



**Mental
Health
Council**
OF TASMANIA

www.mhct.org

Scoping Report:

News media reporting on mental health, mental illness and suicide in Tasmania

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Contents

- About MHCT3
- Background.....4
 - What is Stigma?.....4
 - Stigma in the media4
- The Tasmanian context6
 - News media industry.....6
 - News media consumption.....6
 - Television.....6
 - Social media7
 - Print and online7
 - Radio.....7
- Existing Programs and Resources.....8
 - Mindframe.....8
 - SANE and StigmaWatch.....8
 - Mental Health Reporting Awards.....9
 - Tasmanian Communications Charter9
 - Other initiatives.....9
 - Existing research on intervention effectiveness10
- Current practices11
 - Promotion of resources.....11
 - Awareness and uptake of resources11
 - Media industry codes13
 - Education and Training.....13
 - Media informants.....14
- Challenges and opportunities16
 - Existing evidence16
 - Challenges17
 - Opportunities17
 - Tasmanian survey.....18
- Appendix 1 – *Mindframe* Resources20
- References.....23

About MHCT

The Mental Health Council of Tasmania (MHCT) is the peak body for community managed mental health services in Tasmania. We represent and promote the interests of our members and work closely with government and agencies to ensure sectoral input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

Background

This scoping report has been compiled to inform action under Tasmania's Rethink 2020 Plan (the state plan for mental health in Tasmania 2020-2025). Reform Direction 3 of the Rethink 2020 Plan is 'Reducing Stigma' with the goal to reduce stigma and discrimination in the community and health workforce in Tasmania in relation to mental illness. The [Rethink 2020 Implementation Plan](#) sets out key actions under this reform direction, including: ACTION 2: Strengthen relationships with local media to increase accuracy of reporting on mental health and mental illness.

What is Stigma?

Stigma refers to a complex social process that 'excludes, shames, rejects, and devalues groups of people on the basis of a particular characteristic'.¹ Stigma and discrimination against people who experience mental ill-health is prevalent in Australia and reportedly experienced by almost three out of four people living with a mental illness.^{2,3} Experiencing stigma is associated with a reduced quality of life, poor self-esteem, reduced ability to function socially and a reluctance to seek treatment.⁴ Consequently, reducing stigma is recognised as a critical element in improving the wellbeing of people who experience mental ill-health and those who support them.⁵

Reducing stigma and discrimination related to mental health and mental illness has been recognised as a priority both at a national and state level. As part of the national mental health reform agenda, the National Stigma and Discrimination Reduction Strategy, due for release in 2022, includes a focus on reducing public stigma.⁶ In Tasmania, Reform Direction 3 of the State Mental Health Plan, 'Rethink 2020' is 'Reducing Stigma', with the goal to reduce stigma and discrimination in the community and health workforce in Tasmania in relation to mental illness.

Stigma in the media

Mass media, incorporating print, television, radio and online/social media, is a key source of information about mental health and mental illness for Australians and has a significant influence on public attitudes and perceptions.⁷ The way in which local news media covers issues related to mental health and people living with mental illness can encourage understanding and promote empathy or it can contribute to stigma and discrimination.⁸ Unfortunately, media portrayals can sometimes be inaccurate, exaggerated or sensationalised, contributing to misinformation and harmful stereotypes.^{9, 10, 11} This can have profound impacts on people living with a mental illness; including impaired self-esteem, reluctance to disclose symptoms or seek help, and impaired treatment and recovery.¹²

Positively, there has been a demonstrated improvement in the accuracy of media reporting in relation to suicide and mental illness in Australia.^{13, 14, 15} However, this appears to be less evident in relation to reporting on severe mental illness and psychotic disorders.¹⁶ For example, youth psychosis continues to regularly be linked to illicit drug use and violence.¹⁷

In 2020, SANE Australia released results of the ‘Our Turn to Speak’ survey involving 1,469 Australians living with complex mental health issues.¹⁸ Close to 77% of those surveyed reported that they had experienced some level of stigma and discrimination in mass media in the previous 12 months (incorporating both news media and entertainment media), 41% of which reported this was ‘frequent’ or ‘very frequent’.¹⁹ Of the 422 survey respondents who selected mass media as one of three life domains that had most affected their experience of stigma and discrimination, news media was rated as slightly more problematic than entertainment or creative media. Of these participants, 98.6% agreed they had been exposed to news media content that was hurtful or offensive because of the way mental health issues were portrayed. 96.5% agreed that they expected to see news media that portrayed people who live with mental health issues as dangerous, unsafe or unpredictable.²⁰

“I find that the news often reports mental health issues along with bad news, such as someone out of control. Then the public assumes that everyone with mental health issues is crazy or out of control or dangerous, whereas the fact is you can live a stable and functioning life with medication and therapy.”

— Our Turn to Speak survey respondent

Unfortunately, these survey findings indicate that despite the existence of mental health reporting guidelines and various training opportunities and initiatives, inadvertent stigmatising content, including misinformation and harmful stereotypes, continues to appear in Australian news media and to have a detrimental impact on those experiencing mental ill-health.

While mass media can increase stigma, it can also play an important role in reducing stigma through accurate, safe and well-informed reporting about mental health, mental illness and suicide. In this sense, media professionals can become important allies in helping to reduce stigma throughout the community. Recognising this, the Rethink 2020 Implementation Plan includes a key action under Reform Direction3 (Reducing Stigma) to ‘Strengthen relationships with local media to increase accuracy of reporting on mental health and mental illness’.²¹

Media impact on self-stigma

Inaccurate and stigmatising depictions of people with mental illness in the media can directly impact on their internalisation of negative stereotypes and lead to self-stigma.²² Self-stigma can reduce a person’s willingness to speak out about mental health concerns or to seek help, as well as impact on self-esteem:

“Depiction of mental illness in the media is one of the biggest contributors to my reluctance to share my personal experiences”²³ — Our Turn to Speak survey respondent

“When I open my eyes in the morning to when I go to sleep at night, the information that I see about stigma with mental illness rejects me, it tells me that I’m not worthy and it tell me that I don’t deserve to belong.”²⁴ — Cameron, Peer Ambassador, SANE Australia

The Tasmanian context

Tasmania is unique in that outside of the capital city, Hobart, the entire state is considered rural and remote.²⁵ In many small towns in Tasmania mental illness and discussion of suicide and suicide prevention is considered an off-limits subject. As a result, people experiencing mental health difficulties or at risk of suicide find that stigma prevents them from being open about what they are going through. Stigma tied to self-reliance and stoicism is also engrained in local community cultures. In many rural and remote Tasmanian communities it can be difficult to maintain privacy and confidentiality. MHCT have learned that people experiencing mental health difficulties, especially men, are reluctant to attend services out of fear of being identified, which they perceived would bring judgement from their community.^{26,27} The impacts of reporting in these communities on consumers may be significant, given the difficulties maintaining anonymity.

News media industry

The small size and regionality of Tasmania also has a significant impact on the media landscape, making it quite different to other states and territories. The working news industry is very small and comprised of a young workforce. There is a reported lack of mentorship support available for new journalists, which is significant given the important role mentors can play in assisting media professionals to navigate reporting on complex issues such as mental illness.

A high number of journalists are imported from interstate and there is high turnover of staff within organisations. This highlights the need for an engagement strategy focus on implementation that is ongoing and sustainable.

Given Tasmania's regionality and high uptake of community news sources (see below), it is also important to consider these outlets and the fact that many of them may be staffed by volunteers who may not have undertaken formal training.

News media consumption

Nationally, the majority of Australians report that they receive news via TV (66%), followed by online (52%), social media/blogs (46%), radio (37%) and newspaper (28%).²⁸ Tasmanians access local news through major commercial newspapers, radio, television as well as community newspapers, community radio stations and social media.

Television

There are three local television news programs broadcast in Tasmania, each of which also post via their social media channels: Nightly News 7 Tasmania (69,715 Facebook followers, 10,000 Twitter followers), Win News Tasmania (59,576 Facebook followers, 8,118 Twitter followers) and ABC News Tasmania (ABC Hobart: 296,000 Facebook followers, 23,100 Twitter followers).

Social media

Alongside the social media channels of the three main news organisations listed above), Tasmanians are also accessing news via digital publishers such as Pulse Hobart - <https://www.facebook.com/pulsehobart> (approx 59,000 followers).

Print and online

As demonstrated in table 1, the three largest commercial newspapers in Tasmania have a combined weekly print readership of over 200,000 and a combined monthly digital audience of over 1 million.

Table 1: Major commercial Newspapers in Tasmania

Name	Reach	Mon-Fri Avg Readership	Sat Avg readership	Weekly Print readership	Monthly Audience – digital
The Mercury ²⁹	South	45,000	55,000	148,000	469,723
The Advocate ³⁰	North-West and West coast	17,837	20,854	31,485	191,498
The Examiner ³¹	North, North-West, East coast	31,731	28,993	54,163	364,190

There are also numerous free community newspapers published across Tasmania (both in print and online), such as the Glenorchy Gazette, Hobart Observer and Huon Valley News.

Radio

Many Tasmanians receive their news via radio. Recent data shows that of the 367,000 Tasmanians who listen to the radio (83% of the population, compared to 79% nationally), around 266,000 listen to commercial radio, 230,000 listen to ABC or SBS radio (52% of the population, compared to 34% nationally) and 105,000 listen to community radio.³² Listeners spend an average of 12 hours listening per week (compared to 15.4 hours nationally). Of all community radio listeners 66% stated that they listened for local information / local news.³³

Existing Programs and Resources

National and Tasmania-based programs and resources have already been created to address stigma in relation to mental health, mental illness and suicide in the media.

Mindframe

[Mindframe](#) is a national program that supports safe media reporting, portrayal and communication about suicide, mental ill-health, alcohol and other drugs. *Mindframe* offer a comprehensive suite of free resources, including media reporting guidelines, targeted training and real time direct support. A full list of *Mindframe's* resources is provided at Appendix 1. These guidelines and resources are developed in collaboration with researchers, media professionals and the mental health sector and are revised and updated regularly.

Mindframe is managed by [Everymind](#) and funded by the Australian Government under the National Suicide Prevention Leadership and Support Program. *Everymind* is an Australian not-for-profit institute dedicated to the prevention of mental ill-health and suicide. They have been delivering evidence-based programs, communication, policy responses and research for over 25 years.

SANE and StigmaWatch

SANE Australia is a national mental health charity that provides support, research and advocacy related to complex mental health issues. Their work includes a focus on media, with the [SANE Australia Media Centre](#) providing information, guidance and referrals for lived experience perspectives to support media professionals and encourage accurate reporting of mental health, mental illness and suicide.³⁴

SANE Australia's [StigmaWatch](#) program promotes accurate and responsible reporting of mental ill health and suicide and monitors and tracks stigmatising content in the Australian media. Any member of the public who has concerns about media content can report this to Stigma Watch via an online form. If the reported coverage is found to be in breach of media reporting guidelines, the Stigma Watch team contacts the media outlet responsible to offer feedback and advice.³⁵

Mental Health Reporting Awards

Another national initiative that has raised the profile of accurate and non-stigmatising reporting and provides additional incentive to journalists is [TheMHS Learning Network's 'Media Journalism awards'](#). These awards celebrate excellence in reporting on issues related to mental health and are open to entries from across Australia and New Zealand. Entries should “reflect non-stigmatising attitudes towards mental health and be constructive in supporting the understanding of mental health matters.”³⁶

There are three awards:

- Text and online journalism (includes newspaper and magazine articles, online articles and blogs)
- Sound and vision journalism (must be broadcast on radio, TV or online)
- Special Media award (nominated from the other two categories with a focus on regional, rural or community).

Tasmanian Communications Charter

Developed in 2018, the [Tasmanian Communications Charter](#) brings the community mental health and suicide prevention sector together with the Tasmanian State Government and people with lived experience to promote a common language around mental health, mental illness and suicide in Tasmania. Any organisations and individuals, including media outlets and media professionals can complete online training to become a signatory to the charter and work towards committing to reducing stigma and promoting help-seeking behaviour.

The Charter is a precursor to the [Safely Talking toolkit](#). The Safely Talking toolkit has been developed as a practical guide for people to have safe and effective community discussions about suicide. The toolkit has been developed under the guiding principles of the Tasmanian Communications Charter and is informed by research into the safe communication of suicide along with contribution from key stakeholders and experts in the area of suicide prevention.

Other initiatives

There are multiple other initiatives aimed at reducing stigma across the Australian community more broadly (i.e., not specifically targeted at the media). These include the broader work of [Everymind](#) and [SANE Australia](#), as well as [Beyondblue](#), [the Black Dog institute](#) and Wellways ([Stampede Stigma](#)), among others.

Existing research on intervention effectiveness

There is very limited research available into interventions aiming to reduce mental health related stigma in news media. While multiple initiatives exist within Australia, including those outlined above, few of these have been evaluated, limiting insight into their effectiveness.³⁷

A systematic review of published literature conducted in 2017 found that, overall, anti-stigma interventions for media professionals (of which only 4 were found) appeared to improve reporting styles and result in a more balanced portrayal of people with mental ill-health. The interventions that appeared to be most effective were **contact-based, educational approaches** (whereby media professionals interacted directly with people with lived experience) and **provision of guidelines by authoritative institutions**.³⁸ Note that there were limitations to the reviewed studies including small sample size, short follow up times and significant heterogeneity with respect to approaches and outcome measures.³⁹

Similarly, a systematic review conducted in 2018 found three evaluated interventions that targeted journalists and journalism students and aimed to reduce stigmatising media content related to severe mental illness.⁴⁰ While the interventions appeared to increase awareness of mental health stigma and improve attitudes towards mental illness amongst participants, they resulted in an increase in both positive and negative reports on mental health and schizophrenia.⁴¹

A recent review of Australian initiatives aiming to reduce stigma towards people with complex mental illness found that the strongest projects were **face-to-face and involved education and contact with a person with mental illness**.⁴² These approaches are complementary as “education can correct myths and misunderstandings that underpin stereotypes, and lived experience stories about recovery have an emotional resonance that make the impact of mental illness more tangible”.⁴³ It should be noted that while this review incorporated initiatives accessible to the general public, it found only one initiative aimed specifically at media professionals, SANE’s StigmaWatch, which had no current evaluation evidence for its effectiveness.⁴⁴

A recent pilot trial of an education intervention amongst journalism students in Australia demonstrated success. A one-hour workshop was provided to increase the understanding of *Mindframe*’s media reporting guidelines on mental illness, violence and crime.⁴⁵ Three weeks following the workshop, students demonstrated improved attitudes, increased knowledge of best-practice reporting and self-reported confidence on reporting consistently in line with the best-practice guidelines.⁴⁶

Overall, contact-based and educational initiatives have the strongest evidence base for their effectiveness, although there is a clear need for further research in this area as well as robust evaluations of existing interventions.

Current practices

Promotion of resources

Current promotion of *Mindframe* supports and resources is conducted nationally (through Twitter, national media/sector advice), through targeted sponsorship (conferences or events) and on a more ad hoc basis (when *Mindframe* connects with local media, PHNs, services, government, around specific incidents or issues). [The Mindframe Plus program](#) works at the more regional level where they aim to connect local media with appropriate spokespeople, and work with PHNs or trial sites to develop communications strategies or media protocols around suicide prevention/postvention.

MHCT includes a link to the *Mindframe* website and the Tasmanian Communications Charter on the bottom of every media release, stating: “More information on safely reporting on mental illness or suicide can be found at: <https://mindframe.org.au> and <https://www.tascharter.org>”

Please include the following crisis support services for any story regarding mental health or suicide:

Lifeline: 13 11 14 www.lifeline.org.au

Suicide Call Back Service: 1300 659 467 www.suicidecallbackservice.org.au

beyondblue: 1300 22 4636 www.beyondblue.org.au

More information on safely reporting on mental illness or suicide can be found at:

<https://mindframe.org.au/> and <https://www.tascharter.org/>

Above: All MHCT media releases end with a reminder to include support services in articles that discuss mental health or suicide, as well as links to Mindframe and TasCharter

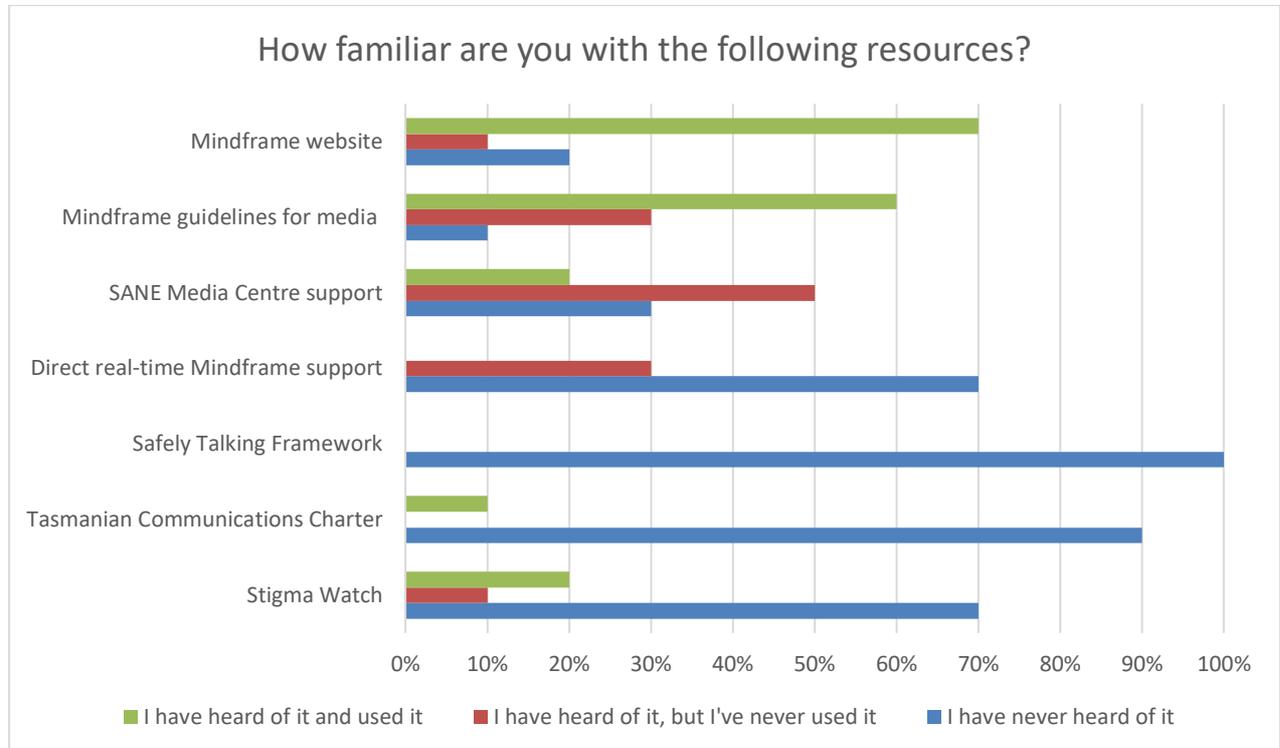
Awareness and uptake of resources

A small survey of Tasmanian media professionals conducted by MHCT in early 2022 demonstrated some awareness and uptake of *Mindframe* resources, but low awareness and uptake of most other available resources and training. In total, 10 people responded to the survey, comprising 7 journalist/reporters, 2 presenters and 1 editor. There was representation across commercial and community media, including television, radio, print and digital platforms. Respondents’ target audience was primarily Tasmania-wide (5 respondents) followed by North-West (3), National (2), Greater Launceston (2) and Regional (1).

Only half of respondents indicated that they would seek advice or guidance when reporting on mental health, mental illness or suicide and of those, 4 reported that they would seek this from management and/or online sources, with 3 also seeking guidance from peers.

As per the chart below, of the 10 respondents, 8 were aware of the *Mindframe* website, 7 having accessed it. Similarly, 9 were aware of *Mindframe* guidelines for media professionals with 6 having used them. Most respondents had never heard of StigmaWatch (7 of 10), and

most were not aware that they could receive real time support from *Mindframe* or SANE (7 of 10). Seven of 10 respondents had heard of the SANE media centre, but only two had actually utilised it. With respect to Tasmanian resources, no respondents had heard of *the Safely Talking Framework* and 9 out of 10 had not heard of the *Tasmanian Communications Charter*.



When asked about training, 5 of 10 had undertaken *Mindframe* online training, 3 had undertaken *Mindframe* training tailored for their organisation and 1 had undertaken *Mindframe* training as part of their university degree. No respondents had taken part in the Tasmanian Communications Charter training. Two respondents reported that their organisation offered training in relation to reporting on mental health, 3 reported they didn't and 4 weren't sure.

Media industry codes

There are a number of Australian media policies and codes related to reporting on mental illness and, in particular, suicide. This includes the Australian Press Council's Standards of Practice relating to print and online publishing and [Specific Standard on coverage of suicide](#), as well as community and commercial television and radio industry codes of practice.

A recent study examining the extent to which media-led policies and codes of practice in Australia align with evidence based guidelines on reporting about suicide (specifically *Mindframe's* guidelines) found that of the 12 media agencies providing documents, 10 provided specific advice about reporting suicide and all agencies that issued codes of practice or editorial policies included between two and 10 recommendations that aligned with *Mindframe* guidelines.⁴⁷ This demonstrates the significant variation between media agencies and the need to support adoption and promotion of best-practice guidelines more consistently within media organisations.⁴⁸

Education and Training

Tasmanian currently provides Journalism training as part of a University degree, with no TAFE or cadetship options currently available in the state. UTAS has recently restructured its media courses and now offers Journalism as part of a Bachelor of Media and Communication through its School of Creative Arts and Media. While reporting on mental health, mental illness and suicide is touched upon as part of the ethics and guidelines curriculum, its coverage is limited. Further to this, UTAS staff have indicated concern about discussing mental health content with students as this can be upsetting or triggering for those with lived experience. Support is needed to assist UTAS in sensitively and effectively integrating knowledge and training around accurate reporting of mental health, mental illness and suicide prevention into Journalism curriculum. One respondent to MHCT's survey of local media professionals indicated that they attended *Mindframe* training while at University, stating:

"I was in my first year and it was offered to 3rd year students but I requested to attend. It was not crucial to go, but I found it extremely important as part of my studies and gaining more understanding. I believe the Uni should place more importance on reporting on mental health/suicide. I have seen instances where the issues have been reported on but the journalist has not had any training whatsoever. It starts with education and continues with reminders from peers and seniors about gentle and responsible reporting."

— Local media survey respondent

In community media organisations, people may come from very diverse backgrounds. They are often volunteers without any formal education or training and many may not consider themselves a 'journalist'. This may limit the likelihood that they have been exposed to resources or training related to reporting on mental health, mental illness and suicide.

Media informants

When reporting on mental health, mental illness and suicide, local news media professionals will be engaging with and often directly quoting a range of informants. These may include emergency services staff (police, fire, ambulance), the coroner's office, people with lived experience, lawyers, magistrates, politicians, mental health sector representatives, and others. It is important to recognise that the input provided by informants can have a significant impact on news media stories and influence what is reported, how it is framed and therefore the potential for stigmatising content. Each of these informants may have different approaches and/or policies in place to guide how they engage with media, as well as varying levels of media training.

In Tasmania, the Department of Police, Fire and Emergency Management (DPFEM) has clear protocols and policies in place with respect to engaging with the media. DPFEM media guidelines provide direction to both frontline and behind the scenes staff on a range of matters, including how to deal with queries and incidents that involve mental illness, self-harm, and suicide. Only staff who have appropriate training will speak directly with media. When describing a person with a disability or mental illness DPFEM ensure they emphasise the individual, not the mental illness and avoid stereotypical, stigmatising, and demeaning language and depiction of mental illness. In general, information about a death that is a suicide will not be released proactively. DPFEM dissuade media from reporting suicide deaths and often refer them to *Mindframe* guidelines.

The coroner's office regularly liaises with media in relation to suicide. Information relating to a suicide is only released publicly if the coroner deems it to be in the public interest or related to a matter of public safety. In Tasmania, media professionals can contact the coroner's office to be added to a mailing list that is used to communicate information to the media. While there is a willingness of staff to have information reported well, there is currently no communications expertise or media training available to the coroner's office and no policies or processes in place to refer journalists to guidelines on responsible reporting of mental illness and suicide. Furthermore, families have reportedly contacted the coroner's office in the past with concerns over what has been reported in the media. Connecting the coroner's office with relevant resources and initiatives such as StigmaWatch would enable them to contribute to supporting safe and responsible reporting of suicide in Tasmania.

It is clear that supporting and resourcing the wide range of media informants is an important aspect of ensuring safe and responsible reporting on mental health, mental illness and suicide in Tasmania.

Balancing public interest with duty of care

“The way mental ill-health is communicated about or portrayed can greatly influence help-seeking behaviour and the prevalence of stigma”⁴⁹

When asked about the kinds of factors that make mental health issues newsworthy, Australian journalists have previously referred to: availability of a case study, exposing problems, highlighting areas of unmet need, involvement of high-profile people, tragedy, controversy and new research.⁵⁰

In some cases, a media professional’s focus on what they determine to be ‘in the public interest’ may be problematic when not also balanced against public safety and ethical considerations. Some journalists have previously shared their opinion that a fear of undermining public trust in mental health services should not be seen as an excuse to avoid reporting on problems with mental health services and policies.⁵¹ While this is true, in some cases such beliefs have led to graphic and potentially stigmatising accounts of a person with mental illness not receiving adequate care. This may reduce people’s confidence in the services available and impact on help-seeking behaviour. It is important to recognise journalist’s motivations while also encouraging and supporting balanced and safe reporting.

“With public interest as a driving factor, if journalists apply a standard of moderation, they are testing their stories for key ethical principles, as well as balancing being truthful, independent and fair, alongside minimising harm. Journalists should recognise they are accountable to those affected by their coverage, including their sources and their audience”⁵²

An example of balanced and safe reporting relating to mental health and suicide can be found in a recent edition of the Advocate (updated 7 July 2022). This report provides the first-hand account of a suicide attempt survivor who is now sharing his story with others to help prevent suicide. While the article details concerning statistics on the prevalence of suicide in Tasmania, it also outlines what can be done and refers to some of the work currently underway in Tasmania in relation to suicide prevention. Contact numbers are also provided at the end of the article that readers can contact if they require support. See:

<https://www.theadvocate.com.au/story/7809652/he-thought-he-was-worthless-now-he-helps-others-to-re-connect/>

Challenges and opportunities

Existing evidence

Two recent Australian studies have involved interviews with news media professionals in relation to reporting on mental health, mental illness and suicide. A 2021 study focused on reporting of severe mental illness in Melbourne and involved semi-structured interviews with news media professionals, mental health professionals and people with lived experience of severe mental illness, while a 2017 Australian study involved semi-structured interviews with 9 Australian journalists.^{53,54}

All participants in the Melbourne study agreed that there was a need to improve media professionals' mental health literacy, provide support and resources for media professionals, work towards challenging newsroom culture and a need to include voices of those with lived experience to improve media portrayals.⁵⁵ Media professionals reported to have a lack of understanding of severe mental illness, including appropriate language to use in reporting, and highlighted the need for relevant research findings and the potential impact of news coverage on stigma to be included in provided information and resources. Similarly, participants in the second study described a fear that using certain language or reporting on certain topics could potentially cause harm in relation to mental health decision making and accessing of services and added that many media professionals had a lack of understanding in this area. They also recognised that some mental health conditions received less attention than others, describing them as less palatable or, in the case of schizophrenia, "a bit ugly".⁵⁶

When describing resources and support that would impact on their reporting on mental illness, media professionals in Melbourne described access to media guidelines and training (such as *Mindframe*), direct advice from media organisations such as SANE and *Mindframe* and mentoring within newsrooms.⁵⁷ Also requested access to an online database of mental health experts (which is now available on the *Mindframe* website). Importantly, media professionals emphasised the need for resources to be developed in collaboration with media professionals.⁵⁸ This has previously been demonstrated to be critically important to uptake of guidelines and reducing the perception that they inhibit journalistic freedom.⁵⁹

Both study groups recognised the importance of a lived experience perspective and indicated a desire to 'humanise' stories, often in the form of case studies. They also valued the role of advocacy and support organisations in facilitating access to people who want to share their stories and preparing them for interacting with media.⁶⁰

Challenges

Overall, challenges reported by journalists across both studies in relation to reporting on mental illness included:^{61,62}

- lack of time to undertake training and conduct further research
- difficulty accessing lived experience stories and input - further compacted by distrust of the media
- low motivation to change reporting practices (may include beliefs that full disclosure is in 'public interest', for example)
- journalist's suspicion of media training
- use of stigmatising language by those interviewed in stories (and then used in direct quotes) – e.g., police, health professionals.
- availability of sources influencing who journalists speak to, which can mean that certain groups – particularly consumer and carer groups – are not contacted or considered common reference points in the same way as MH practitioners and larger organisations may be
- guidelines/resources can be difficult to translate into practice and complex as may sometimes go against desire to report what they see as being in the 'public's best interest.'

Opportunities

Suggestions to overcome challenges and increase accurate and safe reporting included:^{63,64}

- providing positive feedback to media professionals – not only negative (specifically in reference to StigmaWatch)
- utilising awards, or similar, to recognise and incentivise high-quality reporting (although some felt this would only appeal to those already reporting well)
- utilising social justice as a strong incentive for journalists to report safely and accurately. Journalists in the second study in particular reported a sense of advocating on behalf of people with mental illness to make a difference – particularly in relation to highlighting needs and gaps in mental health policy and services. Need to balance public interest with ethics and safety.
- Ensuring flexible delivery of training – with respect to times, modes, durations etc
- Providing media training for other professionals who provide comment to media (including health professionals)
- Improved access to mental health professionals for media comment (note this is available via *Mindframe's* Expert Directory)
- Developing relationships between media organisations/industries and mental health advocacy organisations.

Participants also emphasised the importance of leadership in creating a cultural shift within news organisations to support a focus on accurate and non-stigmatising approaches to reporting on mental illness.⁶⁵ This emphasises the need for systemic/industry level approaches to achieve sustainable change in cultural behaviour, managing the balance between headlines, deadlines and safe reporting.

Furthermore, the importance of a collaborative approach was highlighted as this “ensures all stakeholder groups are involved and represented and ensures the resulting resources address stakeholder needs and warrant practical uptake”.⁶⁶

Tasmanian survey

Many of the responses from MHCT’s small survey of Tasmanian media professionals align with the literature. When asked about key challenges faced in relation to reporting on mental health they cited:

- knowing what you can and can’t ask someone with a mental illness
- knowing the correct terminology to use
- lack of time to undertake more in-depth research or fully explain issues
- tensions around reporting a case and memorialising a human while also not glorifying an action
- balancing highlighting the issues in the system with wanting to ensure people have confidence that if they reach out, they will get support
- humanising a story when it is statistics-heavy
- stigma.

When asked about what support they need they responded:

- feeling able to talk about mental health and mental illness more openly
- a book or app that communication professionals can refer to when reporting on these issues
- a number specifically for journalists to call with a question
- clear guidelines on language to use in stories
- support finding lived experience case studies comfortable with media.
- access to expert advice to include in articles
- a resource document
- training
- a framework that can easily be referred to, to ensure media are following the most current advice.

These findings further demonstrate that many Tasmanian media professionals may not be aware of the resources that already exist (for example – clear guidelines and training are available, as are expert advice lines). Furthermore, those that are aware of resources may struggle to find the time and/or organisational support to access them. This indicates a need to increase promotion and awareness of what is available, as well as working at an industry and organisational level to ensure promotion of best-practice guidelines and access to training and resources is supported and integrated into culture, practices and relevant industry guidelines and codes.

The findings also provide some additional helpful suggestions, including the creation of a Tasmanian ‘resource document’ or booklet, and emphasise the need to facilitate connections

between media professionals, support resources such as *Mindframe* and people with lived experience of mental ill-health.

Supporting Tasmanian media professionals to report safely on mental health, mental illness and suicide requires a coordinated, resourced and actionable approach that is co-designed with media and other relevant stakeholders to ensure it is fit for purpose and ultimately results in contributing to a reduction in mental health stigma in the Tasmanian community.

Appendix 1 – *Mindframe* Resources

Information – online

Suicide - <https://mindframe.org.au/suicide>

- Communicating about Suicide
 - Language
 - Discussing method and location
 - Providing help-seeking information
 - *Mindframe* Guidelines
 - For Public Speakers
 - Support for lived experience speakers
- Data and Statistics
- Evidence and Research

Mental Ill-health - <https://mindframe.org.au/mental-health>

- Communicating about mental ill-health
 - Language
 - Providing help-seeking information
 - *Mindframe* Guidelines
 - For Public Speakers
 - Support for lived experience speakers
- Data and Statistics
- Evidence and Research

Alcohol and other drugs - <https://mindframe.org.au/alcohol-other-drugs>

- Communicating about mental ill-health
 - Language
 - Adding help-seeking information
 - *Mindframe* Guidelines
 - Crystal methamphetamine in the media
- Data and Statistics
- Evidence and Research

Industry hubs - <https://mindframe.org.au/industry-hubs>

- For Media
- For Suicide Prevention and Mental Health Sector
- For Primary Health Networks
- For Educators and Students
- For Stage and Screen
- For Police and Courts

Priority populations - <https://mindframe.org.au/priority-populations>

- Aboriginal & Torres Strait Islanders
- Culturally and Linguistically Diverse communities
- LGBTI communities

- Veteran and Australian Defence Force (ADF) personnel

Need Help? Section

- Help-seeking
- Self-care
 - Tip sheets for journalists
 - Tip sheet for managers
- Student wellbeing

Guidelines – online and PDF

- Reporting suicide and mental ill-health: A *Mindframe* resource for media professionals
- Mental ill-health and suicide: A *Mindframe* resource for stage and screen
- *Mindframe* for Alcohol and Other Drugs
- Guidelines on media reporting of severe mental illness in the context of violence and crime
- Guidelines on reporting and portrayal of eating disorders: A *Mindframe* resource for communicators

Training

- **Online training sessions**

The *Mindframe* team is currently delivering free weekly drop-in training sessions online. The sessions are based on the evidence-based *Mindframe* guidelines that encourage safe reporting, portrayals and communication of mental ill-health, suicide and Alcohol and Other Drugs (AOD)

- ***Mindframe* media training**

Mindframe provides free tailored, practical and evidence-based support to all areas of the Australian media, from large national newsrooms through to rural community outlets. Training can involve 1-2hr sessions and topics are selected based on need.

- ***Mindframe* university training**

Mindframe supports journalism and public relations educators and students across Australia through in-person and online training to communicate safely and sensitively on mental health, mental ill- health and suicide.

- ***Mindframe Plus* training**

Mindframe Plus is an intensive version of *Mindframe* in which trial sites can fund support that goes beyond the core support for Primary Health Networks (PHNs) and regional approaches. Working with groups, the focus of *Mindframe Plus* is to empower and equip individuals to be better prepared for responding to suicide incidents or proactive suicide prevention communications.

Real time Support

Mindframe provide real-time support to media as incidents/issues emerge – this includes one-on-one advice/consultation on developing stories, national level advice via media alerts/socials, and reactive

support through the SANE StigmaWatch program where journalists are provided with support if there's been a community complaint about one of their stories. *Mindframe* teams work with the journalist/s to get their stories edited/removed and then offer training to them/their organisations to help make sure they have the skills that they need to do better in the future.

Other

- **Experts Directory**

The Mindframe Expert Directory connects media professionals with experienced individuals, who provide commentary across topics relating to suicide, mental ill-health and Alcohol and Other Drugs (AOD), to support safe, responsible and accurate reporting, portrayal and communication.

- **Email alerts**

Australian media professionals can Sign up to receive *Mindframe* Media Alerts to support safe reporting.

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