

## ***Mindframe: Self-care tips for media reporting on suicide and mental illness***

*Mindframe*, in consultation with the [Dart Centre Asia Pacific](#), has developed the following information on the welfare of journalists when reporting suicide, mental illness and other traumatic incidents.

It is essential for media professionals to receive ongoing professional development and support to prepare for potentially traumatic assignments, as there is often little time to do this prior to covering a specific story. The Dart Centre Asia Pacific resources can assist media professionals with this preparation. Traumatic assignments can include issues of suicide, mental illness and psychological distress.

Responsible reporting on topics that relate to trauma is important for the people involved, their families, and the public at large. Journalists can do this by following the *Mindframe* guidelines and, most importantly, by looking after themselves.

### **Before covering a story:**

Before covering a story on **suicide and mental illness, especially where violence and/or death is involved**, it is advisable for media professionals to **discuss the possible emotional, physical and logistical risks** they may encounter with their editor or manager. Media professionals should ensure they have a way of getting in touch with a manager if a problem arises, and that their line manager keeps partners and families informed, particularly if it turns into a prolonged assignment.

It is also important to remember that the majority of media professionals will not experience long-term ill effects when covering potentially traumatic events, and that the ethical reporting of suicide and mental illness is valuable and important work.

### **During story development:**

A small amount of distress following exposure to trauma is a **common response**, not a weakness, and while some stories may have a longer lasting impact, for example a murder suicide, **these feelings should dissipate over time**.

If you are feeling distressed, it can be helpful to **discuss this with someone you trust**. It's not weak, unprofessional or career-threatening to do this. Media professionals who acknowledge and

discuss their feelings often discover that it informs their work and helps them process trauma.

Acknowledging and discussing feelings can include talking to peers about what you have witnessed and keeping in contact with loved ones – especially on long assignments.

Part of staying healthy and remaining focused on the job is remembering to take good care of yourself by eating well, drinking water, sleeping regularly, taking breaks and exercising.

### Looking after yourself

Reporting suicide can be distressing for the media, especially if they have been affected by suicide in the past. Journalists may report from sites where there is graphic evidence of a death, they may see and be affected by other people's distress, or they may be required to interview people who are bereaved or in shock.

It's important that you safeguard your wellbeing in these situations. Consider alerting a manager if you believe you will be adversely affected by covering a story. During or following a story, ensure you are aware of your emotional reactions and consider talking it over with someone you trust, or contacting one of the support services listed in the *Mindframe* resources.

### Some responses after experiencing potentially traumatic events:

A trauma reaction is a common response to an event that includes 'any threat, actual or perceived, to the life or physical safety of a person, their loved ones or those around them.' Indirect trauma or vicarious trauma may result from working with survivors of trauma.

There are a **range of emotional and physical responses** to witnessing a traumatic event such as suicide or another crisis situation. These can include:

- Upsetting dreams or sleeplessness
- Recurring reminders of the event
- Being easily startled
- Sweating, rapid heartbeat, dizziness or nausea.

These reactions are normal and usually pass after some days or weeks. If they continue for longer than three to four weeks, or at any stage feel overwhelming, journalists should **seek professional help**. It is also important to be aware that symptoms of depression have a strong influence on the development of post-traumatic stress disorder in journalists exposed to potentially traumatic events.

**If you are in need of assistance, talk to your local GP or health professional, or contact any of the following crisis centres:**

**Lifeline 13 11 14**

[www.lifeline.org.au](http://www.lifeline.org.au)

**Suicide Call Back Service 1300 659 467**

[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

**MensLine Australia 1300 78 99 78**

[www.mensline.org.au](http://www.mensline.org.au)

### After covering the story:

It can be helpful to **have a conversation with** someone you trust, for example a peer who is a good listener. Speaking to a colleague who understands you can be extremely beneficial. The Dart Centre also has a network of experienced journalists available to chat with as a peer support person if so desired.

### When to seek professional assistance:

Every person will have an individual trauma response based on the type and severity of the experience, their age, gender, resilience and other psychosocial factors. However, in some instances the impact of trauma can disrupt a person's health and everyday living. You should seek professional assistance if the symptoms resulting from the trauma are too distressing or last for more than three or four weeks.

Warning signs may include:

- Being unable to handle the intense feelings or physical sensations
- Feeling numb and empty
- Continuing to experience strong distressing emotions
- Continuing to have physical symptoms of being tense, agitated and on edge
- Continuing to have disturbed sleep and/or nightmares
- Having no-one to support you and with whom you can share your feelings and emotions
- Having relationship problems with friends, family and colleagues
- Increasing your use of alcohol or drugs.

### Other resources available:

The *Mindframe* website ([www.mindframe-media.info](http://www.mindframe-media.info)) provides additional information:

- [Quick guides](#)- for reporting suicide and mental illness
- [Royal Commission tip sheet](#)- support for reporting on the Royal Commission into Institutional Responses to Child Sexual Abuse
- [Story sources and contacts](#) –including contact information for expert comment
- [Facts and stats](#) – including updated information that can be used in a story or to provide context.

The Dart Centre for Trauma and Journalism ([www.dartcenter.org](http://www.dartcenter.org)) offers a range of specialised training materials for journalism staff, including:

- [Best Practices in Trauma Reporting](#) -How and where does one begin to learn how to write about violence and trauma?

- [Tragedies and Journalists](#) -A 40-page guide to help journalists, photojournalists and editors report on violence while protecting both victims and themselves
- [Covering Children and Trauma](#) -When children are victims of violence, journalists have a responsibility to report the truth with compassion and sensitivity.

### Further advice

For further expert advice on media reporting of suicide and mental illness, contact:

**The *Mindframe* team** T: 02 4924 6900 E: [mindframe@hnehealth.nsw.gov.au](mailto:mindframe@hnehealth.nsw.gov.au)

**W: [www.mindframe-media.info](http://www.mindframe-media.info)**

**SANE Media Centre** T: 03 9682 5933 E: [media@sane.org](mailto:media@sane.org) W: [www.sane.org/media-centre](http://www.sane.org/media-centre)