Mental Health: Talk to the Experts

Guidelines about reporting suicide and mental illness are available to media via the Mindframe National Media Initiative: Reporting Suicide and Mental Illness is a 56-page comprehensive resource providing practical advice and information about sensitive and appropriate reporting of suicide and mental illness.

What do the guidelines state about the media reporting of mental illness?

Positive media reporting plays a powerful role to play in demystifying mental illness and raising awareness. This is generally achieved by ensuring media reports provides context, remain balanced, include relevant factual information and, where suitable, expert opinion is advised. The addition of helpline numbers and sources of further information also has a powerful positive impact on vulnerable people, encouraging them to seek help.

Most members of the media report mental illness responsibly, and the media industry has been actively involved in helping to address stigma and discrimination associated with mental illness. However, Mindframe's 2007 research, which tracked reporting of suicide and mental illness in the Australian media, found there is still progress to be made. The research found:

- 10.6% of media reports on mental illness were stigmatising
- 5.8% of reports on mental illness used inappropriate, negative or outdated language
- 3.4% of media items suggested that all people with mental illness are alike or share the same experiences
- 16.2% of media reports labelled the person by their diagnosis, such as 'anorexics', 'manic depressive', or 'schizophrenic' rather than identifying them as a person with a medical condition.
- Only 19.8% of mental illness stories provided information on help services available. Often this was only a brief mention rather than a description of treatment and support options available to people.
- 8.2% of stories on mental illness had headlines that were inaccurate or inconsistent with the story
- (2) 6.8% of headlines were found to be unnecessarily dramatic or sensationalized

Issues to consider when reporting on mental illness

- Codes of practice
 Check for consistency with codes of practice that relate to discrimination, grief and trauma.
- Accuracy
 New information about mental disorders, symptoms, and treatments is becoming available all the time.
 Media reports on mental illness should be based on the most reliable and up-to-date information from recommended experts.
- Privacy
 Is it relevant to the story that the featured person has a mental illness? What are the consequences for their health, safety and livelihood if you disclose their mental illness? Should a person's mental illness be mentioned in the headline or lead?
- Discriminatory language Most people working in the media are conscious about using appropriate language. While improvements have been made, some negative terms such as 'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo' and 'mental institution' are still in use. This language stigmatises mental illness and perpetuates discrimination.



When reporting on mental illness and suicide, the SANE Media Centre can provide:

| background information, current statistics, and referral to experts for comment | people with a mental illness and family carers for interview (where possible) | advice to the film, TV and advertising industries on representation of mental illness and suicide.



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- Victimising language
 - Referring to someone with a mental illness as a 'victim', 'suffering with' or 'afflicted by' a mental illness is outdated. Avoid language that implies people are their mental illness. For example, a person is not 'a schizophrenic', they have a diagnosis of, currently experience, or are being treated for schizophrenia.
- Medical terminology
 - Make sure medical terms are used correctly: a person who is down or unhappy is not the same as someone experiencing clinical depression. Avoid using colloquialisms in place of accurate terminology for treatments of mental illness, such as 'happy pills' for antidepressants and 'shrinks' to refer to psychiatrists or psychologists. Using psychiatric and medical terminology out of context, such as 'schizophrenic economic policy', is inaccurate and should be avoided.
- Interviewing a person with a past or current mental illness
 Interviewing a person with a past or current mental illness requires particular sensitivity and discretion. See SANE Media Factsheet Interviewing people affected by mental illness.
- Include helpline numbers
 Include phone numbers and contact details for support services, including helpline numbers. This provides immediate support for those who may have been distressed by your story or prompted to seek help.

The SANE Media Centre

The SANE Media Centre is supported by Mindframe to work with, advise and support media professionals to portray mental illness and suicide accurately and responsibly. Contact o3 9682 5933 or visit SANE Media Centre.

More information

For information or to get a copy of the guidelines and Quick Reference Cards visit www.mindframe-media.info



email media@sane.org

Visit the SANE website for information

about mental illness and related issues.

www.sane.org