Mental Illness & Suicide in the Media

A Mindframe Resource for Police

■ Acknowledgments

References

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Introduction

In Australia, 45% of people will directly experience a mental illness in their lifetime[1] and about 1,900 people per year take their own life[2]. The media has an important role to play in influencing community attitudes towards and perceptions of both mental illness and suicide.

While police services in all states and territories have policies regulating their interactions with the media, Australian research has indicated that police and emergency services are a major source of information for most news organisations. Information is accessible, timely, and viewed by the media as having high human or dramatic interest.

The very nature of policing means officers are confronted by both suicide and mental illness on a regular basis. Incidents involving suicide or mental illness will often be seen as newsworthy and police may be the first to field media enquiries. For this reason, police services have an important role to play in supporting appropriate media coverage of suicide, mental illness and mental health.

Interactions between police officers and media professionals can be very challenging. This challenge may be increased where these interactions involve suicide or mental illness. This resource provides practical advice for police to support their interactions with the media. It suggests ways of talking about suicide and mental illness that are consistent with best practice guidelines for reporting.

This booklet has been developed following consultations with police services in each state and territory. It is supported by the peak media bodies and suicide prevention and mental health organisations represented by the Australian Government's National Media and Mental Health Group.

About this Resource

This booklet contains brief practical information in the sections below. It is supported by a more comprehensive website at www.mindframe-media.info

Mental Illness: Impact of Media Reporting

Research has indicated that for many people the media is their primary source of information about mental illness. According to national and international research, mental illness tends to be portrayed negatively in the mass media. Recent research, however, suggests Australian reporting may be improving[3].

Reporting of mental illness can influence community attitudes, which in turn may lead to stigma and discrimination where reporting is negative[4]. Reporting can impact significantly on people experiencing mental illness and may reduce appropriate help-seeking behaviour, resulting in untreated illness and possibly contributing to suicidal thinking and behaviour[5].

Australian research has shown that news coverage about mental illness collected at courts or from police incidents are particularly problematic[6]. Many of these stories focus on violence and relate to specific and relatively rare circumstances. Audiences, however, are likely to make generalisations about people with a mental illness as a result.

When interacting with the media it is useful to have an understanding of the potential impact of reporting mental illness and knowledge about the principles of best practice reporting promoted to media professionals through the *Mindframe* Initiative.

On the next page you will find a list of issues to consider when interacting with the media. These should be considered in all interactions, not just official statements.

For more information about media reporting of mental illness, visit
www.mindframe-media.info

Mental Illness: Issues to Consider

Consider whether to make a comment

- What does your media policy say about talking to the media? Make sure you know what is says about talking to the media about a person's mental health status.

- Ensure you are the most appropriate person to make comment and, if so, access support from your Media Unit.

- If you do state or infer that a person has a particular mental illness, ensure a reliable source has confirmed the diagnosis and you are not speaking only on the basis of observed behaviour.

- Consider the potential impact that disclosing a person's mental illness may have on the angle a journalist uses in the story.

Use appropriate language

- Using the correct language is very important. Some derogatory terms, such as, 'mental patient', 'psycho', 'schizo' or 'nutter' can lead to stigma and discrimination.

- Ensure your language is describing someone's behaviour (e.g. 'unusual' or 'erratic') rather than implying something about their mental health (e.g. 'crazy' or 'deranged').

- Do not label people by their illness. Someone may be 'living with', or have 'a diagnosis of' schizophrenia; they are not a 'schizophrenic'.

Clarify language that could be misinterpreted

- Police statements such as 'detained under the Mental Health Act' or 'sent for a mental health assessment' might not be well understood by a journalist and their audience. These terms, while correct, could be misinterpreted without clarification.

- Be careful when talking about a patient who has 'absconded from hospital'. Will the journalist interpret this as 'escaped' with a connotation of 'danger' or threat to community safety? Most patients who leave against hospital regulations are a risk to themselves, rather than to the public.

- Adding a clarifying statement, such as 'the hospital is concerned for the safety of the patient', could reduce the perceived link between mental illness and public safety.

Ensure your interactions do not reinforce common stereotypes

- The very nature of policing means there tends to be exposure to people in crisis situations. Consider how these situations may be handled to maintain the person's privacy and dignity and reduce community fear. Remember, all of your interactions can be scrutinised by the media and the broader community.

- Consider whether your interactions might contribute to the perceived link between mental illness and violence. Research indicates most people with mental illness have no history of violent behaviour and are more likely to be victims of violence.

- Is it appropriate to provide some context surrounding an incident? For example, where violence occurs it is often in the context of drug use, distressing hallucinations or treatment that may not have been effective.

- Can media access photographs or footage of a person with a mental illness interacting with the police? Consider the impact this might have.

Refer journalists to the *Mindframe* website

- Are journalists working with you aware of the *Mindframe* guidelines for reporting mental illness available from www.mindframe-media.info?

- Recommend journalists access the site for appropriate helpline numbers they can add and contact details for mental health organisations that may be able to assist with the story.

Make contacts in local mental health services and units

- Your local mental health service may have staff who are willing to comment on mental illness.

- Is it appropriate for Police Media to make contact with the local health service to advise them about a potential story? They may be able to provide information to the journalist that will affect the outcome of the story.

- Most police services in Australia have created mental health intervention teams or similar. If you'd like to know more about how your organisation is working to improve the relationship between police and people with mental illness, please contact the mental health teams in your organisation.

Mental Illness: Brief Facts

- Today, mental illness is viewed as being caused by a combination of biological, social, environmental and behavioural factors, which is different from past associations with weakness of character, low intelligence, or personal flaw.

- Some people have only one episode of mental illness and go on to lead full and satisfying lives. For others, mental illness occurs occasionally with years of wellness between episodes. For a minority of those with a more severe illness, periods of acute illness will occur regularly and, without treatment and effective management, leave little room for recovery.

- Simply knowing that a person has a mental illness will not indicate how well or ill they are, what symptoms they are experiencing, or whether they may recover or manage the illness effectively. There are many types of mental illness and many kinds of symptoms or effects.

- Though a particular mental illness will tend to show a certain range of symptoms, not everyone will experience the same symptoms – for example many people with schizophrenia may hear voices, while others may not.

- People living with a mental illness and their families report they experience stigma regularly and the effects of stigma are often more distressing than the symptoms of the illness.

- Most people with mental illness have no history of violent behaviour and are in fact more likely to become victims of violence. Violent behaviour has a stronger association with use of drugs or alcohol than with mental illness. When it does occur, violent behaviour usually happens in the context of distressing hallucinations or treatment that has not been effective[7].

For detailed information about different mental disorders and treatments, please visit the *Mindframe* website at www.mindframe-media.info

Suicide: Impact of Media Reporting

The media generally do not report suicide deaths. If the person is well known or the circumstances of the death are in some way unusual or relevant to the community, however, there is every possibility a death will be reported.

Research has demonstrated that the way suicide is reported is significant. While some styles of reporting have been linked to increased rates of actual suicide, appropriate reporting may help reduce rates of suicide[8].

People in despair may be influenced by media coverage of suicide, particularly where they identify with the person in the report. Characteristics of reporting associated with increased rates of suicide include: reporting of celebrity suicide; high profile reporting of suicide; detailed description of method and/or location; and prolonged or repetitive reporting[9].

Characteristics of reporting associated with decreased rates of suicide include: portrayals that position suicide as a tragic waste and an avoidable loss; those that focus on the impact on others; and reports where method and location are not disclosed[10].

While police services in all states and territories have policies regulating interactions with the media, Australian research has indicated that police services are a major source of information for many media stories about suicide[11]. Police are usually first to examine a scene and, therefore, may be the first to field media enquiries.

When interacting with the media, it is important to have an understanding of the potential impact of reporting suicide and consider your role in the exchange of information. The next page outlines some issues to consider when interacting with the media about an attempt or death by suicide.

For more information about media reporting of suicide, visit
www.mindframe-media.info

Suicide: Issues to Consider

Consider whether to make a comment

- What does your media policy say about talking to the media generally? What does it say about talking to the media, or the community, about suicide specifically?

- Ensure that you are the most appropriate person to make comment and seek support from your Media Unit.

- Consider whether the case at hand is one that is likely to be reported by the media. If so, making any suggestions about the cause of death may not be in the best interests of the person's family or the community.

- In some cases, describing the death as 'non suspicious' may lessen interest in the story. In other cases, such as the death of a prominent person, this may lead to heightened interest.

- Remember that only a coroner can confirm a death is a suicide.

Consider how much detail to disclose

- Have you considered the impact of disclosing details about the method or specific location of suicide? Reporting that includes detailed description of the method or location has been linked to further suicides.

- Consider how to handle a death that has occurred at a known suicide spot. Can the location be referred to in more general terms? For example, 'a local lookout', or 'a building in the CBD'.

- Have journalists been given access to the scene and an opportunity to take pictures or footage? Images of the location where a suicide has occurred have been linked to further deaths at that location.

- Journalists have codes of practice that discourage any detailed description of method or location of a suicide death.There may be opportunity to remind them of this if you consider questions to be inappropriate.

- Have you inadvertently speculated on the cause of a suicide death? Simplistic explanations that suggest suicide might be the result of a single factor or event are unhelpful to the community.

- Have you considered specific cultural protocols? For many Aboriginal and Torres Strait Islander communities there are cultural protocols around naming and showing pictures of a person who has passed away.

Use appropriate language

- Language that might sensationalise suicide or present it as an option for dealing with problems has been shown to be problematic. It is best to use:

  - Alternatives to the word 'suicide' where possible, such as 'ended their life' or 'took their life';

  - Terms such as 'non fatal' rather than 'unsuccessful' to describe an attempt;

  - Descriptions such as 'took their own life' or 'died by suicide' rather than 'successful suicide' or 'committed suicide'; and

  - Statements such as 'cluster of deaths' rather than 'suicide epidemic'.

Refer journalists to the *Mindframe* website

- Are journalists working with you aware of the *Mindframe* guidelines for reporting suicide available from www.mindframe-media.info?

- Recommend they access the site for appropriate helpline numbers they can add and contact details for mental health and suicide prevention organisations that may be able to assist with the story.

Get to know your local support services

- Do you have a list of support services in the local area? If you are concerned that people bereaved by the death may be at risk, including police officers who may have attended the scene, it would be useful to refer them to a counselling service (such as those on page 10) or to local services.

- Your organisation will also have support services for members who may be distressed by exposure to suicide.

- Is it appropriate for Police Media to make contact with the local health or suicide prevention services to advise them about a potential story? They may be able to provide information to the journalist that will affect the outcome of the story.

Suicide: Brief Facts

- Suicide is a prominent health concern in Australia. A death by suicide can have devastating impacts on family, friends, colleagues and potentially the whole community.

- Recent data shows that about 1,900 people per year die by suicide (compared to 2,722 in 1997), representing 1-2% of all registered deaths in Australia[12].

- Although suicide attempts are more common in women than men, generally men take their own lives at a rate four times that of women.

- Suicide rates for both males and females have generally decreased since the mid-90s, with the overall suicide rate decreasing by 37% between 1998 and 2007.

- Suicide rates among young people have fallen considerably over recent years (by about 50% since 1997) and suicide in children under the age of 15 is a rare event in Australia. Common belief that there is a 'youth suicide epidemic' is incorrect.

- Figures reveal the percentage of all deaths attributable to suicide is generally much higher among Aboriginal and Torres Strait Islander people than the general population and may be increasing.

- Suicide is a complex phenomenon and rarely occurs as the result of a single event. However, people who are known to be more at risk of suicide include:

  - People who have previously attempted suicide;

  - People with a mental disorder;

  - People with alcohol or drug abuse problems;

  - Males (particularly those aged 25-45 years);

  - Young Aboriginal or Torres Strait Islander males;

  - People who are in any form of custody;

  - People in remote communities; and

  - People who have been affected personally by suicide.

For detailed information about suicide and suicide risk, please visit the *Mindframe* website at www.mindframe-media.info

Further Information

Mindframe website - www.mindframe-media.info

Mindframe Resources for Police can be found at **www.mindframe-media.info** by clicking on the "Police" tab.

The website also provides information about other projects that form part of the *Mindframe* Initiative: The *Response Ability* project for Journalism and Public Relations Education; *Mindframe* Media and Mental Health Project; *Mindframe* for the Mental Health Sector; *Mindframe* Stage and Screen; the *Media Monitoring Project*, 2001, 2007; SANE Australia's Media Centre; and *Mindframe* for Police and Courts.

The police section contains information about the impact of news reporting as well as further information about mental illness and suicide, including facts, statistics, descriptions of specific disorders and useful contacts. It also provides examples and further clarification of "issues to consider" for police.

Helplines

Lifeline – 13 11 14 (24-hour telephone counselling service)

Kids Helpline – 1800 551 800 (24-hour telephone counselling for children & young people aged 5 to 25 years)

Mens Line Australia – 1300 78 99 78 (24-hour counselling service for men)

Just Ask – 1300 131 114 (mental health information for rural communities)

SANE Helpline – 1800 18 SANE (7263) or helpline@sane.org (free helpline 9am-5pm)

Contacts

The following selection* of organisations are a good source of further information and are all available to the media for comment on a range of issues.

SANE Australia - (03) 9682 5933, www.sane.org
National charity helping people affected by mental illness.

***beyondblue* - (03) 9810 6100, www.beyondblue.org.au**
Information and resources for people experiencing depression, their families and the community.

Headspace, National Youth Mental Health Foundation – (03) 8346 8215, www.headspace.org.au
Supporting the mental health, social wellbeing and participation of young Australians aged 12-25.

LIFE Communications, managed by Crisis Support Services – (03) 8398 8408, www.livingisforeveryone.com.au
Resources, research and network for people working in suicide and self-harm prevention.

Office for Aboriginal and Torres Strait Islander Health (OATSIH) – (02) 6289 5027, www.health.gov.au
Improving access of Aboriginal and Torres Strait Islander peoples to primary health care services.

Multicultural Mental Health Australia – (02) 9840 3333, www.mmha.org.au
Leadership in mental health and suicide prevention for Australians from culturally and linguistically diverse backgrounds.

Speak to the support services available through your organisation for advice and assistance.

* For a more comprehensive list of contacts, visit www.mindframe-media.info