



**Mindframe**

LINA, April 2025

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# The evidence: Communicating about suicide

## Negative impacts

- *Werther effect*: Problematic communication about suicide deaths is associated with increased rates of suicide and suicide attempts (media reporting, social media)
- Increased risk of suicidal behaviour due to specific factors (celebrity deaths, method or location included, identification with person who died, sensationalised reporting).

## Positive impacts

- *Papageno effect*: Sharing stories of people who have got through a suicidal crisis, or sharing 'alternatives' to suicide can help prevent suicide.



## **The evidence: Communicating about mental health concerns, and alcohol and other drugs (AOD)**

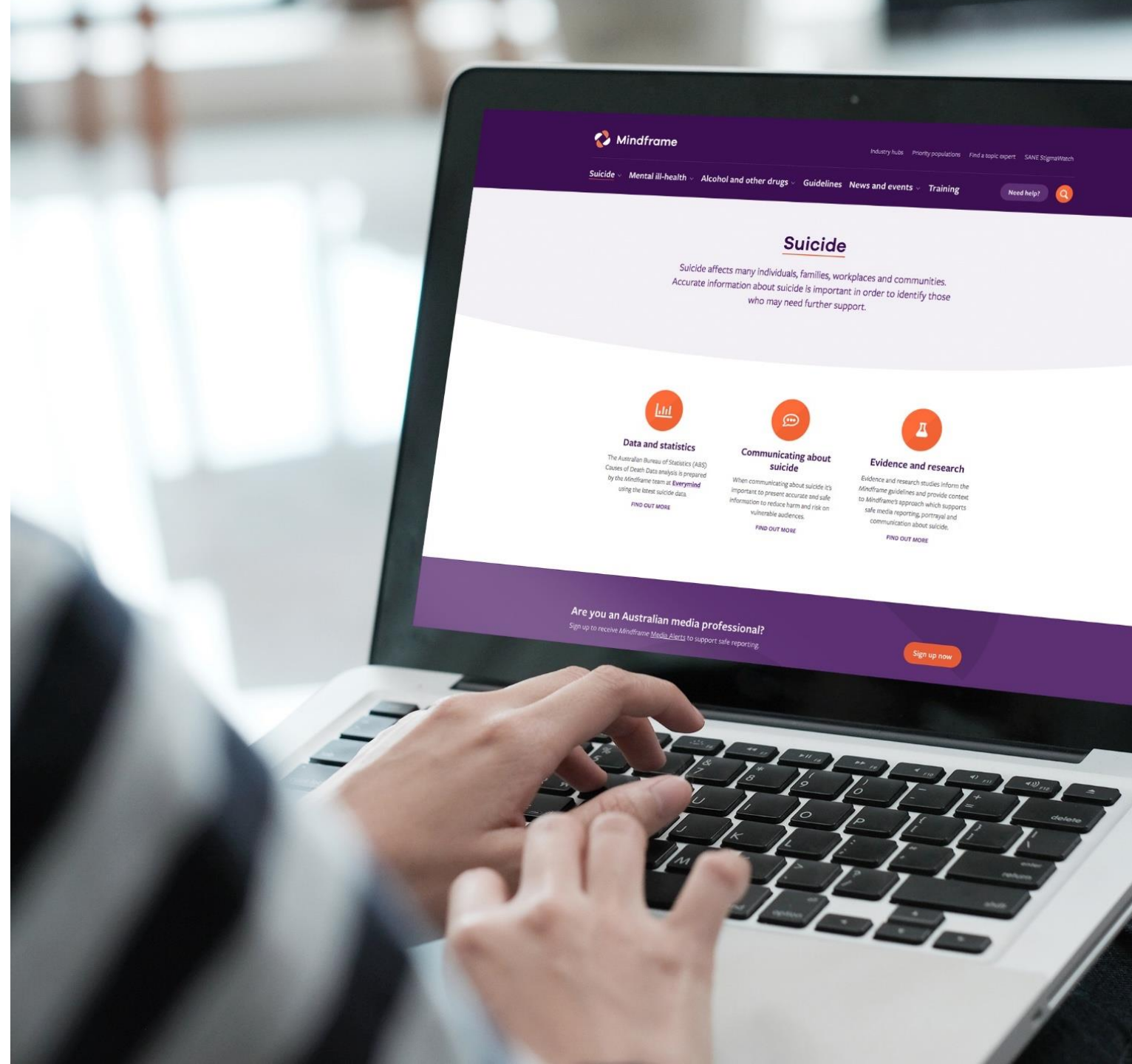
- The effects of stigma are often more distressing than the symptoms of an illness
- The media (and increasingly social media) is a primary source of information about mental illness and AOD use
- Mental illness and AOD tend to be portrayed negatively in public communication such as media and social media
- Poor communication may contribute to negative stereotypes and discrimination experienced by people with mental health concerns or AOD use, which impacts help-seeking and treatment.





Collaborates with the Australian media and other sectors to encourage responsible, accurate and sensitive portrayal of mental illness, suicide and alcohol and other drugs.

The best-practice principles can be applied to all public communication.



# Mindframe principles

**To decrease risk of harm and stigma and increase help-seeking behaviour, it can be helpful to:**



Consider the language and images you use



Minimise details of method and location



Consider social and community context



Provide information to help increase community knowledge



Promote stories of lived and living experience



Promote help-seeking information.



# Mindframe Guidelines







# Our stories matter: A guide for sharing lived and living experiences of suicide publicly

## The power of storytelling

Sharing your lived and living experience of suicide is incredibly powerful. It can create change, provide hope, empower others, and contribute to your own healing. It can also be challenging, uncomfortable or met with resistance and barriers.

These guidelines and accompanying resources have been created by people with a lived experience of suicide, for people who have a lived experience of suicide.

Every quote in this resource suite has been provided by a person with lived experience. We have drawn on this broad collection of unique insights to develop guidance resources that can support others who may want to share their story.

## Throughout your storytelling experience it is important to remember:

- Your story is uniquely yours.
- You do not have to share all your story at once.
- You can change your mind about sharing at any stage.
- You do not have to answer questions about your story if it makes you feel uncomfortable.
- Your story matters and speaking your truth is courageous.



## Sharing our stories: How journalists and other media can support people to share their experiences of suicide

This resource has been informed by a national survey of more than 300 people who have a lived and living experience of suicide, along with additional input from an advisory group comprising six individuals with experience sharing their story of suicide with the media.

The first part of this resource has been developed to provide guidance to journalists and other media professionals about how they can best support people to share their stories of suicide in a safe and empowering way. The second part provides guidance on what people with a lived and living experience would like to see included in media stories.

The aim of these guidelines is to increase the confidence and skills of media and communications professionals to work with people who have a lived experience of suicide, increase trust in media for those sharing their

experiences, and to improve media reporting on suicide. This guidance is designed to be used in conjunction with the *Mindframe guidelines for reporting on suicide and mental ill health* and the *Mindframe quick reference guide: how news personnel can practice self-care when covering traumatic events*. A set of guidelines and resources for people with a lived and living experience of suicide is also available via this link and can be offered to people who are sharing their story to help them prepare for an interview.

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## Our stories matter: Self-care planning for sharing your lived and living experience publicly

A self-care plan helps you to identify your own personal practices that help you maintain your wellbeing. Self-care looks different for everyone and can involve physical, emotional, social, mental and spiritual practices. Doing a mix of self-care activities supports our wellbeing across various areas of our lives.

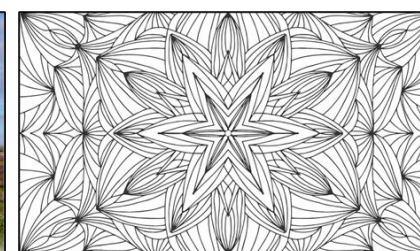
When engaging in opportunities to share your lived and living experience of suicide publicly, you may need to increase the time spent engaging in self-care activities or think differently about how you can maintain your wellbeing.

This resource includes some ideas about the different areas of self-care you may want to engage with, examples of self-care activities you might use (you will also have some of your own), and a template to help you plan how to maintain your wellbeing during the storytelling experience.

Remember that your self-care plan is just for you. No one else needs to read it, so fill it in with the activities that work for you.



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## Workbook: Sharing your story of suicide

This workbook has been created to be used in conjunction with our guidelines document for sharing lived and living experience of suicide. It aims to provide an interactive space where you can apply the guidelines to your own story and consider some important questions before sharing your story publicly. Throughout this resource you will also see quotes from other people who have shared their stories publicly and some of the guidance they have provided.

Focussing on your story can be challenging and, at times, distressing. We encourage you to take your time going through this workbook and to take breaks for self-care activities. There are some activities in the workbook you can do, or you might have your own activities you prefer.

"My hat is off to anyone brave enough to go public with their story - myself included. I guess it is incredibly difficult to do but it can make a huge impact if done properly. It is, for me, powerful medicine to think perhaps I have stopped one person from going through what I'm going through."



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## Our stories matter: An easy read guide to telling your story about suicide.



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### Suicide can affect people in many ways.

There are lots of of suicide. Some people ma about suicide. Some people ma their own life. Some people ma other people wh these experience Some people ma that they love, to



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### Preparing for sharing.

This resource helps you to prepare how to share your story. Preparing means you are ready for the ups and downs that you may feel from sharing your story. This guide has been made for people with a lived and living experience, by people with a lived and living experience. The following 10 steps will help you share your story in a safe way.



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# Mindframe training

- Open online training
- Pre-service training in universities
- Bespoke workplace training (including newsrooms)
- Lived experience speaker training
- *Mindframe* Plus (regional approach delivered via Primary Health Networks and trial sites).



## Mindframe: Quick reference guide for court reporting on mental illness

This guide has been developed to support media reporting on mental illness when mentioned in a court setting.

Journalists have a key role to play in the narrative the public receive when reporting on these stories. Studies reveal that the most problematic news coverage about mental illness results from information collected at court or from a police incident.

Consistent exposure to this type of media portrayal can contribute to stigma and

discrimination as people are likely to make generalisations because of the coverage.

It is recommended that media use language that is safe and non-stigmatising.

For more detail and context, access: [Guidelines on media reporting of severe mental illness in the context of violence and crime.](#)



# Mindframe partnerships and policy

- Embedding into organisational policies or structures
- Embedding into state or national level policies
- Conference sponsorship or support
- International support for countries developing media guidelines.



## Specific Standards on Coverage of Suicide

### Introduction

These Standards are concerned with the coverage of suicide and related issues in print and online media. This includes reporting of individual instances of suicide or attempted suicide and opinion pieces or other material which focus on issues relating to suicide, such as its incidence, causes and impacts. All publisher members of the Press Council have made a legally-binding commitment to these Standards and all of the Council's other Standards of Practice.

The Standards on Coverage of Suicide are based on several of the Council's General Principles and Privacy Principles, namely those requiring publications to take reasonable steps to:

- avoid intruding on a person's reasonable expectations of privacy, unless doing so is sufficiently in the public interest (General Principle 5);
- avoid causing or contributing materially to substantial offence, distress or prejudice, or a substantial risk to health or safety, unless doing so is sufficiently in the public interest (General Principle 6);
- seek personal information only in the public interest, not unduly intrude on the privacy of individuals and show respect for the dignity and sensitivity of people encountered in the course of gathering news (Privacy Principle 1);
- allow a victim or bereaved person to decline or discontinue an interview or photographic session at any time, and not exploit members of the public caught up in newsworthy events (Privacy Principle 7).

### Specific Standards on Coverage of Suicide

#### General reporting and discussion

*[\*means see Explanatory Notes below]*

1. General reporting and comment on issues relating to suicide\* can be of substantial public benefit. For example, it may help to improve public understanding of causes and warning signs, have a deterrent effect on people contemplating suicide, bring comfort to affected relatives or friends, or promote further public or private action to prevent suicide.
2. Subject to careful compliance with the following Standards, the Council does not wish to discourage material of this nature. Extra caution is required when the material is likely to be read or seen by people who may be especially vulnerable (e.g., because of their age or mental health) and relates to suicides by their peers or by celebrities.

#### Reporting individual instances

3. In deciding whether to report an individual instance of suicide, consideration should be given to whether at least one of the following criteria is satisfied:
  - (a) clear and informed consent\* has been provided by appropriate relatives or close friends\*; or
  - (b) reporting the death as suicide is clearly in the public interest\*.
4. In deciding whether also to report the identity of the person who has died by suicide, account should be taken of whether at least one of the following criteria is satisfied:
  - (a) clear and informed consent has been provided by appropriate relatives or close friends; or
  - (b) identification is clearly in the public interest.

# Mindframe real time support

- National level advice on emerging incidents or events
- Support for journalists preparing stories
- Support for individuals or organisations receiving media inquiries
- Support for organisations and agencies releasing information to the media or the public
- Support for stage & screen creators.



## Mindframe and Dart Centre Asia Pacific: How news personnel can prioritise self-care when covering traumatic news

This guide has been co-developed by *Mindframe* and the *Dart Centre Asia Pacific* (DCAP) to support media workers' wellbeing when reporting on suicide, mental health concerns and other challenging stories.

A potentially traumatic event is defined by Phoenix Australia as including any threat, actual or perceived, to the life or physical safety of a person, their loved ones or those around them.

Journalists, like their audiences, are not immune to indirect or vicarious trauma after hearing or viewing distressing stories, and are reminded to seek help early.

If signs or symptoms continue for more than a month, clinicians will generally assess for the presence of post-traumatic stress disorder.

Access *Mindframe's* dedicated suite of resources for media, including self-help information and guidelines for safe reporting on suicide, mental health concerns, and alcohol and other drug concerns [here](#).

### **Some signs you may be impacted by reporting on a traumatic event:**

- Sweating, rapid heartbeat, dizziness or nausea
- Sleeplessness, recurring reminders of the event
- Being easily startled, tense, or agitated
- Feeling numb and empty
- Feeling unable to handle intense feelings or physical sensations
- Feeling you have no support with which to share your feelings and emotions
- Having relationship problems with friends, family and colleagues
- Increasing your use of alcohol or drugs.



# Thank you

Learn more, contact and follow *Mindframe*:

✉ [mindframe@health.nsw.gov.au](mailto:mindframe@health.nsw.gov.au)

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