



Reporting mental ill-health: a quick guide for the media

Recommendations for reporting about a person with mental ill-health:

Consider whether mental ill-health is relevant to the story. Speculation about mental ill-health can contribute to stigma and discrimination. Follow media codes relating to discrimination, privacy, grief, and trauma.

Check the representation is fair and balanced. Ensure your story does not exaggerate a person's illness or the effect this has on their behaviour or life. Seek expert advice about the specific illness being discussed.

Report from police incidents and courts with care. Confirm mental ill-health is relevant to the story and ensure not to perpetuate myths about links between mental ill-health and violence as these stories relate to specific and relatively rare circumstances.

Take care interviewing a person with mental ill-health. People may be happy to speak to the media, but it can be difficult to talk publicly about deep personal issues. Where possible, source someone who is supported to speak to the media and ensure there are no legal considerations.

Consider how celebrity stories are framed. Before reporting, consider the reliability of your source, the language and images you use. Presenting a story as entertainment or gossip trivialises mental ill-health, but respectful coverage can break down stigma and encourage others to seek help.

Promote help-seeking services

Lifeline: [13 11 14](tel:131114)

lifeline.org.au

Suicide Call Back Service: [1300 659 467](tel:1300659467)
suicidecallbackservice.org.au

Beyond Blue: [1300 24 636](tel:130024636)
beyondblue.org.au

MensLine Australia: [1300 789 987](tel:1300789987)
mensline.org.au

headspace: [1800 551 800](tel:1800551800)
headspace.org.au

Ensure you:

- Add one crisis service to any story about mental ill-health.
- Match service information (e.g. age, gender, illness).
- Provide direct links to services in online content.

Recommendations for any story about mental ill-health

Consider the language used. Choose accurate and respectful language that separates a person from their diagnosis (e.g. a person is 'living with' or 'has a diagnosis of' mental ill-health). Take care not to stigmatise through the use of colloquialisms out of context.

Apply cultural considerations. Be aware of differences in language and communication styles for Aboriginal, Torres Strait Islander and Culturally and Linguistically Diverse populations.

Be mindful of reinforcing stereotypes. Balanced and accurate reporting can increase understanding, but stereotypes can contribute to negative community attitudes and stigma.

Seek expert advice. Health experts or community leaders can assist stories by providing accurate interpretation of statistics and placing situations or campaigns in context. A list of national contacts is available on the *Mindframe* website.

Use recommendations for online content. Consider implementing procedures to manage message boards for posts that may be harmful or from people in crisis.

Present information about mental ill-health in a way that is helpful:

- Covering mental ill-health accurately and sensitively.
- Sharing stories of people with lived experience of mental illness.
- Emphasising the importance of seeking help.
- Providing information about specific illnesses, policy implications, and debates on mental health care delivery.

For expert advice on reporting suicide and mental ill-health contact:

Mindframe

02 4924 6900

mindframe.org.au

[@MindframeMedia](https://www.instagram.com/MindframeMedia)

SANE Media Centre

03 9682 5933

sane.org

[@SANEAustralia](https://www.instagram.com/SANEAustralia)

Myths

✗ People who are mentally ill are violent

✗ People are unable to recover from mental ill-health

✗ Mental illnesses are all the same

Facts

✓ People with a mental illness are more likely to be victims of violence

✓ Most people will recover completely and go on to lead productive lives

✓ There are many types of mental illnesses and related symptoms