age groups. This is despite the fact that the community still talks about our 'youth suicide problem' or 'youth suicide epidemic'.

Slides 13-14: Suicide trends

You may want to start by asking participants what they know about suicide trends over time. *Is the problem getting worse? Or better? Or staying the same?*

Suicide Rates, All Ages, 1989-2010, by Sex



Note:

The graph outlines suicide rates per 100,000 of the population for all age groups, by sex, between the years of 1980 and 2010.

1 The rates of death by suicide have been steadily decreasing in Australia since they peaked in 1997. In 2007 there was a 37% reduction from the peak in 1998.

2 Suicide rates for men have always been higher than those for women. The age standardised suicide rate for total males in 2007 was slightly higher than 2006 but lower than it has been since 1945. Suicide rates for females have remained quite steady over time. The age standardised suicide rate for total females in 2007 was slightly higher than 2006 but lower than it has been since 1942. The points listed on the following slides are an overview of 'issues to consider' when managing communication about suicide. These are based on available research evidence around minimising harm. They relate to a range of roles that a public relations practitioner may fill. Following examples can be used to illustrate relevant points.

Slide 15: Issues to consider: Appropriate Language

- 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 that public relations practitioners understand the potential impact of language, especially if communication occurs in, or is picked up by, the media.
- Repeatedly using the word 'suicide' in communication, especially in media interviews, may increase the risk of sensationalising or normalising suicide.
- It appears that commonly used euphemisms such as 'took his own life', 'attempted to end his life', 'died by his own hand' or 'no suspicious circumstances' have less impact on vulnerable people than actually using the word suicide.
- Although it may be difficult to keep the word suicide out of all communication, it is recommended that its use be minimised where possible. This even relates to events such as murder-suicides or suicide prevention. It is suggested that anyone communicating about suicide should consider the following options that reduce the risk of glamorizing or promoting suicide as an option:
 - Use 'non-fatal' or 'suicide attempt' or 'attempted to end his life' rather than 'unsuccessful suicide' – because it places value on the act.
 - Similarly, use 'died by suicide' or 'died by his own hand' rather than 'successfully suicided'.
 - It is not accurate to report a 'suicide epidemic', rather use language such as 'increasing rates' or 'cluster of suicides' if it is appropriate.
 - Avoid gratuitous use of the word 'suicide' – e.g. 'suicide mission' or 'political suicide' when other terms are more appropriate.

For more information, refer to the fact sheet section of the *Mindframe* for Universities website.



Slide 16: Issues to consider: Avoid sensationalism and provide context

1

- Many people who suicide have a mental disorder or drug-related illness. Where this is the case, discussing the underlying causes of suicide can help dispel myths that suicide is not related to a person's mental state.
- Do not provide simplistic explanations for a suicide death – for example, it is unlikely that a relationship break-up alone will lead someone to suicide.
- Discussing the risk factors and possible warning signs also promotes a better understanding of suicide as part of a wider issue and challenge for society.

For more information you can refer to the fact sheet section of the *Mindframe* for Universities website.

2

- Public relations practitioners need to understand the potential problems with sensationalizing suicide as a way of promoting other issues (or even suicide itself). Suicide is a highly emotional topic and discussions can make the community more fearful or feel hopeless.
- For example, is it appropriate to advocate publicly for more support for unemployed Australians because people out of work are taking their own lives every day. What impact might this statement have on those who are unemployed and struggling? If you hear that other people just like you are ending their own lives, would that make you less or more likely to do the same?

3

- This is probably the most important issue to consider if doing media work (and one that is highlighted in media codes of practice).
- Higher rates of suicide by a particular method have been found to follow the appearance of media stories on a suicide by these methods. This may relate to other public information or discussions.
- As a public relations practitioner you need to assess whether the method of suicide is really relevant information for publics or just included to relieve morbid curiosity or add 'colour'.
- It is recommended that any references to the method used should be in general terms – if at all. Some example might include:

- *“he overdosed on a cocktail of prescription medications” rather than describing the medications taken and the quantities.*

- *“she fell to her death at a local shopping centre” as opposed to something like “at 11am she jumped from the top floor of the car park at Westfield on Smith Street Smithville”.*

Slide 17: Example: Images of suicide

- In this case study, the needs of one good social cause have put it at odds with another social cause. It is important for public relations practitioners to understand the impact of all messages promoted through communication (in this case an advertising campaign).
- While it would not have been the intention of the advertising company or the charity to cause harm for people who may be vulnerable, what ethical obligations did they have to ensure it would not?
- Students may want to discuss the complexities of writing a good brief for advertisers, especially when they are likely to use some 'creative freedom' for pro bono work.
- This is only one example of communication that may place two competing causes against each other. Students may have other examples, but some additional examples if required are outlined here:

- A woman's magazine, in an attempt to have an 'edgy' look had a model on the front page holding a gun in her mouth.

- Medical Observer magazine published an image of a man choking himself with a noose, to advertise for practitioners for a medical hair transplant clinic. The ad was intended to express a desperate need.

- The Pedestrian Council developed a CSA that showed a woman bring a ringing mobile phone to her ear, only for the phone to turn into a gun. The message being that talking on your mobile phone while driving can end your own life.

Slide 18: Example: Sensationalism and Language

- With a sensitive issue like suicide it is very easy to create dramatic impact by using certain statistics and not others. For example, it is accurate to say that on average we lose one person to suicide every four hours in Australia. That statistic will often create shock and fear. It would be just as accurate to say that almost 99% of deaths every year in Australia are not the result of suicide. This will have a completely different impact.
- Students can discuss the different messages each of the statements send. They may want to consider why it is relevant to state international figures, especially when these are different to local trends. They may also like to comment on what exactly comparing the suicide rate to the road toll achieves.

Slide 19: A special case: media communications

1

- International research indicates that the media have an important role to play in influencing community attitudes towards and perceptions of both mental illness and suicide. While many may argue that the potential for public relations practitioners to influence media content is limited,



studies on the effect of public relations on the media have found that almost half of the articles published in major metropolitan media are the result of public relations activity with some trade, specialist and suburban media content as high as 70%.

2

- According to national and international research, mental illness tends to be portrayed negatively in the mass media. International and Australian research has indicated that media depictions of mental illness are negative, often reflect and perpetuate myths and misunderstandings associated with mental illness, and often portray the myth that people with mental illness are a threat to the community.

3

- The evidence also suggests that such reporting may influence community attitudes, possibly contributing to negative stereotypes, stigma and discrimination.
- Research has indicated that people citing the media as their most important source of information about mental illness had more negative attitudes toward mental illness.
- Media accounts of mental illness that instil fear have a greater influence on public opinion than direct contact with people who have mental illness.

4

- Students may question the evidence supporting the impact of the media on suicide. However, an Australian review of the international literature provided considerable evidence that the way in which suicide is reported can have an impact. The review concluded that there is an association between reporting of suicide and actual suicide, and this association (at least in some cases) is likely to be causal.
- When weighing up the risk of reporting suicide, it is important to consider the potential effect on an emotionally vulnerable person. The evidence does not suggest that an emotionally healthy person would suicide after reading or viewing a story about suicide, but that for a person who has already contemplated suicide, a media report may have an influence on moving them from thinking about suicide to acting. People in despair are often unable to identify solutions to their problems, and may be influenced by what they read, view or hear.

5

The effect on a vulnerable person may be more profound if someone is able to identify with the person whose suicide is reported. This can happen in two ways:

- Because they identify the person as 'someone like them' – because they are in the same age group or share similar experiences to the person portrayed; or

- Because the person is ‘someone I would like to be’ – that is, a role model, public figure or celebrity. The research indicates that explicit reports appear to have a greater influence than reports that are less explicit. Particularly if the report gives details about the method of self-harm or in some way romanticises, glamorises or otherwise portrays suicide as an acceptable course of action. However, it is important to note that the media can play a role in raising awareness about suicide and the issues surrounding suicide. Therefore, the media can play a positive role in suicide prevention in Australia. Stories that emphasise the wastefulness of the act, make the link between suicide and mental illness and include information on where people can go for help can assist in emphasising that suicide is preventable.

6

- At the very least, public relations practitioners can remind the media of guidelines and resources about reporting suicide and mental illness available from www.mindframe-media.info.

Slide 20: How can students get more information?

The *Mindframe* website at www.mindframe-media.info provides information for a range of sectors about media portrayals of suicide and mental illness. There are sections of the website for media professionals, the mental health and suicide prevention sectors, police, courts and people involved in the development of film and television drama.

SANE Australia runs a nationally funded *StigmaWatch* program where members of the community can report inappropriate coverage or public discussion of suicide and mental illness. Students may want to look at recent examples of reporting, advertising and campaigns that have come under scrutiny.

Slide 21

A final word...

It is important to reiterate to students that they should take care of their own mental health and seek support if at any stage they feel distressed because of talking about these issues in class. It is an opportunity to promote those services to students.