When safe is not enough

An exploration of improving guidelines on reporting mental illness and suicide

Abstract: Mental illness, coping, and suicide-related stigma are influenced by social discourse. Legacy, digital and social media create and amplify existing attitudes and contribute to mindsets and behaviour, including suicidality. While there have been guidelines for reporting suicide and related constructs internationally for several decades, the focus has been on safe language and word choices that highlight problems. However, these guidelines have not prevented deaths by suicide and have contributed to conflating the prevalence of catastrophising normal unpleasant emotions and social problems as mental illness. With calls in government reviews and by consumers for a greater focus on consumer-centred suicide prevention and COVID-19 highlighting the importance of biopsychosocial stressors to feelings, consideration of other approaches to and inclusions in media guidelines are timely and prudent. In this paper, we explored how a consumer-centred coping approach would augment existing media guidelines to influence community attitudes and behaviours in a way that contributes to health and wellbeing, as well as suicide prevention. Thirteen guidelines are provided with examples for each to guide changes in practice. By adopting these guidelines, journalistic outputs are more likely to be consistent with contemporary understandings of health and wellbeing.

Keywords: Australia, health reporting, media, mental illness, suicide, mental health, New Zealand

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WORDS affect how people feel, think, and behave. There is a bidirectional relationship between language and the brain, whereby the brain produces language, and words are perceived and processed by the brain to be understood (Perlovsky & Sakai, 2014). Behaviour is subsequently governed by thinking and emotions (Beck, 1975). News media—legacy, digital, and social—reflect and influence thinking and behaviour around mental illness and suicide. An in-depth analysis of 163 studies of coverage of suicide in Australia found a strong relationship between news media and subsequent suicidal

behaviour that was greater for newspaper coverage than television news (Pirkis, et. al., 2018). This article will explore psychological concepts and contemporary science to provide a rationale and suggestions for media guidelines to guide accurate, non-stigmatising and helpful reporting around mental illness and suicidality.

There have been concerted efforts in Western cultures throughout the 21st century to normalise psychopathology to improve the experience and care of people with mental illnesses. In parallel with community change, media language has changed over time to reflect social agendas and sometimes science (Herring, 2003). The names of mental illnesses, for example, Major Depressive Disorder and Generalised Anxiety Disorder, have been replaced in the media with generic terms anxiety and depression—words that mean emotion and mood—to represent mental illness or coping (see examples under Practice Guidelines section). Similarly, the term mental illness has been replaced with its antonym 'mental health' or the generic 'mental health problems' or the oxymoron mental ill-health (Rizmal, 2022) with the breadth of meaning so broad—encompassing everything from unpleasant emotions, distress, overwhelming distress, and mental illness—as to become meaningless. Similarly, over several decades the perception of the word suicide and the communication of suicide has changed from immorality (suicide as a sin) and a criminal concept (e.g., committed suicide) towards a cause of death. In addition, word choices and media coverage internationally has been a focus for change that would be the catalyst for a reduction in lives lost (Everymind, 2022).

News media link to public attitudes and behaviour

Media reporting of suicide is broadly believed to increase the rate of suicidal behaviour in people who have suicidal thoughts or are bereaved after the death of someone by suicide if details of the death are published. Additionally, media reporting of deaths by suicide can also raise awareness of suicide methods which vulnerable people might not previously have considered. This is more problematic if coverage is extensive, prominent, sensationalist and/or explicitly describes the method or location of death (Niederkrotenthaler, et. al., 2020; Pirkis, Burgess & Francis, 2007; Niederkrotenthaler, et. al., 2012). The negative impact of certain reporting on suicide also appears to be pronounced in teenagers and young adults, a group that may be more susceptible to social learning (Shoval, et. al., 2005; Gould, et. al., 2014).

Social media, and the internet generally, is an under-researched area in its influence on suicidal ideation and behaviour. This is despite its broad reach and essentially unregulated content and the explicit and directive nature of the accessible material. Early studies suggested social media has a complex and multifaceted relationship with suicide behaviour (Luxton, June & Fairall, 2012). Social networking sites are a frequent source of information about suicide and

some discussion fora appear to be associated with increases in suicidal ideation (Dunlop, More & Romer, 2011). Although there have been some suggestions in the media of a link between social networking and clusters of deaths by suicide, further research is needed to confirm a causative link to clusters of deaths by suicide in youths (Pirkis, et. al., 2009; Robertson, et. al., 2012). Meta-analytic reviews on the effects of reporting of suicide generally are lacking, with most focused on reporting deaths by suicide of celebrities. These studies typically use broad search terms to identify media reports (e.g., 'suicide' or various suicide methods) and correlate time frames of deaths (Niederkrotenthaler, et. al., 2020). Several studies have found suicide reporting in news media has a greater impact on subsequent deaths by suicide in the general population for deaths by celebrities (Ueda, Mori & Matsubarashi, 2014; Schäfer & Quiring, 2015; Suh, Chang & Kim, 2015, Niederkrotenthaler, et. al., 2020; Niederkrotenthaler, et. al., 2012). It was noted that when actor Robin Williams died by suicide in 2014 for example and news media in the United States reported the method used, suicide-related deaths in the ensuing four months in the US increased by 9.85 percent (Fink, Santaelle-Tenorio & Keys, 2018). The increase was greatest among men aged 30-44. Similar findings have been noted elsewhere (Lee, et. al., 2014; Tousignant, et. al., 2005; Yip, et. al., 2006; (Niederkrotenthaler, et. al., 2020).

Guidance for journalists and communications experts

The impact of reporting on subsequent suicidal behaviour provided a catalyst for the development of reporting guidelines that protect the public from harm (Mindframe, 2022b). Existing guidelines have been developed internationally including by Mindframe in Australia (Mindframe 2022a), Reporting on Suicide in the US (Reporting on Suicide, 2020), the government guide on reporting suicide (NZMoH, 2011) and the Coroners Act (Coroners Act 2006 (NZ) s. 71) in New Zealand and the Samaritans in the United Kingdom (Samaritans, 2020). Advice common to all these guidelines includes avoiding inadvertently glorifying suicide, providing information about where to get support, and avoiding detailed descriptions of suicide methodology and repetition. They advocate that reporting should not sensationalise, glamourise or trivialise suicide, that deaths by suicide should only be included when they are in the public interest, the family has consented to the disclosure and details of the specific method of suicide and location of the death are omitted. Stories about a death by suicide should not be placed on the front page, nor should the word 'suicide' appear in the headline. Photographs or dramatic visuals should not be used, and particular care should be taken when reporting deaths by suicide by celebrities. Suicide and/or mental illness can be communicated and stigmatised by the media even when it is not mentioned. This occurs when the cause of death is omitted when it would be expected by the reader and when suicide support helplines are listed

at the end of the article or in a side panel.

Australian youth mental health researchers and advocates Orygen released world-first guidelines in 2018—developed using the expert consensus methodology Delphi technique—that were aimed to help young people communicate safely online about suicide (Robinson, et. al., 2018). The guidelines have since been adapted and translated into 11 languages.

In 2018, a comprehensive review of 168 studies of news media found presentations of suicide in news and information media could influence copycat acts in particular circumstances (Pirkis, et. al., 2018). The review considered the association of media coverage of suicide with a contemporaneous increase or decrease in deaths by suicide including the dose-response effect.

Despite the longevity of the societal focus on suicide prevention, the involvement of authorities in guideline development and shifts in media approaches, there is no evidence that specifically worded media reporting contributes to fewer deaths by suicide (Mindframe, 2022b). In Australia, for example, where there have been media guidelines for 25 years, the suicide rate has remained mostly within the 95 percent confidence interval of the mean for the past 100 years (M = 12.42, SD = 1.83 per 100,000 people; ABS data), showing no impact of population safe reporting practices. We suggest, therefore, that there is an opportunity for further change and that a broader understanding of suicidality and mental illness may better inform healthy media communication.

Words and the appetite for change

Media has an important role in educating the public about health and social issues, raising awareness about illness and unhealthy coping—including suicidality—and providing information about treatment providers. The propensity in the media to use words that indicate emotion as an illness can confuse and dilute understanding (Stallman, 2018). When a diagnosed illness is involved, media's simplification affects readers' understanding of illness and can feed public misunderstanding. One study highlights this point. A text analysis of news reports in Australian newspapers and their associated websites over 12 months found the term 'depression' was used 10,851 times, but 'Major Depressive Disorder' was used only 238 times. 'Anxiety' appeared 18,860 times but the correct term 'Generalised Anxiety Disorder' appeared 56 times. Medical associations (e.g., Royal Australians and New Zealand College of Psychiatrists) have also expressed the need for words to be considered and empowering (RANZCP, 2021).

Understanding unpleasant emotions, coping and mental illness

For words to be chosen with consideration, a shared understanding of meaning is a pre-requisite. In this section we will discuss the meaning of common words used in the reporting of mental illness and suicide.

Despite the widespread use of the terms 'mental health' and 'mental health problems' in the media and the general population, 'mental health' is not separate from the health of the rest of the body. There is no mind/body dichotomy. Mind functioning (i.e., emotions, thoughts, initiation of behaviour) is a combination of biology, functioning of the whole body, health behaviours (e.g., sleep, nutrition, physical activity), and social and physical environments (Table 1).

Emotions—how we feel—are normal and important human experiences that contribute to survival. Some are pleasant (e.g., happy, excited, love): people enjoy them and try to maintain them. Others are unpleasant (e.g., frustration, anger, fear): people usually want to reduce those as soon as possible. Unpleasant emotions, however, are the most helpful to humans because they alert us to potential harm and guide behaviour to avert harm and ensure survival. Worry, for example, helps us plan and act to minimise risks in the future. Guilt tells us we have harmed someone, guiding us to make amends. Sadness tells us we have lost something important to us. Experiencing unpleasant emotions is not synonymous with illness. Unpleasant emotions can be caused by problems in one or more domains of health and wellbeing.

Coping refers to any strategy used to reduce unpleasant emotions because, although normal, they are unwanted (Stallman, 2020). All coping strategies effectively reduce distress in the short term; however, strategies can be categorised as healthy or unhealthy depending on the likelihood of additional adverse consequences for the self and/or others. The categories of healthy and unhealthy coping strategies are shown in Figure 1. Coping strategies are used from low intensity (self-soothing) through to high intensity (professional help-seeking) and low harm (e.g., negative self-talk) to high harm (suicidality) (Stallman & Allen,

Table 1: Domains and componenets of health and wellbeing

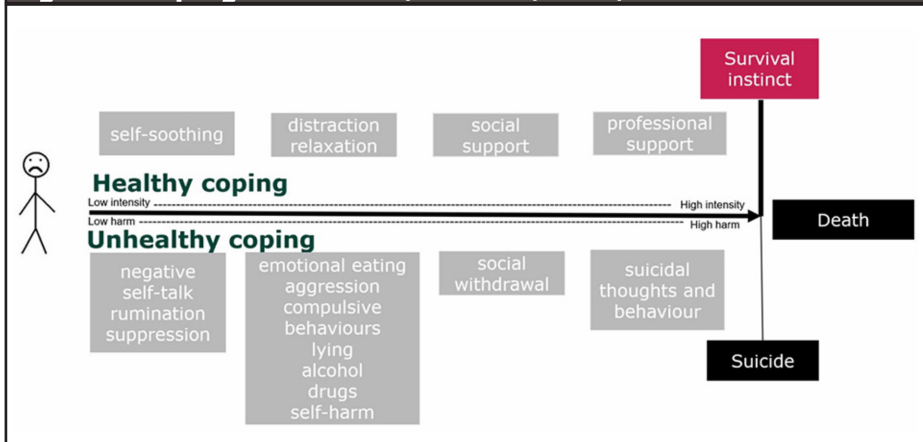
Domains	Components
Healthy environments	Physical, social, cultural, economic
Developmental competencies	Healthy identity, emotional and behavioural regulation, interpersonal skills, problem-solving skills
Sense of belonging	Valued, respected, needed
Health behaviours	Sleep, nutrition, exercise
Coping	Adequate social, and professional support to supplement personal healthy coping strategies
Resilience	Perception of innate resilience
Treatment of illness	Early, effective treatment of illness.

Source: Stallman, 2018; 2020

2021). Unhealthy coping strategies are used when healthy coping strategies are overwhelmed and inadequate to reduce distress, rather than in the absence of healthy coping strategies (Stallman, et. al., 2021). While some unhealthy coping strategies can be symptoms of mental illnesses, they alone do not indicate mental illness, but rather overwhelming distress. Domestic violence, for example, can result in chronic hypervigilance, worry and sadness with the resultant use of unhealthy coping strategies (e.g., emotional eating, alcohol, suicidality). However, the cause is not a psychiatric illness, but a normal response to an unhealthy social environment, which requires a social intervention to provide support and safety rather than psychotherapy or pharmacotherapy. A psychiatric illness cannot be inferred from behaviour, but is diagnosed using a psychological assessment of thoughts, feelings and behaviour and the biopsychosocial determinants of health and wellbeing. During COVID-19 we have seen an increase in calls for mental health support, but little demand to attend to arguably more difficult interventions needed for the biopsychosocial needs that are always prevalent in our community but were highlighted during COVID-19 (e.g., employment, housing, safe home environments, social connectedness).

Mental or psychiatric illness refers to any condition that has one or more problems in cognition, overwhelming emotions, harmful behaviour, and/or impaired functioning (APA, 2022 #14). Mental illnesses can only be diagnosed by a health professional with training and experience in mental illness, and symptoms are defined separately by the World Health Organization in the International Classification of Diseases (2019) and the American Psychiatric Society in the Diagnostic and Statistical Manual of Mental Disorders (2022). As established earlier, emotions and coping can easily be misinterpreted as a mental illness by the general population or the media or by using brief self-reporting measures of emotions or coping behaviours. As proper nouns, the names of mental illnesses

Figure 1: Coping continuum (Stallman, 2018)



are distinguished from emotions in writing by having capital letters.

Care Collaborate Connect is a framework to think about the needs of people who are distressed, without assuming the cause of distress (Stallman, 2018; 2019). People need to be cared about, have collaborative care to cope and be connected with additional support whenever they are overwhelmed so they do not need to use unhealthy coping strategies to feel better. Care Collaborate Connect directs the helper (family, friends, colleagues, strangers, counsellors, health professionals) to meet the person's immediate needs for support rather than inferring illness. This framework provides words for reporting needs for distress and service provision in the community.

Postvention is a term used to mean interventions for people bereaved after someone dies by suicide. This stigmatises those bereaved after a death by suicide as being different to all other bereaved people (Stallman, Hutchinson & Ohan, 2020). It stigmatises the cause of death, which is the focus, rather than focusing on the needs of the person bereaved; that is, coping with the loss of someone they loved. Bereavement support is a precise non-stigmatising term.

Practice guidelines

Building on a knowledge of the precise meanings of health and wellbeing terminology and considered wording, news media—legacy, digital and social—can significantly contribute to improving community health and wellbeing literacy and reduce misinformation and stigma. Understanding emotions, coping and illness makes it possible to use language accurately in the media and in a way that does not stigmatise mental illness by sensationalising it as different from illnesses in other parts of the body, or erroneously concluding unpleasant emotions indicate illness.

Aligning psychological language with other medical language (e.g., heart attack, stroke) provides a handy guide for a reporter to check the validity of their writing. For example, a cause of death by a heart attack or stroke is not necessarily newsworthy and hence a death by suicide also does not mean a story is newsworthy. Loss of balance is a symptom of a stroke; still, a layperson would not infer and report illness or stroke on this indicator alone, instead referring to and waiting for a health professional to diagnose the illness. Similarly, unhealthy coping strategies (including death by suicide) should not be referred to as mental illness, but as coping strategies or just behaviour if they were not used to reduce distress, e.g., drunkenness.

This section identifies recommendations for additions to current reporting guidelines to mitigate possible harm.

1. What is the purpose of the story?

Mental illness and death by suicide can be included in a story sensationally to

increase readership. These should only be included when they are the topic of the story or pertinent to the story. If it was a different illness (e.g. pancreatitis) or a different cause of death (e.g. heart attack), would it be a story and would the information be relevant to this story? Where, if anywhere, would these facts be included?

Here is an example:

x How a mental health break delivered a young Raider his second chance (NRL, 2022)

✓Young Raider fit to return after recovery from mental illness

2. Privacy and respect

Wherever possible, provide the same privacy and respect to people with mental illness or who have died by suicide as people with any other illnesses or causes of death. Seek consent before disclosing personal health information. Do not stigmatise mental illnesses by labelling them as a separate group of illnesses from the rest of the body.

Example:

x Will Pucovski to take indefinite break from cricket for mental health reasons (WWOS, 2022)

✓ Will Pucovski sidelined indefinitely by illness

3. Do not confuse distress with illness

Distress is not automatically a symptom of illness. In a recent survey the two were conflated in reporting findings of a survey on distress. The rate of mental illness was inferred from the self-report questionnaires, despite negative symptom measures having an initial elevation bias (Shrout, et. al., 2017) and potentially poor test-retest reliability in this age group (Stallman, 2019).

Example:

x About 40 per cent of young Australians have experienced mental illness—and it's high time we do something about it (McGorry, 2022)

✓ About 40% of young Australians experienced psychological distress

4. Use wellbeing

Use the term wellbeing to denote an overall sense of being well, and health and wellbeing when health is relevant. This avoids the inaccurate term "mental health".

Examples:

x The drugs don't work (and other mental health myths) (Robson, 2022)

✓ The drugs don't work (and other mental illness myths)

x How athletes can protect their mental health at the Commonwealth Games and beyond (Shalala, 2022)

✓ How athlete can protect their health and wellbeing at the Commonwealth Games and beyond

5. Use the word illness

To avoid stigma and preserve medical privacy, use the word 'illness' to describe any physical or mental illness where the actual illness is not the topic of the conversation. For unpleasant emotions, use non-pathologising words (e.g., sad, worried, scared, disappointed) when the person has not been diagnosed with an illness. Consider the word 'distress' for generic distress.

6. Name mental illnesses

Where the person provides permission for the name of their illness be shared, use the name of the actual name of the illness, for example, Major Depressive Disorder, not depression. Where possible respect the medical privacy of the person if they do not want an illness disclosed.

7. Avoid 'suicidal' to describe a person

Use had/has thoughts of suicide or attempted suicide to accurately convey behaviour rather than using suicidal as an adjective to describe a person. Where possible, contextualise suicidality within the totality of coping strategies e.g., 'I used self-soothing, relaxation, social support, alcohol and suicidality to feel better'. This requires the reporter to ask what other coping strategies the person used to feel better.

8. Cause of death

Use the phrase died by suicide rather than turning the cause of death into a verb, for example, suicided or adding stigmatising verbs to it, for example, committed suicide. The story below included specific details about the method used and the place of death, which should be avoided.

Example:

x Ryan's story: A hard-charging California firefighter loses his last battle to suicide (Cart, 2022)

✓Ryan's story: A hard-charging California firefighter dies by suicide

9. Bereavement

Bereavement is about the loss of a loved one—not how the person died. Stories about people bereaved should focus on their loss and how they are coping.

Example:

x Liberals promise more funds for ACT suicide postvention services (Newstime media, 2022)

✓Liberals promise more funds for bereavement after suicide services

10. Focus on coping

When the intention is to add supports for readers, use strength-focused resources that support coping. Order resources from low intensity to high intensity to rein-

force healthy coping. Provide a guide for what the reader can expect from each support. Limit the number so as not to overwhelm vulnerable people.

Example:

My Coping Plan app to create your own plan to manage distress

Lifeline, for anonymous telephone or chat support 24/7

Kids Helpline 1800 55 1800 support for 5–25-year-olds

Your GP, for support and referrals

Dial 000 (or 0800 543 354 in New Zealand) if suicidal thoughts are overwhelming you

11. Crazy, monster, mentally ill

Avoid pejorative terms when describing a person who has committed a crime or done something unconscionable to avoid stigmatising people with mental illness. People with mental illness are more likely to be the victims of violence than perpetrators (Thornicroft, 2006).

Examples:

x Texas Governor blames 'mental health' for mass shooting (Reuters, AFP and SBS, 2022)

✓Texas Governor deflects question on gun control after mass shooting, blames poor health services

x Nick Kyrgios applies to have assault charge dismissed on mental health grounds (Reuters, 2022)

✓Nick Kyrgios applies to have assault charges dismissed

12. Shared not opened up

'Open up about' assumes a former state of being closed or even keeping a secret from the audience. This is potentially harmful before it gives the perception that the audience has a right to an individual's thoughts, history or medical information, all of which are personal and private unless the individual chooses to share them. When and with whom things are shared is a decision each person can make. Media can convey both rights of the individual to the audience and freedom of choice by using the word 'share' instead of opened up.

Example:

x 'Remember I'll always love you': Police sergeant opens up about losing her dad to suicide (O'Leary, 2022)

✓'Remember I'll always love you': Police sergeant talks about losing her dad to suicide

13. Service provision

When people die by suicide after asking for professional help, the focus should be on the adequacy of services for people who are distressed. This communicates that suicide prevention is on the coping continuum, supporting people when they are distressed, rather than a single point when something needs to be

done. Case should not be used to describe a person.

Example:

x Pathetic: Heartbroken family say response to suicide case not good enough (Lang & Cameron, 2021)

✓ Pathetic: Heartbroken family slam inadequate support before a death by suicide

Conclusion

While journalists in legacy, digital and social media play an important role in affecting community thoughts and actions, to date media guidelines for the reporting of mental illness and suicide have not reduced the prevalence of either. This article highlighted how understanding the precise use of terminology, including emotions, coping, illness, can shape the way stories are told and contribute positively to the health and wellbeing of the communities they serve. The 13 practice recommendations outlined with examples in this paper can supplement existing media guidelines internationally to provide a framework for journalists to refine their writing. Science and person-centred reporting can potentially improve coping and professional help-seeking when needed and reduce the prevalence of suicide. Further research is needed to evaluate the effects of these additional guidelines.

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