



Mentally Healthy
City Townsville™

Media Guidelines

Version 01, October 2019



*To inform and empower individuals and communities
to achieve their best mental health and well-being.*



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Mentally Healthy City Townsville

What is a Mentally Healthy City?

A mentally healthy city addresses mental health as a comprehensive, whole of life, health and well-being agenda involving individual citizens and the support of the broader community.

It is a city that understands and supports the availability and ease of access of mental health services based on a stepped care approach comprising of a hierarchy of interventions, from least to the most intensive according to an individual's needs.

It aims to establish a community culture of support in a positive community environment and stigma reduction.

What is the Mentally Healthy City Townsville project?

The Mentally Healthy City (MHC) Townsville project aims to help the people of Townsville flourish and thrive as a community by heightening the focus on mental wellness and through assisting individuals and organisations to better support those people who from time to time may experience mental ill-health. Townsville has many clinical services on offer; however, it is not enough to address just intervention to mental illness without informed prevention.

Whilst the MHC Townsville project is not a mental health service provider, we are collaborating with existing service providers to assist them in the delivery of best proactive mental health frameworks in Townsville, North Queensland.

Our vision is to inform and empower individuals and communities to achieve their best mental health and well-being.

Why Townsville?

Townsville, like other similar locations across Australia has a rising mental health issue within the community. The people of Townsville to date have been vocal about the importance of supporting their fellow residents from a range of different cultures and backgrounds. Townsville has a strong community ethic based on sporting and cultural investment by the population and takes pride in coming together to face challenges head on. This is a group who can lead the way for social and cultural change and improve the understanding and importance of positive mental health and reduce the stigma that surrounds.



How is it different?

The MHC Townsville project is supporting service providers and other organisations at the community level by educating and empowering our local community to understand and maintain positive mental wellness. The project is not replacing services already provided in Townsville but aims to work alongside mental health service providers and other organisations to provide community appropriate resources of engagement, education and promotion for our everyday lives. The project is building greater awareness for mental health and well-being of services and support at a community level.

Whilst the Townsville project is a first formal approach for an Australian city, this concept has been successful globally in cities like Philadelphia (USA) and London (UK) amongst others.

Why is it important?

Mental health is a significant public health issue throughout Australia as it is in many other countries. The current approach is not sufficient to address mental health concerns in Australia and bring real and lasting change to the lives of Australians who experience poor mental health and more distressingly take their own lives. Collaborative action for community well-being is a necessary step in improving the mental health of our community.

Townsville has a suicide rate 2.5 times the national average and Aboriginal and Torres Strait Islander communities have a rate 3 times the national average (Australian Institute of Health and Welfare, 2014).

The MHC Townsville project assists in building individual and community resilience and capacity to respond to mental health ill-health and self-care, reduce stigma and build social cohesion.

A thriving community will likely deliver a range of benefits beyond the positive health outcomes - economic, cultural, educational and sporting (Australian Bureau of Statistics, 2017).

How can community be a part of a Mentally Healthy City?

In order to become a Mentally Healthy City, this project must be owned by the community. We want to create a city culture and environment where the stigma around mental health is reduced and supported in a positive community environment.

This project is designed to support our community in creating awareness of the mental health continuum, providing greater access to services and reducing the stigma surrounding the topic.

Understanding the mental health continuum



headsup Australia, (2019).

Mentally Healthy City Townsville website and social media channels

The MHC Townsville website URL is www.mhctsv.com.au

Facebook: Mentally Healthy City Townsville

Twitter: @mhctsv

Instagram: @mhctsv

LinkedIn: Mentally Healthy City Townsville

Hashtag: #MHCTsv

Mentally Healthy City Townsville general enquiries and more information

General enquiries: MHCTsv@tbmf.com.au

Brendon Marty

Project Manager

Mentally Healthy City Townsville

Mobile: 0437 724 663

Email: bmarty@tbmf.com.au

Kathryn Montafia

Marketing and Media

Mentally Healthy City Townsville

Mobile: 0427 655 574

Email: kmontafia@tbmf.com.au

Website: www.mhctsv.com.au

How did the Mentally Healthy City Townsville project start?

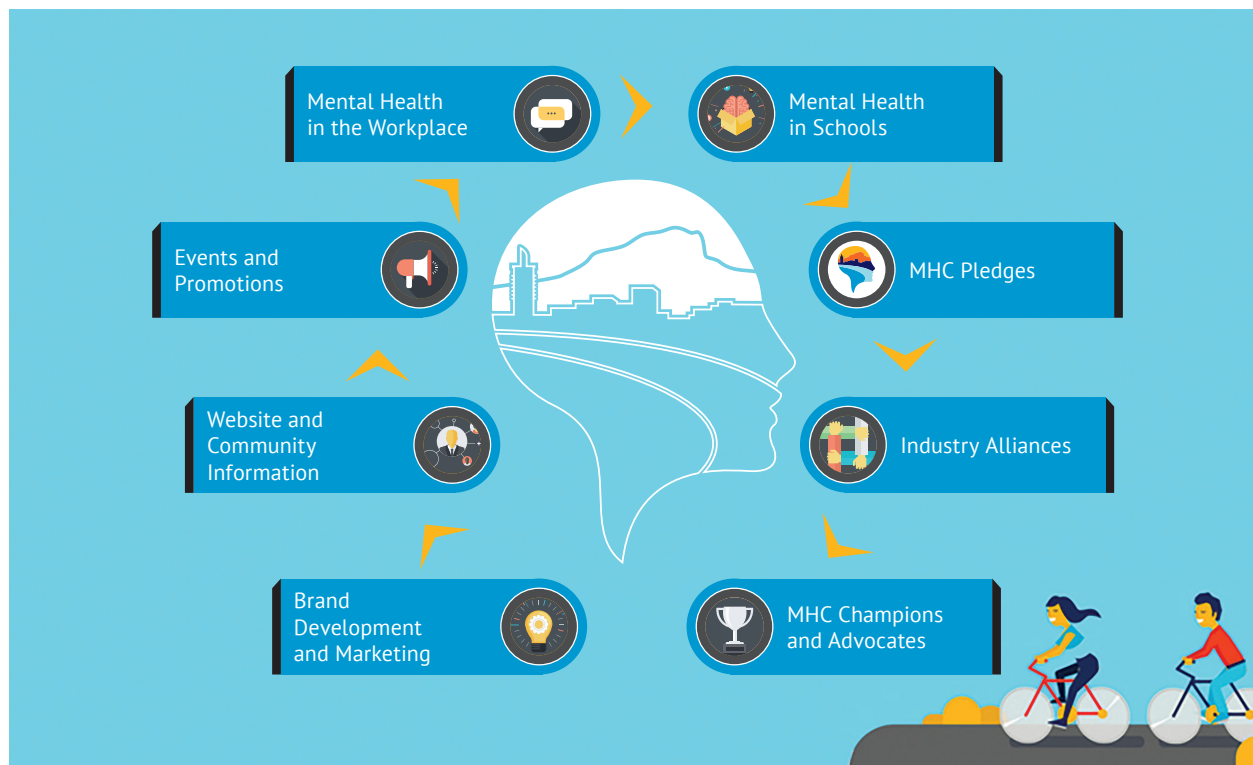
The Foundation had the opportunity to brainstorm projects, such as the Bishop Michael Putney (BMP) Fellowship "United Against Youth Suicide in Rugby League" through Townsville Emerging Leaders. Following this success and commission of further research, Professor Brett McDermott brought to the table the successful internationally supported concept of the Mentally Healthy City Project for the local Townsville community.

The Tropical Brain and Mind Foundation is the Sponsor of the MHC Townsville project.



What are the Elements of the MHC Townsville project?

There are eight elements to the MHC Townsville project



Brand Development and Marketing

- Social media and digital presence
- Logo design and collateral production
- Media outlet commitment and promotion
- Council endorsement
- Cross-promotion and sponsorship
- Community programs
- MHC essentials



Website and Community Information

- Central source of information
- Education and training resources
- Service provider profiles
- Database searching with recommended providers
- Certified trainer register



Events and Promotions

- Health and Well-being expo
- Business forums
- Education provider forums
- Walk with a health professional
- Buddy on a bench
- Flourish



Mental Health in the Workplace

- Establish a local community of practice
- Forums
- Information package for business
- Implementation options
- Frontline community support training



Mental Health in Schools

- Information package for schools
- Forums
- Implementation options



MHC Pledges

- Mentally healthy business
- Mentally healthy school
- Recognition and commitment
- Pledge to a mentally healthy city



Industry Alliances

- Sponsorship packages
- Register for industry networking



MHC Champions and Advocates

- Champions - well known industry leaders with media presence
- Advocates—community members within organisations and social groups
- Promotion of the project
- Distribution of information
- Support at events

The Wheel of Well-being

The Wheel of Well-being (WoW) is a framework that has been developed with communities and organisations to shape new ways to improve well-being. WoW is based on six universal aspects of well-being: body, mind, spirit, people, place, planet and incorporates the five ways of wellbeing.

WoW is made accessible through a unique, colourful brand and visual style which engages people around the subject of living happier lives. The WoW has been designed to be adaptable and tailored to different groups.

Wheel of Well-being



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Stepped Care Model

The MHC Townsville project utilises a stepped care model that is an evidence-based, staged system comprising of a hierarchy of interventions, from least to the most intensive according to an individual's needs.

It is person-centred and supports an individual across the spectrum of their needs ensuring streamlined access to the appropriate services over time and as their needs change. With an emphasis on integration and not having to 're-tell' their story every time the consumers support needs change (Australian Government Department of Health, 2016).



Australian Government Department of Health, (2016).

Our sponsor — Tropical Brain and Mind Foundation

Tropical Brain and Mind Foundation

Populations in the tropical regions of Australia are the subject of major stress, trauma and other diseases of the brain and mind. These range from children suffering from various forms of abuse and neglect which can lead to serious physical and mental health issues, to veterans returning from deployment to war zones with post-traumatic stress disorders. Such conditions are the focus for the work of the Tropical Brain and Mind Foundation (TBMF).

The Foundation seeks and encourages research excellence which investigates diseases of the brain and mind. Research that leads to clinical and therapeutic interventions are encouraged, particularly for children. Members of the Foundation have established close links with research institutes such as the Sydney Brain and Mind Institute.

Who are the Tropical Brain and Mind Foundation?

Internationally renowned neuroscientist and expert on the history and philosophy of brain and mind research Professor Max Bennett, with the support of Sir Peter Cosgrove encouraged Cathy Day and Sue McGinty of the Tropical Brain and Mind Foundation (TBMF) to address the significant and tragic statistics of poor mental health here in North Queensland.

With appreciation of the fantastic work being done by Townsville service providers, an opportunity to reduce stigma, improve community participation, and enable further research in the region presented itself.

Tropical Brain and Mind Foundation Board

- Cathy Day – Chair
- Sue McGinty – Deputy Chair
- Lisa Banks – Treasurer
- Matthew Keating – Secretary
- Alan 'George' Newman – Mentally Healthy City Townsville Line Manager
- Max Bennett – Board Member
- Louise Vella-Cox – Board Member
- Mellanie Hodgson – Board Member
- Eleni Millios-Hullick – Board Member

Our lead supporters

The MHC Townsville project is only possible with the support of:

- Townsville Hospital and Health Service
- Northern Queensland Primary Health Network
- Beyond Blue
- Townsville City Council
- Bendigo Bank

And most importantly, the Townsville Community.

Communications

Health and well-being

MHC Townsville aims to reduce the stigma around mental illness and focus the conversation around overall mental health and well-being. Whilst directly participating in conversations around mental illness and suicide prevention is important, our objective is to maintain the messaging around an overall health perspective and where possible this is the preferred conversation subject matter. To ensure the consistency of language around discussing suicide directly, please refer to *Mindframe* <https://mindframe.org.au/suicide/communicating-about-suicide>

Mindframe is managed by Everymind and funded by the Australian Government under the National Suicide Prevention Leadership and Support Program.

The following information in this section has kindly been provided by *Mindframe*.

Providing help-seeking information

The inclusion of help-seeking information into communication about mental health, and suicide encourages individuals to seek help and support when it's needed.

Evidence indicates that people are more likely to seek help when appropriate services are included in communication referencing suicide or self-harm.

Help-seeking pathways extend beyond calling a support line or meeting with a counsellor, with the emergence of texting services, downloadable resources and online community forums.

No matter how the individual obtains information referencing suicide, it is vital to always include 24/7 support services so they can reach out for support in a way that suits their individual needs.

What sort of help-seeking information should be included?

- two support services that operate 24 hours a day, seven days a week
- provide direct links to services in online content
- include information around at least one online support service or forum
- other service contacts where people can get information.
- include relevant information to the particular content e.g. demographic, state or cultural diversity.

For further information on Providing help-seeking information, please see: <https://mindframe.org.au/mental-health/communicating-about-mental-ill-health/providing-help-seeking-information>

For public speakers

The way public speakers discuss, communicate and portray mental ill-health can play a critical role in starting safe and responsible discussions.

Speaking publicly about mental ill-health, when done accurately, can contribute to community engagement, understanding and improved access to help-seeking pathways.

What language should I use?

The language used when reporting on mental ill-health can play a big role in keeping alive stereotypes, myths and stigma.

Remember that your comments may reach many members of the community, so try to avoid labelling or stigmatising language and suggest alternatives if this language is used.

Language

The language used when communicating about mental ill-health plays a big role in keeping alive stereotypes, myths and stigma.

It is important that all organisations and individuals discussing mental ill-health avoid using stigmatising terminology and language.

In many cultures 'mental illness' is a foreign and ambiguous concept. If understood at all, it can be heavily stigmatised and the idea of recovery is almost unknown.

Mindframe has recommendations for communicating about mental ill-health and what language may present inaccuracies and further perpetuate stigma.

Issue	Problematic	Preferred
Certain language sensationalises mental ill-health and reinforces stigma	✗ Terms such as 'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'	✓ A person is 'living with' or 'has a diagnosis of' a mental illness
Terminology that suggests a lack of quality of life for people with mental ill-health	✗ Referring to someone with a mental illness as a 'victim', 'suffering from' or 'afflicted with' a mental illness	✓ A person is 'being treated for' or 'someone with' a mental illness
Labelling a person by their mental illness	✗ A person is a 'schizophrenic', 'an anorexic'	✓ A person 'has a diagnosis of' or 'is being treated for' schizophrenia.
Descriptions of behaviour that imply existence of mental ill-health or are inaccurate	✗ Using words such as 'crazed', 'deranged', 'mad', 'psychotic'	✓ The person's behaviour was unusual or erratic
Colloquialisms about treatment can undermine people's willingness to seek help	✗ Using words such as 'happy pills', 'shrinks', 'mental institution'	✓ Accurate terminology for treatments e.g. antidepressants, psychiatrists or psychologists, mental health hospital
Terminology used out of context adds to misunderstanding and trivialises mental ill-health	✗ Terms like 'psychotic dog', using 'schizophrenic' to denote duality such as 'schizophrenic economy'	✓ Reword any sentence that uses psychiatric or medical terminology incorrectly or out of context

Mindframe, (2019).

Communicating about mental ill-health

It is important to note that within a 12-month period, one in five Australians experience mental ill-health.

Mental ill-health is a topic of public interest and when communicated or portrayed safely and responsibly, it can help to reduce the prevalence of stigma and encourage help-seeking behaviour.

Mental ill-health is a complex issue with a range of physical and emotional consequences and can be challenging to discuss accurately and responsibly.

Safe and inclusive language, considering different cultural considerations and seeking expert advice or comment are all included in the *Mindframe* media guidelines when communicating about or portraying mental ill-health.

For further information on Communicating about mental ill-health, please refer to: <https://mindframe.org.au/mental-health/communicating-about-mental-ill-health>

Mindframe guidelines for communicating about mental ill-health

The way mental ill-health is communicated about or portrayed can greatly influence help-seeking behaviour and the prevalence of stigma.

By communicating responsibly and accurately about the topic of mental ill-health, organisations, individuals and media can assist in demystifying negative stereotypes and debunk common myths associated with mental ill-health.

Reporting that is inaccurate or sensationalised can reinforce common myths and impact significantly on people diagnosed with a mental illness, making them less likely to seek help when they need it.

Mental ill-health can be communicated about in a variety of ways, including public interest news stories about mental health care, policy directions, marketing and communications collateral, discussion via social media and the sharing of lived experience of mental illness.

Mindframe uses an evidence-based approach in all of its work and remains committed to encouraging a responsible, accurate and sensitive communication of mental ill-health across all mediums.

Consider the language you use

Certain language can stigmatise people living with mental ill-health as well as present inaccuracies about mental ill-health or mental health care.

Seek expert advice

New information about mental ill-health, symptoms and treatments become available all the time.

A broader discussion, news story or communications piece may be improved by obtaining the views of health experts or appropriate community leaders who can assist by providing accurate interpretation of statistics and placing situations or campaigns in context.

Find an expert for advice on mental ill-health at <https://mindframe.org.au/find-a-topic-expert>

Be mindful of reinforcing common stereotypes

Balanced and accurate discussion and communication has the potential to increase understanding of mental ill-health. However, stereotypes can lead to negative community attitudes and stigma.

Myths	Facts
✗ People who are mentally ill are violent, dangerous, untrustworthy or unpredictable	✓ Many violent people have no history of mental illness and most people with a mental illness have no history of violence. People with a mental illness are much more likely to be the victims of violence and crime than the perpetrators
✗ People are unable to recover from mental illness	✓ Mental illness is not a life sentence. Most people will recover completely and go on to live full and productive lives. There are various treatments available to enable people to manage their symptoms/illness
✗ Mental illnesses are all the same	✓ There are many types of mental illnesses and many kinds of symptoms or effects
✗ People who share the same diagnosis will have the same experience of mental illness	✓ Even though a particular mental illness will tend to show a certain range of symptoms, not everyone will experience the same symptoms. A diagnosis will tell you little about a person's ability and personal characteristics
✗ Some cultural groups are more likely than others to experience mental illness	✓ Anyone can develop a mental illness and no one is immune to mental health problems. Cultural background may affect how people experience mental illness and how they understand and interpret the symptoms of mental illness
✗ People with a mental illness differ in appearance to others in the community	✓ People with mental illness do not look any different from others in the community

Mindframe, (2019).

Avoid reinforcing common stereotypes

What about online?

While evidence is still emerging, recommendations should also be applied to the online environment, including social media.

Given the instant nature and potential reach of online posts, implementing procedures to monitor and manage message boards for posts that may be harmful or from people in crisis is recommended.

Online channels provide an opportunity for reinforcing help-seeking information.

Apply specific cultural considerations

Aboriginal and Torres Strait Islander communities prefer the term 'social and emotional wellbeing' to describe mental health. The term extends beyond conventional concepts of mental health and mental illness.

Remember that no one person can speak for all Aboriginal and Torres Strait Islander peoples.

Stories benefit from canvassing a range of comments from the mental health and suicide prevention sectors and those with connections to the local community.

Be aware of differences in language and communication styles for Aboriginal and Torres Strait Islander and culturally and linguistically diverse populations.

For further information, please refer to *Mindframe's* guidelines at: <https://mindframe.org.au/mental-health/communicating-about-mental-ill-health/mindframe-guidelines>

Support for lived experience speakers

Appropriately trained lived experience speakers and representatives can enhance community understanding of mental ill-health and its impacts.

These representatives can be strong advocates to include in mental health planning and can assist in reducing stigma and improve knowledge within the Australian public.

The lived experience community can provide valuable insights into mental illness initiatives, projects and programs.

The personal experience and understanding of their journey can support and guide prevention planning, treatment and education as well as contribute to improved care and enhanced safety.

This section is designed to support, empower and build the capacity of those within the lived experience community to safely communicate with the media and public about mental ill-health through:

- appropriate, sector-consistent guidance on appropriate language use
- insight around the potential impact of presentations and content discussing mental illness, based on research evidence
- strategies to maximise opportunities to represent, discuss and raise awareness around suicide appropriately in the media
- guidance and tactics on how to respond to positive and negative reporting of mental health and mental illness
- access to relevant reference material including facts and statistics, research, resources, help-seeking information and services.

Lived Experience Resources

Mindframe has developed a suite of resources to support, encourage and build the capacity of those with lived experience.

- A guide for lived experience speakers: talking about mental illness
- A guide for lived experience speakers - understanding the media
- A guide for lived experience speakers: preparing for an interview or speech

For further information, please refer to: <https://mindframe.org.au/mental-health/communicating-about-mental-ill-health/support-for-lived-experience-speakers>

Communicating about suicide

When communicating about suicide it's important to remember that suicide is a complex issue and is often not preceded by a single event or condition.

Suicide arises from an interaction between many vulnerabilities and risk factors in a person's life. However, suicide may also be influenced by social and economic circumstances and differences between cultures and individuals' experiences within society.

Accurate information about suicide is important in order to identify those who may need more support and to debunk common myths about suicide.

When communicating about suicide, be mindful of:

- using safe, inclusive language
- presenting confirmed information
- removing method and location details
- including help-seeking pathways.

More about "Communicating about suicide"

- Language
- Discussing method and location
- Providing help-seeking information
- Social media
- Mindframe guidelines
- For public speakers
- For public speakers
- Support for lived experience speakers

For further information on "Communicating about suicide", please refer to: <https://mindframe.org.au/suicide/communicating-about-suicide>

Communicating about suicide

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	✗ 'successful suicide'	✓ 'died by suicide'
Associating suicide with crime or sin	✗ 'committed suicide'	✓ 'took their own life'
Sensationalising suicide	✗ 'suicide epidemic'	✓ 'increasing rates'
Language glamourising a suicide attempt	✗ 'failed suicide' 'suicide bid'	✓ 'suicide attempt' 'non-fatal attempt'
Gratuitous use of the term 'suicide'	✗ 'political suicide' 'suicide mission'	✓ refrain from using the term suicide out of context

Mindframe, (2019).

Do say	Don't say	Why?
'non-fatal' or 'made an attempt on his/her life'	✗ 'successful suicide'	✓ to avoid presenting suicide as a desired outcome or glamourising a suicide attempt.
'took their own life', 'died by suicide' or 'ended their own life'	✗ 'successful suicide'	✓ to avoid presenting suicide as a desired outcome.
'died by suicide' or 'deaths by suicide'	✗ 'committed' or 'commit suicide'	✓ to avoid association between suicide and 'crime' or 'sin' that may alienate some people.
'concerning rates of suicide' or 'cluster of deaths'	✗ 'suicide epidemic'	✓ to avoid sensationalism and inaccuracy.

Mindframe, (2019).

Glossary of mental ill-health terms

When communicating about mental ill-health, it is important to consider the key terms of reference.

What is mental health?

Mental health relates to the social and emotional wellbeing of individuals. Being mentally healthy, or having good mental health, is more than just the absence of an illness, rather a state of overall wellbeing.

What is mental ill-health?

Broadly, 'mental ill-health' refers to both mental illness and mental health problems.

What is mental illness?

A mental illness is a disorder diagnosed by a medical professional that significantly interferes with an individual's cognitive, emotional or social abilities. Mental illness includes: mood disorders (eating disorders, personality disorders, substance use and psychotic disorders), like depression, anxiety and bipolar disorder etc.

What are mental health problems?

A mental health problem also interferes with a person's cognitive, emotional or social abilities, but may not meet the criteria for a diagnosed mental illness. These may be the result of life stressors taking a toll on you emotionally, but often resolve over time when the situation changes.

For further referencing of correct terminology, please read Spotlight on mental health coverage for media professionals at <https://mindframe.org.au/news/spotlight-on-mental-health-coverage-for-media-professionals>

Mentally Healthy City Townsville Style Guide

Version 03. September 2019

For logo file requests, logo approvals and branding queries, please email MHCTsv@tbmf.com.au

Mentally Healthy City Townsville

The Mentally Healthy City Townsville brand has been developed to create a unified and inclusive identity. The logo should be used on all material for the Mentally Healthy City Townsville project.

The logo

It is preferable to always show the logo in the full colour version however if circumstances dictate, it can be used in a monotone, greyscale or reversed format. (See examples on page 2.)

Do not try to recreate the logo, change the colour, stretch, distort, rotate or place it on a busy background image. It must always be clear and stand out from the background.

Stacked



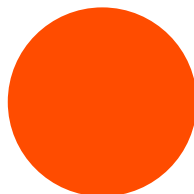
Side-stacked



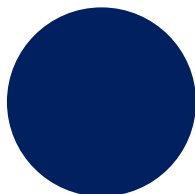
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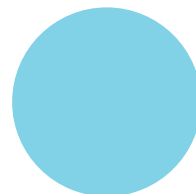
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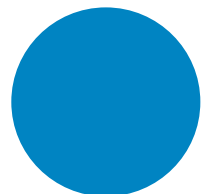
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Mentally Healthy City Townsville logo

Use the stand-alone logo *Mentally Healthy City Townsville* when it's a jointly agreed partnership or promotional activity.

Stacked version

Side-stacked version

Full colour
(Preferred)



Greyscale



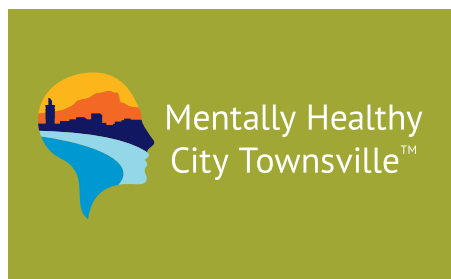
Monotone



Reversed



White reversed



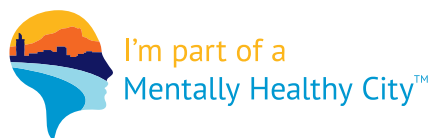
I'm part of a Mentally Healthy City logo

Use the *I'm part of a mentally healthy city* logo for any sole trader branding, or individual promotion.

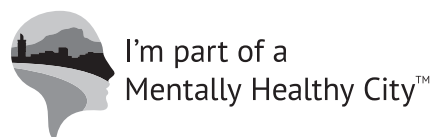
Stacked version

Side-stacked version

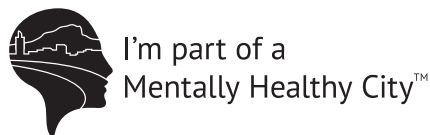
Full colour
(Preferred)



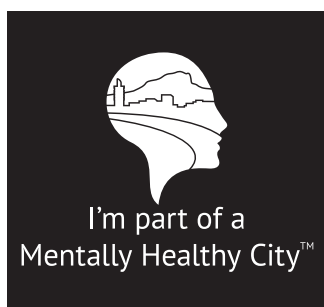
Greyscale



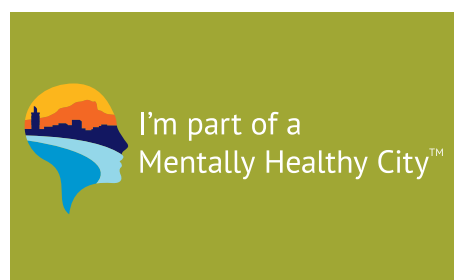
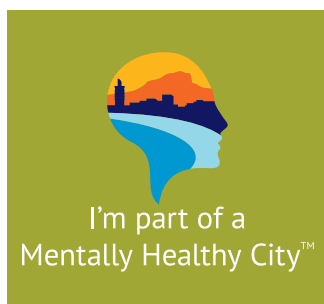
Monotone



Reversed



White reversed

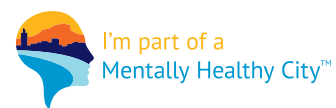


I'm part of a Mentally Healthy City dual logo

Your business logo
here



Your business logo
here

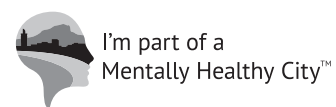


Full colour (Preferred)

Your business logo
here



Your business logo
here

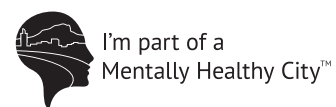


Greyscale

Your business logo
here



Your business logo
here

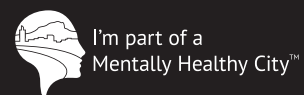


Monotone

Your business logo
here



Your business logo
here

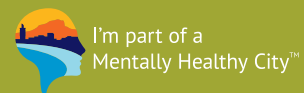


Reversed

Your business logo
here



Your business logo
here



White reversed

We are part of a Mentally Healthy City logo

Use the *We are part of a mentally healthy city* logo for any organisation/group branding or group based promotion.

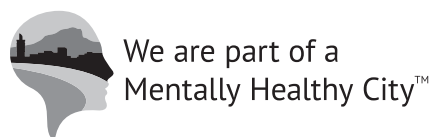
Stacked version

Side-stacked version

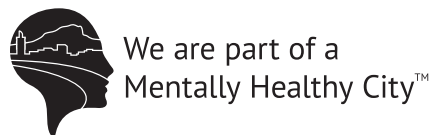
Full colour
(Preferred)



Greyscale



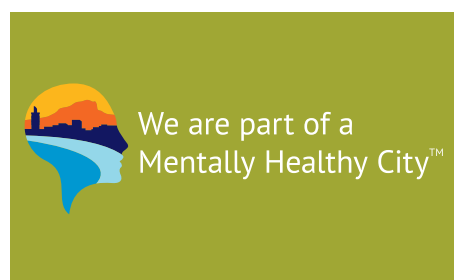
Monotone



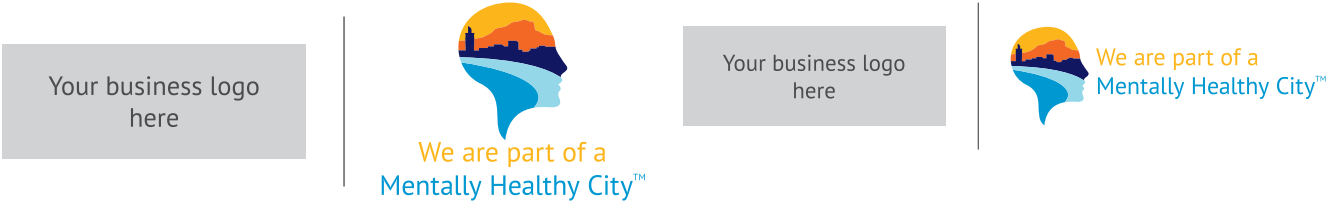
Reversed



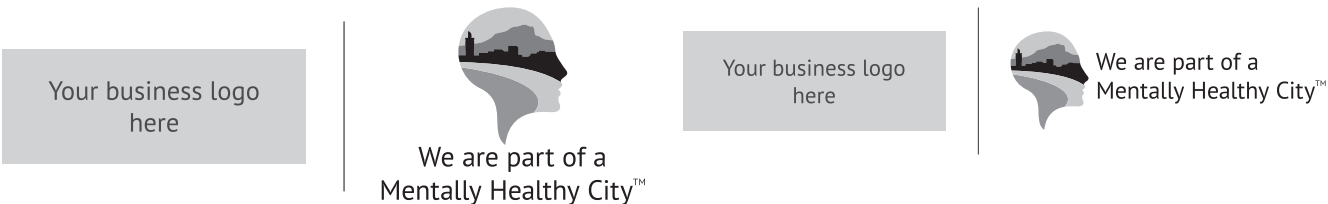
White reversed



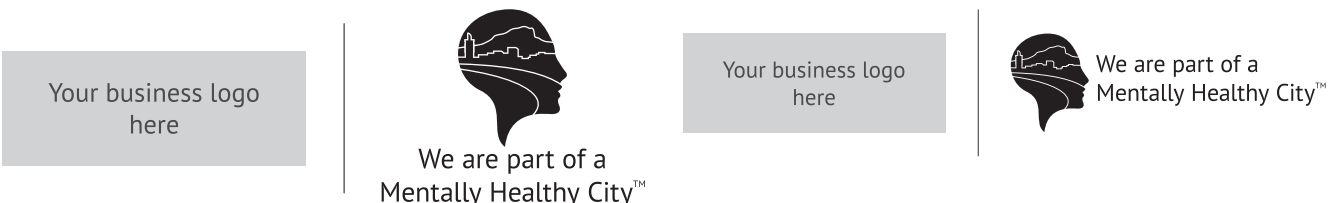
We are part of a Mentally Healthy City dual logo



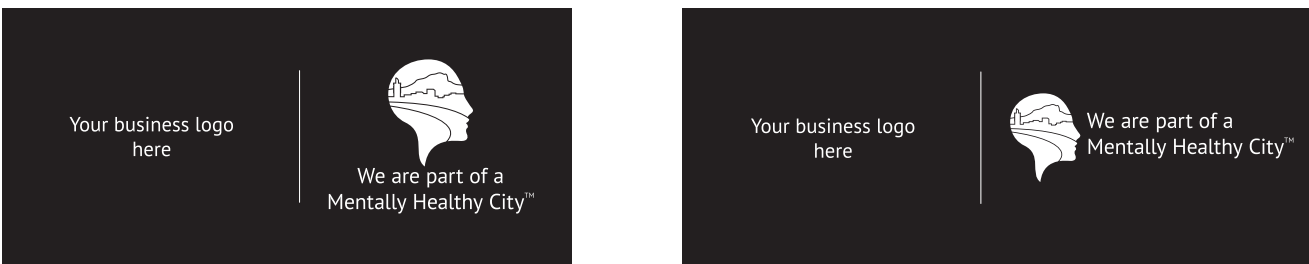
Full colour (Preferred)



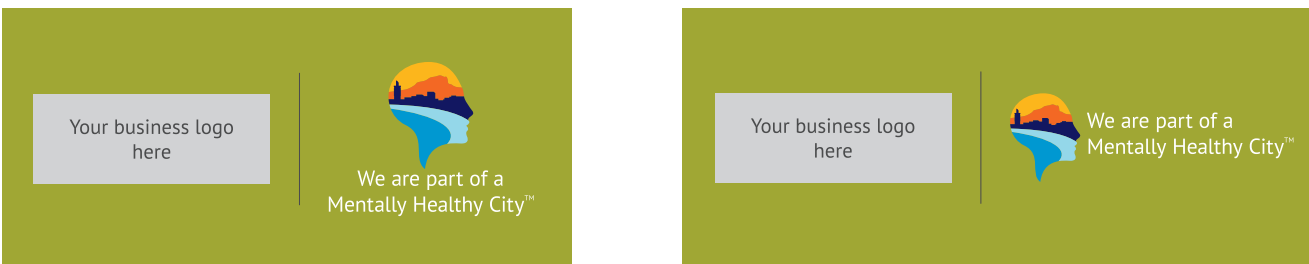
Greyscale



Monotone



Reversed



Corporate typeface

PT Sans

PT Sans Regular is the corporate typeface used within the framework of the Mentally Healthy City Townsville identity.

PT Sans Regular

12345678910

abcdefghijklmnopqrstuvwxyz

ABCDEFGHIJKLMNOPQRSTUVWXYZ

PT Sans Italic

12345678910

abcdefghijklmnopqrstuvwxyz

ABCDEFGHIJKLMNOPQRSTUVWXYZ

PT Sans Bold

12345678910

abcdefghijklmnopqrstuvwxyz

ABCDEFGHIJKLMNOPQRSTUVWXYZ

PT Sans Bold Italic

12345678910

abcdefghijklmnopqrstuvwxyz

ABCDEFGHIJKLMNOPQRSTUVWXYZ

Arial

Arial may be substituted for PT Sans in desktop generated documents, letters and internal communication when PT Sans is unavailable. Examples of Arial are shown below (italic versions and other weights are also available).

Arial Regular

abcdefghijklmnopqrstuvwxyz 1234567890

ABCDEFGHIJKLMNOPQRSTUVWXYZ

Arial Regular Italic

abcdefghijklmnopqrstuvwxyz 1234567890

ABCDEFGHIJKLMNOPQRSTUVWXYZ

Arial Bold

abcdefghijklmnopqrstuvwxyz 1234567890

ABCDEFGHIJKLMNOPQRSTUVWXYZ

Arial Bold Italic

abcdefghijklmnopqrstuvwxyz 1234567890

ABCDEFGHIJKLMNOPQRSTUVWXYZ

For logo file requests, logo approvals and branding queries, please email MHCTsv@tbmf.com.au

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