



The SANE Guide  
to Reducing **Stigma**

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Stigma**

A guide to reducing  
stigma against mental illness  
and suicide in the media

# Introduction

## How to use this guide

The *SANE Guide to Reducing Stigma* explains the harm stigma causes people affected by mental illness, examines the role played by the media, and gives practical suggestions on what you can do to reduce stigma.

The media – newspapers and magazines, movies, advertising, websites, TV and radio – all play an important part in shaping how we perceive the world.

Sometimes, though, the media promotes a view of mental illness that is inaccurate and offensive to those affected, their families and friends. Inappropriate reporting and representation of suicide in the media is also hurtful and stigmatising, and can be harmful to those who are vulnerable. Taking action to reduce stigma, then, is important for lots of reasons.

This guide is part of SANE Australia's [StigmaWatch program](#) that promotes accurate and respectful representation of mental illness and suicide in the media. By using this guide and other resources on the SANE website, you can play an important part in reducing stigma.

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# What is stigma?

Stigma is due to misunderstanding as well as to prejudice

There are many forms of stigma in society, some are based on negative attitudes or beliefs, others are due to a lack of understanding or misinformation.

Stigma can lead to a lack of support or empathy for people with a mental illness, leaving people embarrassed, misunderstood, and marginalised. Stigma can cause more than hurt feelings. It can result in symptoms being ignored, lead to poor recovery and a lower quality of life due to isolation.

Sometimes mental illness is given a stigma that tries to label people affected as 'scary', 'comical' or 'incompetent'. If you're living with a mental illness, stigma is one more stress you don't need. In fact, some people say that the effects of stigma and prejudice can be as distressing as the symptoms of their illness.

The World Health Organisation defines stigma as:

*A major cause of discrimination and exclusion: it affects people's self-esteem, helps disrupt their family relationships and limits their ability to socialize and obtain housing and jobs.*

*It hampers the prevention of mental health disorders, the promotion of mental well-being and the provision of effective treatment and care. It also contributes to the abuse of human rights.*

### **StigmaWatch and Mindframe**

StigmaWatch is a SANE Australia program which represents people affected by mental illness, campaigning for improved understanding, fair representation, and stigma reduction in the media. It is supported by Mindframe, the Australian Government's National Media Initiative to promote accurate and responsible representation of mental illness and suicide in the media.

Mindframe has also developed resources for [media professionals](#), [journalism students](#), [scriptwriters](#), [police](#) and [courts](#), and conduct briefing sessions with media organisations to discuss issues relating to mental illness and suicide.

## Say no to stigma!

Stigma towards people affected by mental illness hurts, and is a major barrier to recovery.

SANE Australia's Say no to stigma! is a YouTube video series that explains how this prejudice is unacceptable in Australia today.

Join John, Dianne, and others as they speak out about stigma, the harm and the hurt it does, and how we can all work for a life without stigma.



### *SANE StigmaWatch*

SANE StigmaWatch has proven a highly popular and successful program, challenging high-profile media companies, TV and radio stations, print and online publications, and advertisers to improve their representation of mental illness and suicide.

In a recent example, SANE coordinated a [campaign](#) against a drink manufacturer that mocked people with a mental illness. The campaign was successful, and the company agreed to modify the marketing of the energy drink.

SANE StigmaWatch has won a national award for its achievements, and has been widely praised and replicated overseas.

The program is supported by the Australian Government's National Mental Health Strategy and National Suicide Prevention Strategy through the Mindframe National Media Strategy.

For more information visit [www.sane.org/stigmawatch](http://www.sane.org/stigmawatch)



### **Is stigma unlawful?**

It is unlawful to vilify people on the grounds of religion, race, sex or sexual preference in most parts of Australia. However, in most States and Territories, it remains lawful to vilify people with a disability, including those living with a mental illness. That's why taking action to reduce stigma is so important.

### **The power of the media**

The media play an important role in society, informing and educating readers, listeners or viewers about major events, political decisions and the way other people live their lives.

For many people, their favourite current affairs television show, newspaper, or radio host helps them interpret and find meaning in the complex world around them. This direct impact shows the power of the media and its influence on public attitude.

Sometimes the media help improve understanding by providing accurate and positive stories about people living with a mental illness. Unfortunately, the media can also perpetuate stereotypes. Research tells us that:

- ④ Many people consider the media to have an impact on their attitudes toward mental health and illness.
- ④ The media is frequently cited as a source of information about mental illness.

- ④ About 40 per cent of people report the media as the source of their belief linking serious mental illness with violence.
- ④ One in six people with a mental health problem say newspaper portrayals of mental illness generally discourage them from seeking help.

The media's power and influence makes it important for us to hold it to account for inappropriate or stigmatising reports on mental illness or suicide. By acting to fight stigma in the media we can help change community attitudes.

### **When is it stigma?**

Media reports are stigmatising if they represent mental illness in ways that are inaccurate or offensive. A stigmatising report may encourage people to fear or be unsympathetic towards people with a mental illness, to mock or invite ridicule of them, or give inaccurate or misleading facts about mental illness.

Here are some of the ways the media does this:

#### *Linking mental illness to crime and violence*

We've all seen the 'police hunt schizophrenic killer' headlines, or references to someone 'escaping' or 'being released' from hospital. These terms equate people who have mental illness with criminals escaping or released from prison. The accurate term for anyone leaving hospital is 'discharged'.

Sensationalised reporting of violent acts by people with mental illness often fails to provide information as to why someone was acting aggressively. The person may not have been receiving effective treatment, for example. Repeat coverage gives the impression that these events are common, and that everyone affected by mental illness is aggressive. [A 2013 University of Melbourne study found 47 per cent of Australian media articles regarding schizophrenia linked the illness to violence.](#)

In fact, [research](#) shows that:

- ④ People with mental illness are far more likely to be the victims of violence than the perpetrators of it.
- ④ Most people receiving treatment for mental illness are no more violent than the general population.
- ④ Most people who commit violent acts do not have a mental illness.
- ④ Violent acts by people with a mental illness are usually associated with a minority who are not receiving effective treatment, who have a history of violence or abuse alcohol and other drugs.

By associating mental illness with violence and crime, the media promote the myth that all people with a mental illness are dangerous and to be avoided.

*On a TV drama last night, a character with bipolar disorder was shown deliberately running someone over with a car. That sort of negative portrayal makes it hard for me to tell people that I have bipolar, and I have to explain that I'm not a 'dangerous' person.*

### **Mockery and vilification**

Most people who make fun of mental illness do so thoughtlessly, not realising the hurt they cause. Whether done intentionally or not, this can cause harm in a number of ways – making people affected and their families feel mocked and excluded by society, perpetuating community misunderstanding, and discouraging people from seeking treatment.

Media articles about mental illness sometimes describe people using terms such as 'psycho' – especially in headlines – sensationalising the story. [Advertising campaigns sometimes use characters in straitjackets to promote 'crazy low prices' or make fun of bizarre behaviour – for example, 'You'll go psycho when you taste our pizza'.](#)

TV dramas have depicted people with a mental illness as comical or violent. While producers and scriptwriters may claim 'artistic licence', drama still plays a major role in representing mental illness and perpetuating stigma. Stigmatising programs are, in fact, contrary to the [Commercial Television Code of Practice](#) if they 'provoke or perpetuate intense dislike, serious contempt or severe ridicule against a person, or group of persons, on the grounds of disability'.

What is stigma?

### *Labelling people by their illness*

If a person is described as ‘a schizophrenic’ or ‘depressive’, rather than someone being treated for schizophrenia or depression, it labels them by their illness and gives the impression that this defines their life. This use of labels is often upsetting as it classifies someone by their symptoms. A person may feel the label ties them to a negative stereotype that ignores their personal strengths.

### *Misusing medical terms*

Media articles sometimes include statements such as ‘the Minister’s attitude to this policy is totally schizophrenic – some days he’s for it, other days he won’t have a bar of it.’

This promotes the stereotype that schizophrenia includes ‘split personality’, when in reality it is a medical condition that affects the functioning of the brain and a person’s ability to manage their thoughts, feelings and behaviour.

It is incorrect to casually describe behaviour as ‘bipolar’ or ‘obsessive compulsive,’ for example. Misusing medical terminology is not only inaccurate it is also misleading. This can result in community misunderstanding of mental illness symptoms, or cause a person to experience ‘self stigma’. Self-stigma can affect self-esteem and confidence, or make people reluctant to accept diagnosis or treatment.

Jaelea Skehan, of the Mindframe National Media Initiative, discusses the issue of stigma and labels with [ABC Radio's Lingua Franca](#). Jaelea says the issue is more than political correctness – it's about reducing stigmatising language, which can reinforce discrimination.

## Reducing stigma by recognising 'Good News'

Proving positive feedback is an important and effective way to reduce stigma in the media.

By praising the media for their good work we reinforce the important role journalists play in representing mental illness and sharing inspirational stories.

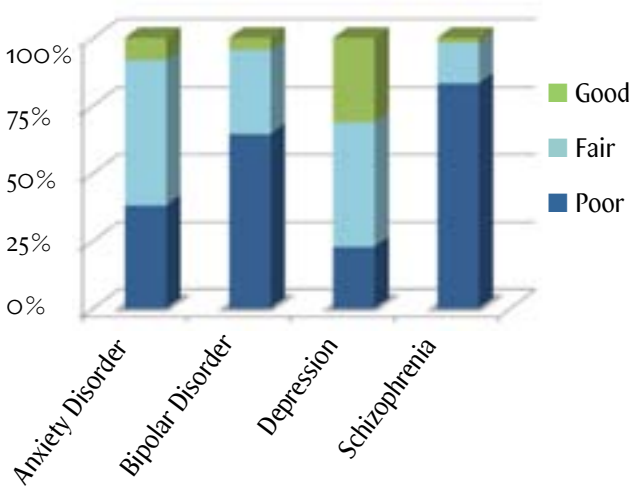
The media increasingly recognises the importance of responsible reporting on mental illness and suicide-related issues. The Australian government's Media Monitoring Project found an increase in responsible coverage of mental illness (5 per cent) and suicide-related issues (18 per cent) between 2001 and 2007. The Australian Press Council recently updated its *Suicide Reporting Standards*, encouraging the media to report responsibly on the topic.

SANE Australia's [StigmaWatch](#) includes examples of 'Good News Reports' which recognise positive reporting by the media.

*Did you know?*

Participants in a recent StigmaWatch Media Survey believed the media's coverage of schizophrenia (83 per cent) and bipolar disorder (64 per cent) was 'poor'.

**Rate of Media Coverage**



# What harm does stigma do?

Stigma causes harm in lots of ways . .

Stigma tarnishes the lives of people with a mental illness, causes stress and unhappiness for their family and friends, and deters people from seeking treatment.

## The effects on people with a mental illness

Stigma has a profound effect on the lives of those affected in a range of ways.

### *Stigma discourages help-seeking*

Like most health problems, mental illness is easier to treat if diagnosed early. But many people with the early symptoms of mental illness are reluctant to seek help because they don't understand what these symptoms mean, or associate mental illness with negative and inaccurate stereotypes.

### *Stigma makes recovery harder*

Stigma makes recovery from mental illness harder. Mental wellbeing has a lot to do with staying active and engaged, living a contributing life, and feeling accepted by others as part of the community. For a person with a mental illness, stigma can erode their self-confidence and make them shy away from engaging with others, fearing misunderstanding and ridicule.

What harm does stigma do?



A recent [study](#) by the Mental Health Council of Australia (MHCA), found 85 per cent of Australians with a mental illness surveyed were worried other people would view them unfavourably because of their mental illness. The survey also found 83 per cent of those surveyed had seen offensive reports about mental illness in the media.

### *Stigma promotes discrimination*

Fear and ignorance about mental illness contributes to discrimination, making it harder for people with a mental illness to find work, a place to live, and be accepted as valued members of the community. The MHCA study found 71 per cent of people with a mental illness had been treated as less competent after revealing their mental illness to other people. Just over half were advised to 'lower their expectations' because of their mental illness.

These concerns were supported by a 2013 international study 'The Backbone of Stigma' which found 58 per cent of people studied believed someone with schizophrenia shouldn't supervise employees at work. Forty-three per cent of respondents also said they would not want to work closely with a colleague who had schizophrenia.

## *Stigma causes isolation*

The fear of negative attitudes and community misunderstanding can cause people to withdraw from society. As well as being distressing, social isolation – a low level of interaction with others – and loneliness makes it harder for people to cope with the symptoms of mental illness, or seek help to treat their illness.

SANE Australia's Research Bulletin, [Social inclusion and mental illness](#) found over half (52 per cent) of the respondents did not feel part of their local community. Many people said they had been treated disrespectfully at some time because of their mental illness (42 per cent).

Social isolation and withdrawal discourages people from sharing their stories, reducing the community's awareness of symptoms, treatments, and the ability of people with a mental illness to live a contributing life.

The University of Melbourne's 2011 [National Survey of Mental Health Literacy and Stigma](#) suggests there is a link between increased community awareness of mental illness and social acceptance. It concludes that better community awareness of mental illness could lead to an increased number of people sharing their experience. This in turn would increase personal contact and improve public attitudes towards mental illness.

## The effects on family and friends

The distress which may be caused by caring for a person with a mental illness is often unrecognised. As well as being frustrated by the practical problems of caring, it is also hurtful and upsetting to see the person you care for being mocked and vilified.

Many carers avoid telling people outside their immediate family that they care for a person with a mental illness, not wanting to be the object of insensitive or offensive comments.

*I was watching TV with my sister, who's been through a really tough time with schizophrenia. She has a lot of courage to put up with the symptoms. This ad came on for a warehouse sale – 'we must be CRAZY to sell at these prices!' and a guy thrashing around in a straitjacket.*

*I could feel her tense up, thinking that this is what society thinks of her. I was so angry, I nearly wept. How dare they make fun of such vulnerable people!*

## The effects on society

Stigma against mental illness is one of a number of reasons why people can feel excluded or alienated by society. Like racism and other forms of prejudice, stigma suggests that people with a mental illness are 'outsiders' – inferior, incapable, or dangerous, and are not equal members of the community.

Stigmatising attitudes make society harsher and less considerate or supportive for people affected by mental illness. The media play a big part in influencing public attitudes, and have a responsibility not to unfairly represent people with a mental illness. We can help them do this by drawing their attention to cases of stigma, and encouraging more accurate and respectful reporting of mental illness and suicide.

## Self-stigma

Some of the most harmful effects of stigma occur when it affects how people view themselves. Self-stigma happens when someone accepts and takes on the prejudiced perception held by others. Sociologist, Erving Goffman, who studied the impact of institutionalisation on people with a mental illness, described self-stigma as: 'internalised feelings of guilt, shame, inferiority and wish for secrecy experienced by those who live with mental illness.'

*What is the impact of self-stigma?*

Self-stigma has a range of effects: hurtful, harmful, and some with long-term consequences.

- ④ A damaging effect of self-stigma is a poor self-image. The person believes stereotypes that people with a mental illness are inferior and less deserving of respect. This contributes to social withdrawal, poor self-worth and reduced care for personal wellbeing.
- ④ Self-efficacy is also affected. In other words, the person with self-stigma comes to believe that they can never be able to do things for themselves, and will be inevitably reliant on others.
- ④ Belief in recovery and hope for the future is damaged, as the person takes on the stereotype of an inferior, permanently-damaged person. Feelings of poor self-worth can contribute to, or worsen, co-morbid conditions such as depression and anxiety. These feelings may also lead to abuse of alcohol and other drugs.
- ④ A particularly damaging effect of self-stigma is when it leads to someone not wanting to believe they have a mental illness. This can lead to them not seeking help, and so delaying assessment, diagnosis and treatment.

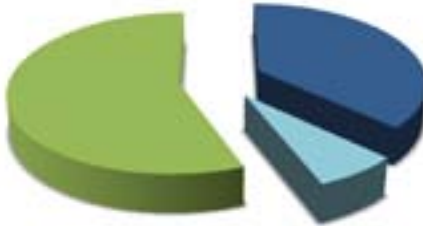
The mental health sector, the media and the community can help reduce self-stigma by ensuring mental illness is not mocked, trivialised or ridiculed. Improvements in attitude and community awareness can reduce the self-stigma felt by people with a mental illness.

*Did you know?*

SANE Australia's *Research Bulletin 4: Stigma and mental illness* found many people believe the community attitude towards mental illness is improving. The majority of respondents (56 per cent) felt community attitude was slowly improving, 37 per cent felt the attitude was about the same and 7 per cent considered it to be worse.

56% Attitudes improving

37% Attitudes about the same



7% Attitudes worse

# Suicide and the media

## Responsible reporting of suicide

Reporting of suicide in the media is also a serious issue, as research shows it may lead to ‘copycat’ attempts or normalise suicidal behaviour. This does not mean the issue should not be covered, but it requires sensitivity and responsibility from journalists and the media.

The Mindframe National Media Initiative’s [Guidelines on suicide](#) recommend that specific details relating to the suicide method and location should not be reported, rather generalisations such as ‘a cocktail of drugs’ or ‘died at home’ are suggested. The guidelines also state the issue should not be sensationalised or glamorised, and that suicide should not be viewed as a desirable solution – for example, describing a suicide as ‘successful’.

Helpline numbers should also be included in every story to support people who may be distressed by references to suicidal behaviour.

### *Media trends in reporting of suicide*

The Australian Government's Media Monitoring Project analysed the extent and nature of media reporting on mental illness and suicide. It found that between 2000 and 2007, the Australian media had increased reporting of suicide by 74 per cent and improved the overall quality by 18 per cent.

The Australian Press Council's updated [Standards Relating to Suicide](#) reflect changing media industry and community attitudes towards the representation of suicide in the media.

A 2012 report by ABC Radio's Lexi Metherell on [The World Today](#) focused on reaction to the updated standards and included views from the media, mental health sector and people with experience of mental illness. The report showed that, despite these changes, there were still conflicting opinions and expectations across all interested parties.

Coverage of suicide-related issues has seen a number of media organisations coordinating their own suicide reduction campaigns. Regional newspaper, *The Border Mail*, won a Walkley Award for Journalism Leadership for its '[Ending the suicide silence](#)' campaign. This highlighted the pain and suffering suicide was causing families throughout the region, calling for improved local services.

The '[Glovebox Guide to Mental Health](#)' was developed through a partnership between *The Land* newspaper and



the Rural Adversity Mental Health Program. This magazine-style guide included essential mental health information for people living in regional Australia and won a *Special Media Achievement Award* at the national Mental Health Services Conference in 2013.

These initiatives demonstrate how the media can responsibly report on suicide; highlighting risk-factors and the damage suicide causes people bereaved, without sensationalising the issue or mentioning specific suicide methods.

### Reporting responsibly

There are many ways to report on suicide. Some are responsible and provoke sympathy in readers, while others unnecessarily and irresponsibly disclose risky facts such as suicide method and location, or glorify the act.

For example, in 2011 the *Geelong Advertiser* ran a story about a suicide pact between a mother and her son. Unfortunately, the newspaper included a detailed description of the suicide method, listing the location and specific steps taken. Rockhampton's *Morning Bulletin* also reported the story, however it omitted these details and included positive comment from the son's friends and teammates, highlighting his personal strengths, and the sad loss to the community.

The Australian Government's Mindframe Initiative encourages the media to report on suicide responsibly – framing suicide as a tragic waste and an avoidable loss, highlighting the devastating impact suicide can have on family and friends.

StigmaWatch encourages journalists to follow this advice, focusing on the loss, grief, and waste of life, rather than a detailed report on the fatal actions taken by the person who has died.

# What can I do about stigma?

How to make a difference yourself

Taking action on stigma is simple. You can report it to SANE StigmaWatch. You can contact those directly responsible. You can also alert the relevant industry body or regulator.

By reporting stigma you raise the issue with the journalist, editor, and media organisation. You will also feel better for taking action, making a difference, and representing people with a mental illness.

There are three important steps to an effective response to stigma in the media:

- ④ Get the facts right
- ④ Report to StigmaWatch
- ④ Complain directly yourself

It's as simple as ABC . . .

## **A** Get the facts right

It is important to be as accurate as possible about the case of stigma you are reporting.

If the report can't be identified and verified, then it is unlikely to be taken further, and the person responsible cannot be notified of the issue.

What can I do about stigma?

## Details to include

### ④ *The case of stigma*

Be clear on what you found stigmatising, keeping in mind that just because you do not like something does not automatically make it stigmatising. Ask yourself, is this inaccurate? Is this disrespectful towards people with a mental illness? Bear in mind that if a media outlet reports a stigmatising comment by a public figure, then the journalist and publication are not responsible for what is said.

### ④ *The source*

Record the name of the publication, website, or program. (Remember to include the name of the TV or radio station as well as the program.) If it is a print publication, note the page number and keep a copy if possible. Remember that the source needs to have been produced in Australia in order for it to be followed up by SANE StigmaWatch.

### ④ *The date and time*

The date of publication or broadcast is essential, so the case can be verified. For a broadcast, note the time as well.

You can now report the case to SANE StigmaWatch or make a direct complaint. confident all the details are correct.

## **B** Report to SANE StigmaWatch

Send the details of any case of stigma you see in the media to SANE StigmaWatch for assessment and action. TV and radio items, especially, need to be reported promptly so they can be easily verified.

All submissions are evaluated against the [Mindframe Media Guidelines](#) and the [StigmaWatch criteria](#).

If a report falls within these criteria, StigmaWatch may take up the case with the journalist, editor or person responsible, and post a report in the [StigmaWatch Activity](#) log.

You can also sign up as a [StigmaWatcher](#) to receive regular reports on progress of ongoing cases.

Reports can be sent in a number of ways.

④ *At the SANE website*

Go to [www.sane.org/stigmawatch](http://www.sane.org/stigmawatch) and fill out an online Report Form.

④ *By phone or fax*

Reports can be made by phone to SANE StigmaWatch at (03) 9682 5933 or faxed to (03) 9682 5944.

④ *By post*

Send your report by post to:  
SANE StigmaWatch  
PO Box 226  
South Melbourne VIC 3205

### *StigmaWatch criteria*

Before lodging a report with StigmaWatch, check that it meets the reporting criteria.

### *Reporting criteria*

- ④ **Stigma:** the media item includes inaccurate or inappropriate reporting of mental illness or suicide OR
- ④ **Positive portrayal:** the media item features use of accurate or sensitive reporting of mental illness or suicide.
- ④ **Language:** the media item misuses a diagnostic term, such as 'schizophrenia', and/or the wording used specifically references, or implies mental illness. Use of non-diagnostic terms such as 'crazy' or 'insane' may not be strong enough on their own to warrant action.
- ④ **Media:** the item has appeared in the media (for example, TV, radio, newspaper, magazine, advertising).
- ④ **Australian:** the media item originated in the Australian media.
- ④ **Current:** the report is sent within one month of the occurrence of stigma.

## C Make a complaint

As well as reporting a case to SANE StigmaWatch, you can contact the media outlet yourself.

### *Where to send a complaint*

A telephone complaint can be effective, but there is no guarantee that you have spoken to the right person, and there is no record of the complaint.

In general, an email, letter, or fax is better because it is an exact record of your complaint, and you can keep a copy to follow up. It also means you can send a copy to someone with more authority. For example, as well as complaining to a journalist who wrote an article, you could send a copy to the editor of the newspaper that published it.

### *Tips to make your complaint effective*

- ④ Give accurate details  
Include a summary of the stigma to which you are referring and exactly when and where it appeared.
- ④ Write clearly  
If your letter can't be printed, try to make sure your handwriting is as easy to read as possible.
- ④ Be concise  
Don't ramble. People in the media are time-poor, and they're more likely to deal promptly with a message that is short and to the point.

④ Be polite

When you're upset, it's tempting to write an angry letter. This can feel good at the time, but rarely achieves a result. It's likely to just make the person angry and defensive themselves.

The majority of cases of stigma in the media arise because of thoughtlessness rather than malice. Those responsible may also be unaware of the Mindframe *Reporting Suicide and Mental Illness* guidelines. A polite letter – along the lines of 'I was saddened to see . . .' – is more likely to get a sympathetic response and encourage the journalist to be responsible in the future.

*How to complain about stigma*

- 1 Get straight to the point with your complaint.
- 2 Give full details of the item you wish to complain about.
- 3 Explain why the item was inaccurate or hurtful to people with a mental illness. Back this up with a relevant fact or two (see the Fact File at the end of this section).
- 4 Politely request that they write more accurately and respectfully in the future.



- 5 Refer them to the SANE website ([www.sane.org](http://www.sane.org)) for more information, and note that you have copied the complaint to SANE StigmaWatch.
- 6 Make clear that you expect a response.

See this [model letter](#) as an example. You can also write a letter to the editor.

#### *How to complain about suicide reporting*

- 1 Get straight to the point with your complaint.
- 2 Give full details of the item you wish to complain about.
- 3 Explain that the reporting of suicide was inappropriate, and give the reasons why (see *The Media Codes and Guidelines* section of this guide for specific regulations).
- 4 Politely request that they report the issue more responsibly and appropriately in the future.
- 5 Refer them to Mindframe and the *Reporting Mental Illness and Suicide* guidelines, and note that you have copied the complaint to SANE StigmaWatch.
- 6 Make clear that you expect a response.

See this [model letter](#) as an example. You can also write a letter to the editor.

## Where to complain

### *Newspapers and magazines*

Write to the journalist who wrote the article and send a copy to the Editor. Call the organisation's reception for the journalist and Editor's contact details.

If you would like your letter, or email published, send another copy to the publication's Letters Editor.

Where a complaint is serious and you don't receive a satisfactory reply, send full details of your complaint and correspondence to the Australian Press Council within 60 days of publication.

### 🔗 Australian Press Council

GPO Box 3343

Sydney NSW 2001

Freecall 1800 025 712

Fax (02) 9267 6826

[complaints@presscouncil.org.au](mailto:complaints@presscouncil.org.au)

[www.presscouncil.org.au](http://www.presscouncil.org.au)

### *TV and radio*

Write to the person who made the stigmatising remark and send copies to the program's Producer and Executive Producer. Where a complaint is serious and you don't receive a satisfactory reply, or if the station doesn't answer your complaint within 60 days, send full details of your complaint and correspondence to –

- ④ Assistant Manager, Investigations Section  
Australian Communications and Media Authority  
PO Box Q500  
Queen Victoria Building  
Sydney NSW 1230  
  
Freecall 1800 226 667  
Fax (02) 9334 7799  
broadcasting@acma.gov.au  
[www.acma.gov.au](http://www.acma.gov.au)

#### *Advertisements*

Write to the Chief Executive Officer of the company promoted in the ad and send a copy to the media outlet where it appeared. Where a complaint is serious and you don't receive a satisfactory reply, send full details of your complaint and correspondence to the Advertising Standards Bureau. (Note the ASB does not deal with complaints about ads on the Internet or in direct mail.)

- ④ Advertising Standards Bureau  
Level 2  
97 Northbourne Avenue  
Turner ACT 2612  
  
Tel (02) 6173 1500  
Fax (02) 6262 9833  
administration@adstandards.com.au  
[www.adstandards.com.au](http://www.adstandards.com.au)

### *Websites*

Depending on the company, or website, it is best to address your complaint to the Website Manager, Online Editor or the Online Community Coordinator. A responsible manager will respond to your complaint.

If you don't receive a satisfactory reply, there is less scope for further complaint, as the Internet is not subject to the same regulation as other media. However you may be able to leave a public message in the *Comments* section of the webpage, or alert the website moderator to the stigmatising content.

Where a complaint is serious and the source is Australian, check whether it contravenes the Disability Discrimination Act with the [Australian Human Rights Commission](#).

If you believe the website content may be discriminatory towards people with a psychiatric disability, send full details of your complaint and correspondence to:

- ⦿ Director, Complaint Handling  
Australian Human Rights Commission  
GPO Box 5218  
Sydney NSW 2001  
  
Tel 1300 656 419  
Fax (02) 9284 9611  
complaintsinfo@humanrights.gov.au  
[www.humanrights.gov.au](http://www.humanrights.gov.au)

### Media codes and guidelines

If you see a media report, ad, or online content you feel is inappropriate and stigmatises mental illness, it may be in breach of an industry code or guideline.

Government legislation and industry codes of practice cover all media content and the presentation of news and entertainment programs. This includes discrimination or the representation of groups or individuals, and the classification of material based on suitability to the audience.

If you intend to contact a media outlet directly, informing them of the offence caused, it often helps to cite the code or guideline the report may have breached.

SANE StigmaWatch have developed quick reference cards, listing all relevant industry codes and guidelines for [mental illness](#) and [suicide](#). See also a [complete list of guidelines](#).

### The challenges – New media and StigmaWatch

News websites and social media increase the ability of Australians to connect, share their own news, and provide their opinion on a variety of issues. However, this greater connectivity increases in the likelihood of causing hurt or offence to others.

The speed of the online news cycle, the number of media reports and the mass of online comments means cases of stigma can be easily missed. The online world also provides users with anonymity, allowing them to post deliberately offensive or contentious comments, also known as ‘trolling’.

Many online news sources such as [ninemsn.com.au](http://ninemsn.com.au) and [abc.net.au](http://abc.net.au) have user-guidelines and moderators to regulate comments and feedback. Australian newspaper websites, such as [theage.com.au](http://theage.com.au) and [theaustralian.com.au](http://theaustralian.com.au), are also governed by the Australian Press Council Standards. For other Internet news sources, the Australian Communication and Media Authority or the Australian Human Rights Commission may be the most appropriate agencies for complaint.

If you have seen an online media item that you feel is offensive and stigmatising, it is important to report the item immediately. If the website is a social media community, such as YouTube or Facebook, you may be able to lodge a complaint directly under their *Community Standards*. If it is a news website then you can lodge a complaint with the website moderator. You may want to report the stigmatising item to StigmaWatch, so we can follow up and include your report in the [StigmaWatch Activity](#) archive.

Sometimes international news websites, or small community noticeboards, fall outside Australian legislation and the StigmaWatch criteria. In these cases it is advisable to write to the Online Editor or Online Community Manager, explaining why the item is offensive, requesting removal or modification.

### Fact file

It is helpful to include relevant facts about mental illness in your complaint about stigma, such as the following from [SANE Factsheets](#).

- ④ About one in five of us will experience some kind of mental health problem at some time in our lives.
- ④ Stigma is the most distressing issue affecting people with a mental illness after their symptoms.
- ④ Research shows people with a mental illness are more likely to be victims of violence than perpetrators.
- ④ The public is far more at risk from other groups in society, such as young men, especially when under the influence of alcohol.
- ④ People receiving effective treated for mental illness are no more violent than anyone else.
- ④ Mental illness is treatable. With treatment and support, the vast majority of those affected are able to lead independent lives in the community.

- ② Schizophrenia is a medical condition that affects the normal functioning of the brain, interfering with a person's ability to manage their thoughts, feelings and actions. It does not mean the person has a 'split personality'. When experiencing an episode of illness, those affected lose contact with reality. Many people find that, with treatment, their symptoms improve and can be managed, so they can lead satisfying, contributing lives.

### **What else is happening to reduce stigma?**

SANE StigmaWatch campaigns tirelessly for the reduction of mental illness stigma in the Australian media. Over the past decade, StigmaWatch has seen improvement in media awareness and reporting on complex issues such as mental illness and suicide.

The Australian Government's *Media Monitoring Project: Changes in media reporting of suicide and mental health and illness in Australia*, found that between 2000 and 2007, the Australian media had improved the quality of its reporting on suicide by 18 per cent and mental illness by 5 per cent.

In 2011, StigmaWatchers also identified an improvement in media reporting; with 58 per cent of respondents to a survey believing the media had improved its coverage over the previous two years.



The past decade has also seen a number of Australian and international stigma campaigns and initiatives. The Queensland and South Australia governments ran awareness campaigns, with non-government organisations also contributing to stigma reduction and social inclusion of people with a mental illness.

In New Zealand, the United Kingdom, Scotland and Ireland mental health organisations are working on more substantial anti-stigma campaigns with the media, businesses and the public. Other countries like Canada are working towards implementing their own national initiatives.

See the links below to see what is happening across the world to reduce stigma towards mental illness.

## **Australia**

[SANE StigmaWatch \[www.sane.org/stigmawatch\]](http://www.sane.org/stigmawatch)

## **New Zealand**

[Like Minds Like Mine \[www.likeminds.org.nz\]](http://www.likeminds.org.nz)

## **Scotland**

[See Me, Scotland \[www.seemescotland.org.uk\]](http://www.seemescotland.org.uk)

## **UK**

[Time To Change \[www.timetochange.org.uk\]](http://www.timetochange.org.uk)

## **Ireland**

[SeeChange \[www.seechange.ie\]](http://www.seechange.ie)

## **USA**

[Bring Change to Mind \[www.bringchangetomind.org\]](http://www.bringchangetomind.org)

## The Mindframe strategy

Mindframe is the Australian Government's national strategy for promoting accurate and responsible representation of mental illness and suicide in the media. SANE StigmaWatch is an integral part of the strategy.

Mindframe's achievements include developing a resource for media professionals, *Reporting Mental Illness and Suicide*, a resource for journalism students, *ResponseAbility*, and briefings with media organisations to discuss issues relating to mental illness and suicide.

Find out more:

Mindframe [[www.mindframe-media.info](http://www.mindframe-media.info)]

Responseability [[www.responseability.org](http://www.responseability.org)]

StigmaWatch [[www.sane.org/stigmawatch](http://www.sane.org/stigmawatch)]

## References

SANE Australia. Research Bulletin 4: Stigma and Mental Illness. 2006 <http://www.sane.org/images/stories/information/research/0701—info—rb4.pdf>

SANE Australia. Research Bulletin 10: Stigma, the Media and Mental Illness. 2009 <http://www.sane.org/images/stories/information/research/0912—info—rb10.pdf>

SANE Australia. Factsheet: Violence and mental illness. 2013. <http://www.sane.org/information/factsheets-podcasts/209-mental-illness-and-violence>

Pirkis J, Blood RW, Dare A, Holland K. The Media Monitoring Project: Changes in the Media Reporting of Suicide and Mental Health and Illness in Australia: 2000/01 – 2006/07. Department of Health and Ageing. 2008.

Pirkis J, Blood, W. Suicide and the news and information media: A critical review. Commonwealth of Australia. 2010

Mental Health Council of Australia, Consumer and Carer Experiences of Stigma from Mental Health and Other Health Professionals. 2011.

Reavley NJ, Jorm AF. National Survey of Mental Health Literacy and Stigma. Department of Health and Ageing. 2011.

Pirkis J, Francis C. Mental illness in the news and information media: A critical review. Canberra, Department of Health and Aged Care. 2012.

Cain B, Currie R, Danks E, Du F, Hodgson E, May J, O’Loughlen K, Phan Y, Powter J, Rizwan N, Shahim S, Simsion D, Loughnan S, Haslam N. ‘Schizophrenia’ in the Australian Print and Online News Media. *Psychosis: Psychological, Social and Integrative Approaches*. 2013.

Martin G, Koo L. Celebrity suicide: Did the death of Kurt Cobain affect suicides in Australia? *Archives of Suicide Research*. 1997.

Stout PA, Villegas J, Jennings NA. Images of Mental Illness in the Media: Identifying Gaps in the Research. *Schizophrenia Bulletin*. 2004.

Fazel S, Långström N, Hjern A, Grann M, Lichtenstein P. Schizophrenia, Substance Abuse, and Violent Crime. *Journal of the American Medical Association*. 2009.

Mind, Rethink Mental Illness. *Leveson Inquiry: Culture, Practice and Ethics of the Press*. 2012.

Pescosolido BA, Medina TR, Martin JK, Long JS. The ‘Backbone’ of Stigma: Identifying the Global Core of Public Prejudice Associated With Mental Illness. *American Journal of Public Health*. 2013.

Clement S, Lassman F, Barley E, Evans-Lacko S, Williams P, Yamaguchi S, Slade M, Rusch N, Thornicroft G. Mass media interventions for reducing mental health-related stigma. The Cochrane Library. 2013.

Clement S, Schauman O, Graham T, Maggioni F, Evans-Lacko S, Bezborodovs N, Morgan C, Rusch N, Brown JSL and Thornicroft G. What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. Psychological Medicine. 2014.



## References

# How you can help

**SANE Australia is a national charity working for a better life for people affected by mental illness through campaigning, education and research.**

SANE relies on the generosity of donors to continue its work helping people affected by mental illness – including the SANE Helpline, the only national Freecall 1800 number helping people concerned about mental illness.

**You can help by making a donation today . . .**

- ④ Donate [online](#)
- ④ Print the form on the next page, complete, and send to SANE Australia, PO Box 226, South Melbourne VIC 3205
- ④ Print the form on the next page, complete, and fax to 03 9682 5944

# Yes, I want to help . . .

My cheque for \$ . . . . . made payable to 'SANE Australia' is enclosed.

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Bipolar disorder (once called manic depression) is a medical condition which causes extreme mood changes. Someone with this disorder may become very 'high' and over-excited or very 'low' and depressed, often with periods of normal moods in between. Treatments are usually very effective, however, especially in combination with self-management of factors which can trigger episodes of illness, such as stress, for example.

Also available as part of the [SANE DVD Kit on Bipolar Disorder](#).

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## SANE Guide to Medication and other Treatments

ISBN 1 875182 84 5

[The SANE Guide to Medication and other Treatments](#) explains how people affected by mental illness can be helped.

Treatment of mental illness can be a complex business, involving clinical care, medication and a range of supports in the community, as well as people with the illness helping themselves.

Written with a focus on the needs of people affected by mental illnesses such as schizophrenia and related disorders, bipolar disorder and major depression, this Guide explains how all the different aspects of treatment work, so that the best possible benefit can be drawn from it.

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Depression is very common. Around one in five of us will be affected at some time in our lives. Yet despite this, it remains a much-misunderstood illness. Learning about the causes, symptoms, treatments – and especially the things we can do to fight back against depression – is a powerful way to start taking action to help ourselves.

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ISBN 978 1 875182 19 5

The [SANE Guide to Anxiety Disorders](#) explains the various forms which these conditions can take, including obsessive compulsive disorder (OCD), generalised anxiety disorder, panic disorder and others.

Anxiety disorders are common, affecting around one in ten of us every year, but they are treatable. As well as helping you understand anxiety disorders, this Guide explains the treatments for these conditions and what you can do to help yourself.

Also available as part of the [SANE DVD Kit on Anxiety Disorders](#).

# The SANE Guides



## SANE Guide to Getting Back to Work

ISBN 978 1 875182 37 3

This [SANE Guide to Getting Back to Work](#) gives information and practical advice on how to get back to work when you have a mental illness.

Work is an important part of all our lives – whether volunteer work, full-time, self-employed or part-time. It provides us with an income and a place in society, as well as an opportunity to contribute skills, and meet new people.

This Guide will be useful whether you are intending to return to work after a period away, or whether you are considering looking for a job for the first time in a long while.

After reading through the Guide, you may find it helpful to ask someone else, such as a case worker or friend, to help you make a plan for getting back to work. For example, as stress is often a trigger for an episode of mental illness, you may want to think about what type of work is most suited to managing your health.

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# The SANE Guides



## SANE Guide to Healthy Living

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[The SANE Guide to Healthy Living](#) has been written specially for people affected by mental illness who are interested in a healthy lifestyle.

The Guide covers four broad areas :

**The facts** explains all the benefits of being physically healthy.

**Getting healthy** provides straightforward tips on how to get started on your healthier lifestyle.

**Staying healthy** looks at overcoming obstacles and looking after your physical health in the long term.

**Finding support** gives suggestions on finding support to help you stay healthy.

# The SANE Guides



## SANE Guide for Families

ISBN 978 1875182 43 5

The [SANE Guide for Families](#) is intended to help family, friends, and other carers of people who have been affected by mental illness.

The Guide explains the way everyone in a family can be affected, and the support they need, when someone develops a mental illness.

It explains the importance of dealing with your own reactions, and of developing a positive attitude to caring; the skills needed to care for someone with a mental illness; the support which you as well as the person with the mental illness need, and finally, what needs to be done to plan ahead for care when you are no longer able to provide it yourself.

Also available as part of the [SANE DVD Kit on Families and Mental Illness](#)

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The SANE Guide to Reducing Stigma  
A guide to reducing stigma against mental illness and  
suicide in the media. Second edition

ISBN 978-1-921837-15-9

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This new edition was developed with support from the Australian government, Department of Health, under the National Suicide Prevention Strategy.

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