

Mindframe: Tips for editors, news directors and line managers

Media organisations have a duty of care to their employees to ensure there are strategies in place to prepare and support staff covering suicide and mental illness. Line managers have a vital role to play in modelling and encouraging self-care as well as providing direct support to staff and identifying staff that may require professional support.

Before covering a story:

Trauma awareness briefings should be a core element of standard training for staff and management. Having an awareness of the physical and emotional risks of exposure to trauma (such as suicide and mental illness), as well as what strategies are in place to support staff, will instil confidence in staff to cover the 'tough' jobs – ultimately getting better stories and enhancing staff resilience.

Engaging, acknowledging and valuing staff (e.g. giving recognition for achievements) enhances job satisfaction and maintains motivation, which includes the willingness to take on challenging work. Editors should talk to their staff about the potential emotional risks of any job, along with the physical and logistical risks. Ensuring media professionals have a direct line to the newsroom and the ability to call home is vital. It can be helpful to provide staff with an up-to-date list of emergency contact numbers and [support services](#).

All staff (e.g. picture and film editors, sound recordists) involved in the reporting process can be affected by stories of suicide and mental illness and should be included in any training and debriefing.

During story development:

Maintaining regular contact with media professionals covering suicide and mental illness is important. As people's sensitivities are heightened when exposed to trauma, managers should provide encouragement and minimise criticism.

If staff feel distressed, managers should encourage them to discuss this with someone they trust and remind them it is not weak, unprofessional or career-threatening to do so. It can be helpful to explain to staff that such responses are **normal**, and while some stories may have a longer lasting impact, for example a public suicide, **these feelings should dissipate over time**.

If it is considered necessary to withdraw a staff member due to their level of distress, managers should discuss the reasons with the person and do it sensitively.

It is important for managers to remind staff that part of staying healthy is remembering to eat, drink, sleep, take breaks and exercise.

Common responses after witnessing trauma:

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 mental and physical responses** to witnessing a trauma such as suicide or another crisis situation. These can include:

- Sleeplessness
- Upsetting dreams
- Recurring reminders of the event.

Sometimes people become easily startled or have physical reactions such as 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.

After covering the story:

Managers should meet with all staff members who have been part of covering the story to discuss both the logistics and any emotions they may be feeling. They should also encourage staff to talk to a peer and maintain support from family, friends and social networks. Acknowledging the work with thanks, lunch, public recognition and emails can **go a long way to assist staff wellbeing**, and better work performance.

If staff report or show any sign of ongoing distress, **managers should offer support and urge them to seek professional help**. It is not a line manager’s role to be a professional counsellor, but they can be a role model around leadership and support.

Managers should also be aware that even staff who were not directly involved in the reporting process can be affected by stories of suicide and mental illness and therefore self-care should apply to all staff. Some organisations have a [peer-to-peer support network](#) which can be extremely beneficial. The Dart Centre also has a network of experienced journalists who can provide peer support if so desired.

If you or your staff 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

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

MensLine Australia 1300 78 99 78
www.mensline.org.au

Further advice

The *Mindframe* team T: 02 4924 6900 E: mindframe@hnehealth.nsw.gov.au W: www.mindframe-media.info
SANE Media Centre T: 03 9682 5933 E: media@sane.org W: www.sane.org/media-centre