

# StigmaWatch

sane  
AUSTRALIA

Tackling stigma against  
mental illness and suicide  
in the Australian media



A SANE Report

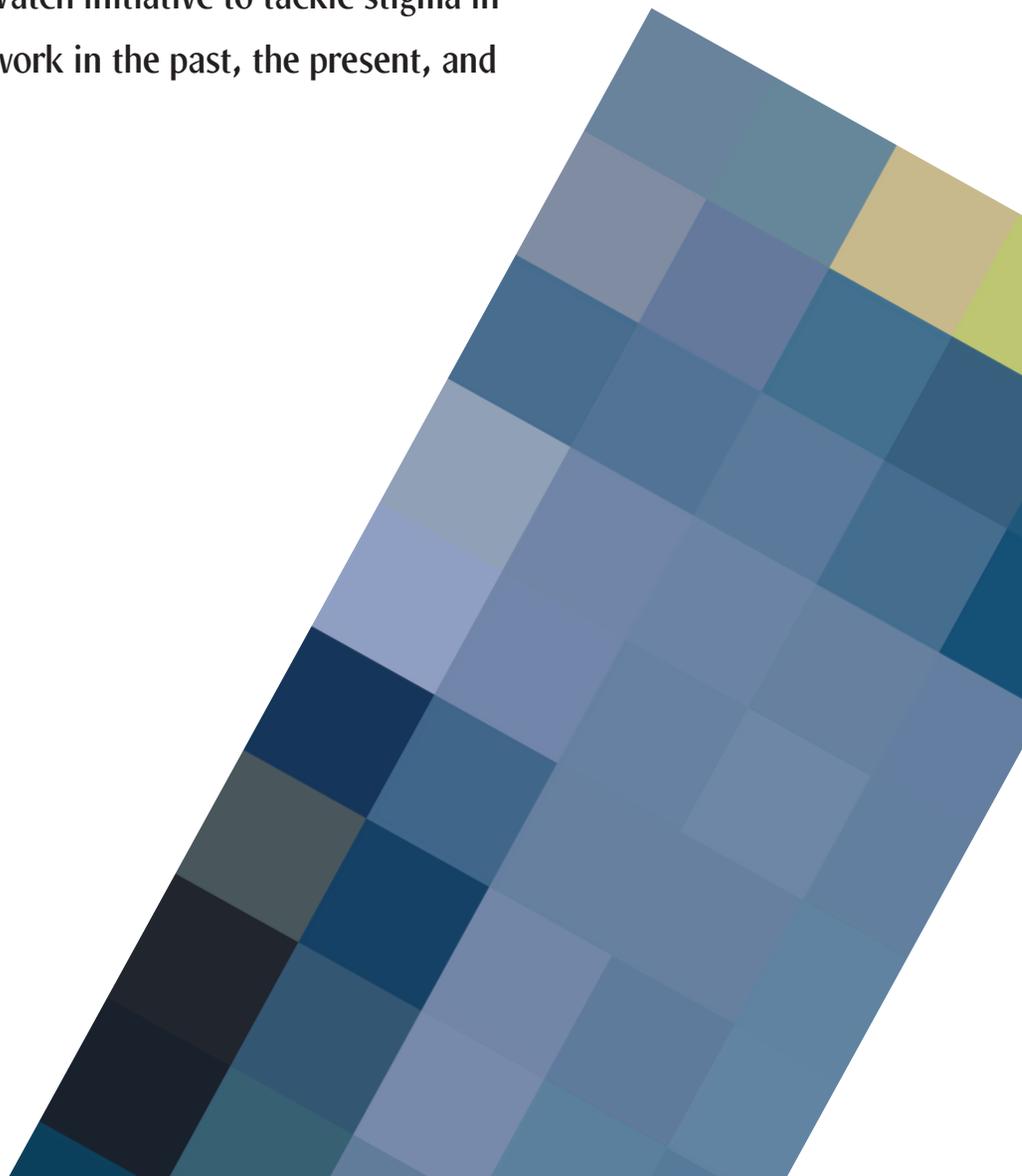
A SANE Report  
**StigmaWatch**



Stigma against mental illness and suicide are common. The impact of this misunderstanding and misrepresentation is serious – many people affected by mental illness say that it can affect their ability to recover as much as actual symptoms.

The media play a crucial role in influencing community attitudes. By encouraging accurate, responsible representation of mental illness and suicide in the media, we contribute to a dramatic improvement in the lives of all people affected by mental illness. We can also save lives.

This report celebrates the pioneering and award-winning work of SANE Australia's StigmaWatch initiative to tackle stigma in the media, documenting its work in the past, the present, and looking to the future . . .



# 1

Stigma, mental illness, and the media:  
the origins of StigmaWatch

1

# 2

StigmaWatch and the Mindframe initiative

5

# 3

The evolution of StigmaWatch

9

# 4

StigmaWatch today

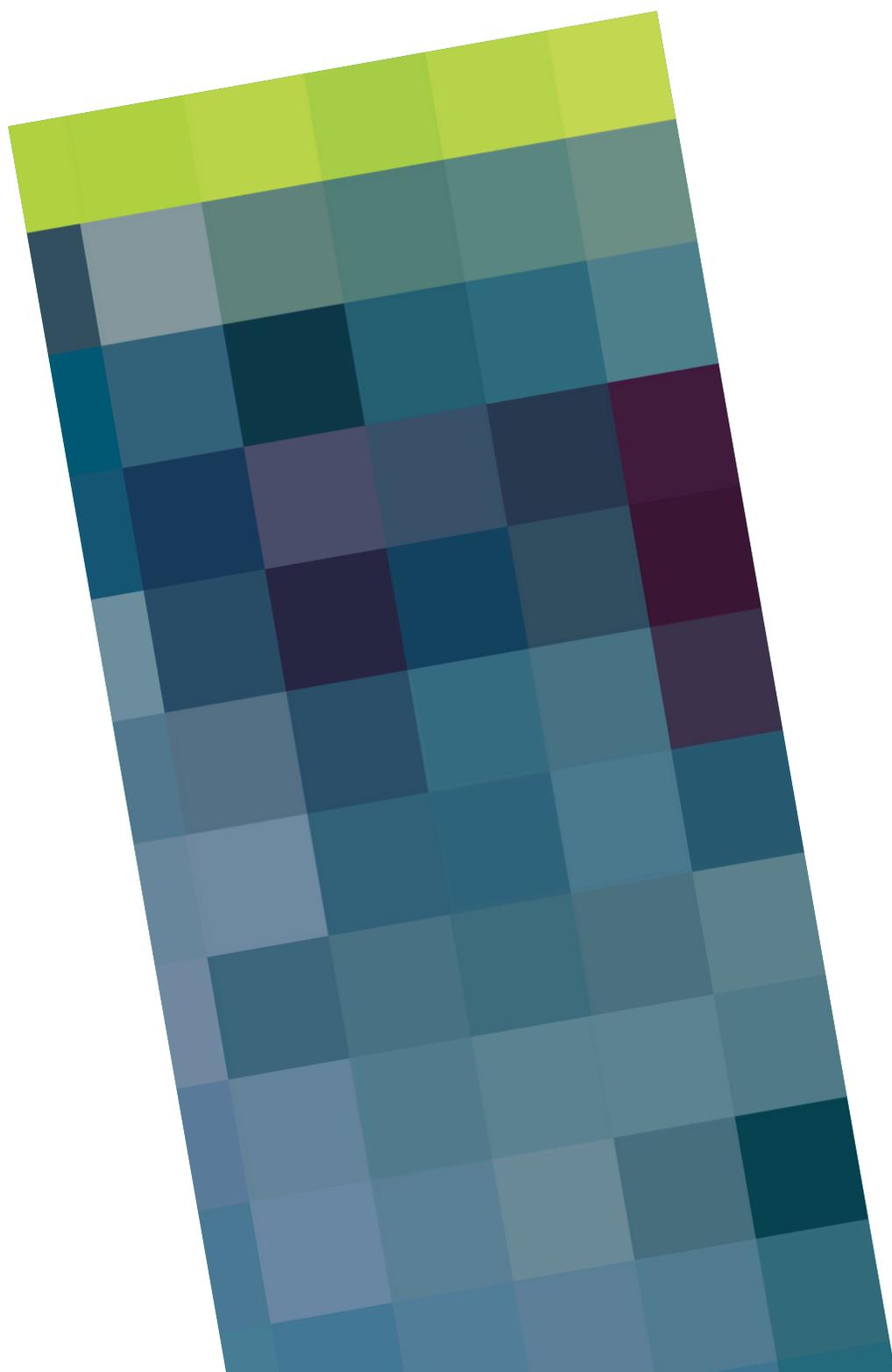
13

# 5

Looking ahead

17





# 1 The origins of StigmaWatch

Established almost fifteen years ago in 1999, SANE Australia's StigmaWatch program pioneered stigma-reduction through tackling media representation of mental illness and suicide.

Based at the SANE website, StigmaWatch monitors and responds to inaccurate or inappropriate stigmatising media portrayal of mental illness or suicide.

StigmaWatch was initially a community action protest program. It acted on concerns of individuals who were distressed and offended by news stories, advertisements, and other media representations which stigmatised people with mental illness or inadvertently promoted self-harm or suicide. Advocating on their behalf, StigmaWatch holds the mass media to account for its reporting and portrayal of mental illness and suicide. Over time, StigmaWatch has evolved and become more sophisticated, developing an increasingly positive focus, with educational and reward components providing media professionals with incentives to portray mental illness and suicide responsibly.

Anyone who reads, hears, or sees a portrayal of mental illness or suicide in the media that they believe is inaccurate, irresponsible or offensive, can report this to StigmaWatch. After verification of the report, 'offenders' are contacted, outlining the concern and encouraging them to be more accurate, balanced, and sensitive in future. Progress of the report is logged on the StigmaWatch area of sane.org. StigmaWatch also supports and encourages people who have concerns to take these up themselves with the media outlet.

Importantly, StigmaWatch does not aim to 'censor' media representation of mental illness and suicide. Rather, it encourages more accurate and responsible reporting and portrayal. StigmaWatch also empowers people to help change community attitudes themselves by taking responsible action on stigmatising news stories, drama, and advertisements.

## Deranged killer on the loose

*Sensationalised news headlines disproportionately associating mental illness with violent behaviour were an early focus of StigmaWatch. This remains an issue today.*



*Promotion of the Twisted Metal: Black game by Sony described violent characters 'released from a lunatic asylum' (2001). The gamer was encouraged to 'take a walk around their mental anguish and come out screaming for more'.*

*SANE Australia initiated a public campaign to stop the game being launched and promoted in Australia. After negotiations with Sony Computer Entertainment, the company agreed to withdraw the game's promotion in our region.*

The award-winning StigmaWatch program has created interest both nationally and internationally. Now an integral part of the SANE Media Centre, StigmaWatch is a critical component of Australia's activity to reduce the stigma associated with mental illness and suicide.

## Why do we need StigmaWatch?

*As a carer, I get hurt when I see remarks that label people who are mentally ill with names such as 'fruitcake', 'nutter' or 'psycho.' Don't they realise that this is my son they are talking about? There are times when carers feel forced to lie to avoid facing the possibility of demeaning reactions or remarks. This is degrading, especially when as a general rule in life, you make it a point not to lie. As if it's not bad enough for someone to have a mental illness, to be punished for it by being the victim of stigmatising comments is like kicking a man when he's down.*

*I believe editors and producers have a moral responsibility to avoid cruel, discriminatory words. They hold the power to influence children as well as adults. It would be great if the media made conscious decisions to use their power to promote compassion, understanding and education about mental illness. This would help to eliminate fear which, along with ignorance, is one of the primary causes of stigma.*

The media, in all its forms, influences the way we think, shaping our beliefs and our reaction to issues. It is also a primary source of information and attitudes regarding mental illness for the majority of Australians.

The media can help to improve attitudes. Accurate and positive stories about people with a mental illness can demonstrate that many people manage their symptoms well and live with hope. The media can also provide an understanding of how widespread mental illness is in the community, and that anyone can be diagnosed with a mental illness.

However, the media can also perpetuate stigma. Inaccurate or sensationalised reporting or portrayal can affect the way people with a mental illness are treated and may lead to discriminatory behaviour. It can also lead to self-stigma and delayed treatment. If you're living with mental illness, stigma is one more stress you don't need.

## Stigma hurts

*I was diagnosed with schizophrenia a decade ago and in my search to understand my new illness, the media offered me a skewed vantage point where it appeared schizophrenia was simply a licence for bad behaviour. Now, on the inside looking out, I recognise what an inaccurate portrayal this is, the exception rather than the rule. Like many living with schizophrenia, I was a victim of violence and abuse rather than the perpetrator.*

*There are so many people like me out there succeeding, living, working, raising families and contributing. Stigma stops these same people from putting their hand up to say they are living meaningful, purposeful lives.*

*This is to the detriment of those newly diagnosed with schizophrenia seeking hope for recovery and society at large. The media's power to do good becomes evident when we see community attitudes towards depression improve through proper reporting and education.*

The way in which mental illness is represented also affects how people feel about themselves and whether or not they seek help. The language and imagery used by the media can be inaccurate, sensational, unbalanced and stereotypical. People with a mental illness may be labelled as 'scary' 'comical' or 'incompetent'. Such stigmatising labels cause enormous pain and suffering. Many say that the stigma can be worse to deal with than the symptoms of the illness itself. Too often, violent and irrational behaviours are linked exclusively to mental illness.

A University of Melbourne study examined 630 Australian online and print news media stories citing 'schizophrenia' over a 1-year period in 2011/12. (Cain B et al 2013. Schizophrenia in the Australian print and online news media. *Psychosis*, DOI:10.1080/17522439.2013.764349). Violence featured in 47% of stories and 46% were assessed as stigmatizing. People identified as 'schizophrenic' were disproportionately reported as male and as perpetrators rather than victims of violence. The more stigmatising stories tended to appear in tabloid sources, to refer to overseas events and substance use, and to represent people with schizophrenia as young and male.

*Whenever I see a mass murder reported in the media my first thought is to make a silent prayer: please don't let the person have a mental illness. I'm sick and tired of living with the shame of the label I carry with me like the mark of Cain on my forehead.*

Children are particularly exposed to these messages. For example, a UK study which sampled one week of children's television, found that almost half (46%) of 128 programs contained one or more references to mental illness. Terms such as 'crazy', 'mad' and 'losing your mind' were commonly used to denote losing control. Six characters were identified as being consistently portrayed as mentally ill. These characters were almost totally devoid of positive characteristics (Wilson C et al 2000. How mental illness is portrayed in children's television: A prospective study. *British Journal of Psychiatry*, 176, 440-443).

People living with mental illness are acutely aware of the influence of the media on community attitudes. A 2006 survey of 357 people with mental illness found that respondents were optimistic that stigma could be reduced, and saw tackling stigma in the media as the most urgent priority (SANE Australia 2006. *Research Bulletin 4: Stigma and mental illness*. SANE Australia).

A Scottish study of television drama also found a disproportionate association of violence with mental illness (Shift 2010. *Making Drama out of a Crisis: Authentic portrayals of mental illness in TV drama*. Shift.) A total of 74 programs contained storylines on mental health issues.

In these there were:

- ▶ 33 instances of violence to others
- ▶ 48 instances of other types of harm
- ▶ 53 examples of harm to self
- ▶ 33 examples of sympathetic portrayal.

Secondary references in tabloid-style magazines, websites, and newspapers are important as they show how images from television can feed into a wider popular culture.

Key types of portrayal include:

- ▶ the mentally ill as dangerous outsiders
- ▶ mentally ill people as tragic and deserving of pity
- ▶ articles questioning the existence of mental illness as a serious but treatable condition.

Advertising campaigns which trivialise mental illness and suicide have also been an area of regular concern.

## StigmaWatch timeline

### 1999 SANE StigmaWatch launched.

SANE Australia had been receiving reports of stigma in the media for many years. These had been managed in an ad-hoc way, but it was soon clear that there was the need for a more formal, systematic, empowering, and public approach to bring about improvements.

SANE was aware of, and had worked with, the Stigmabusters program of the National Alliance for the Mentally Ill (NAMI) in the US. This had brought about a number of positive changes in television and film portrayal of mental illness. SANE StigmaWatch was designed to expand and formalise this approach, to cover all forms of media representation of mental illness and suicide, and to be an ongoing online program, managed by SANE Australia. Leading figures in the media, the mental health sector, and politics were invited to become Patrons of the program to add to its credibility and status. These included Andrew Denton (television presenter and producer, who continues as a Patron of SANE Australia today), Helen Connor, (then Chairperson of the Australian Mental Health Consumer Network), Dr Jonathan Phillips (then president of RANZCP), and then Democrat Senator Natasha Stott Despoja. The program was formally launched at the TheMHS conference in September 1999.

### 2000 Australian government establishes Mindframe.

The Australian government established the Mindframe initiative as a comprehensive national initiative to address stigma, as part of the National Mental Health Strategy and the National Suicide Prevention Strategy. It recognised that drawing upon the strengths of community partnerships is the best way for government to address stigma and suicide prevention. An advisory group of key media industry representatives, indigenous media and regulatory bodies, consumer and carer representatives and mental health and suicide prevention experts guides the strategy.

### 2001 Australian government supports StigmaWatch.

The movie, *Me, Myself and Irene*, provided a watershed moment for StigmaWatch. The movie promoted some of the worst prejudices about mental illness, conveying an inaccurate, offensive, and stigmatising portrayal of people with schizophrenia. Advertising featured a split head and the slogan, 'From gentle to mental'. StigmaWatch launched a major national and international campaign to modify the film's promotion, which was successful in bringing about change.

Following this campaign, the Department of Health and Ageing invited StigmaWatch to become part of Mindframe to provide an important additional component to the initiative. Funding from the Australian government ensured ongoing viability.

In the same year, SANE StigmaWatch won the Gold Award for *Best Mental Health Promotion Program* at The Australian and New Zealand Mental Health Services (TheMHS) Conference.

### 2002 Launch of the SANE Guide to Fighting Stigma.

ABC radio presenter, Jon Faine, launched the Guide and presented the *SANE StigmaWatch Report 2002* to the media. The *SANE Guide to Fighting Stigma* has since been revised twice and annual *StigmaWatch Reports* are also published.

### 2005 Good News stories.

The introduction of *Good News* reports to the StigmaWatch website pages was an important milestone. Responding to an increasing numbers of responsible and accurate media portrayals of mental illness and suicide, *Good News* publicly acknowledges and encourages these reports, congratulating the media professional responsible.

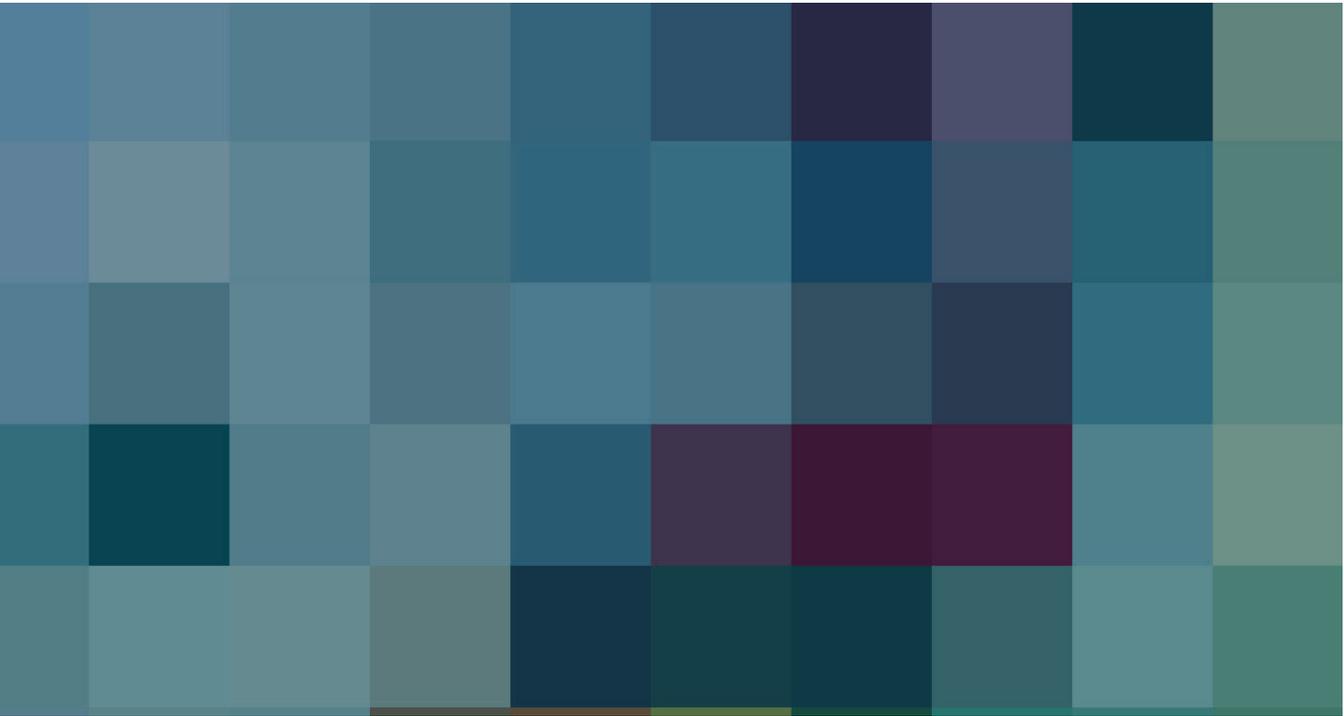
### 2006 SANE Media Centre established.

In 2006, StigmaWatch was incorporated into the new SANE Media Centre – an initiative to support the growing numbers of media and mental health workers looking for a personal and 'one-stop shop' service providing accurate information, access and referral to appropriate interviewees, 'media-savvy' advice and support. Funded by the Australian government, the SANE Media Centre is an integral part of the Mindframe initiative.

### 2013 Adapting to a changing landscape.

The focus of StigmaWatch continues to adapt to a changing landscape: the disruption of publishing and increased dominance of online sources of information and entertainment; the advent of myriad social media channels; the reduced stigma towards depression, but persistent irresponsible representation of psychotic illnesses such as schizophrenia, and of suicide.

- ▶ [www.sane.org/stigmawatch](http://www.sane.org/stigmawatch)  
See the SANE website for more details about the Media Centre and StigmaWatch program.



## 2 StigmaWatch and the **Mindframe initiative**

**The Mindframe National Media Initiative was established by the Australian government in 2000 to encourage responsible, accurate, and sensitive representation of mental illness and suicide in the Australian mass media.**

The Mindframe initiative involves building a collaborative relationship with the media and other sectors that influence the media (such as key sources for news stories). It is supported by funding from the National Suicide Prevention Strategy and the National Mental Health Strategy. Since its inception, Mindframe has had bipartisan political support, in recognition of the importance of the issues involved.

Until 2009, Mindframe was shaped and guided by the National Media and Mental Health Group (NMMH). Members of NMMH were key stakeholders, including the Australian Press Council; Federation of Australian Commercial Television Stations; Federation of Australian Radio Broadcasters; Australian Broadcasting Authority; Australian Writers Guild; Commercial Radio Australia; National Indigenous Media Association; beyondblue; SANE Australia, and the Australian Mental Health Consumer Network. Mindframe is now provided with guidance through a range of Advisory Groups on which SANE Australia is represented.



*StigmaWatch received reports of a fancy dress costume called the 'Insane Asylum Lunatic Skitzo Costume', which would 'have you looking the part of a psychotic madman in no time' (2009).*

*After representations from SANE Australia, explaining the harm and distress caused, the costume company removed the item from their website and ceased distribution of it in Australia.*

The Mindframe initiative has three main components:

## Mindframe Education and Training

Managed by the Hunter Institute of Mental Health, the Mindframe Education and Training program's objectives are to:

- ▶ build a collaborative relationship with the Australian news media (print and online, radio, and television) through the development and dissemination of evidence-based resources and sector engagement to enable a more accurate and sensitive portrayal of suicide and mental illness
- ▶ influence tertiary curricula so that graduates in journalism and public relations will be aware of, and are able to respond to, issues relating to suicide and mental illness
- ▶ support sectors that work with the media (such as the mental health sector, the suicide prevention sector, and the police) to facilitate better understanding about issues to consider when working with the media around mental illness and suicide
- ▶ provide practical advice and information to support the work of scriptwriters and others involved in the development of Australian film, television and theatre, to help inform truthful and authentic portrayals of mental illness and suicide.

Target sectors for Mindframe education and training are:

- ▶ **News media**  
Peak media bodies, media organisations, and professionals developing stories about mental illness and suicide.
- ▶ **Mental health and suicide prevention sector**  
Health, mental health, and suicide prevention organisations, services and professional bodies (government and non-government), and individuals within those organisations with a role in media portrayal of mental illness and suicide.
- ▶ **Universities**  
Universities (including both lecturers and students) that offer relevant programs in journalism and public relations.
- ▶ **Australian film, television and theatre**  
Scriptwriters, story departments, filmmakers, and other key stakeholders.
- ▶ **Police**  
Police forces in all jurisdictions, and relevant officers with a role in media representation of suicide and mental illness.



## StigmaWatch

### Reports on mental illness 2008-2012

The proportion of StigmaWatch reports expressing concern about media reporting of mental illness in general has risen in recent years from 33% (2008), peaking at 60% (2010), and remaining constant thereafter at 40% (2011-2012).

## SANE Media Centre

The SANE Media Centre supports the media with a personal, 'one-stop shop' service as they prepare their stories. It provides accurate information, access and referral to appropriate interviewees, 'media-savvy' advice, and support. The mental health sector is also provided with support in dealing with the media.

The Centre incorporates the StigmaWatch program, responding to community concern to provide media professionals with feedback, both positive and negative, to encourage more responsible reporting on mental illness and suicide.

Reports submitted are evaluated against the StigmaWatch criteria and the Mindframe National Media Initiative's Reporting Suicide and Mental Illness guidelines.

## Research and evaluation

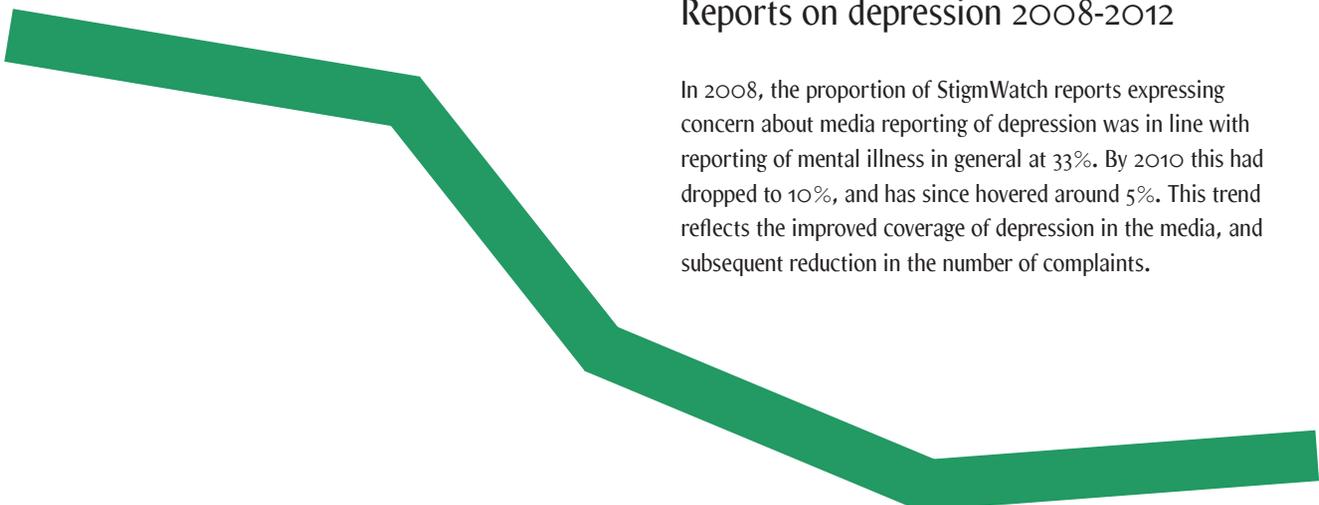
Ongoing monitoring and evaluation of the media's performance in reporting mental illness and suicide is conducted by the University of Melbourne and University of Canberra.

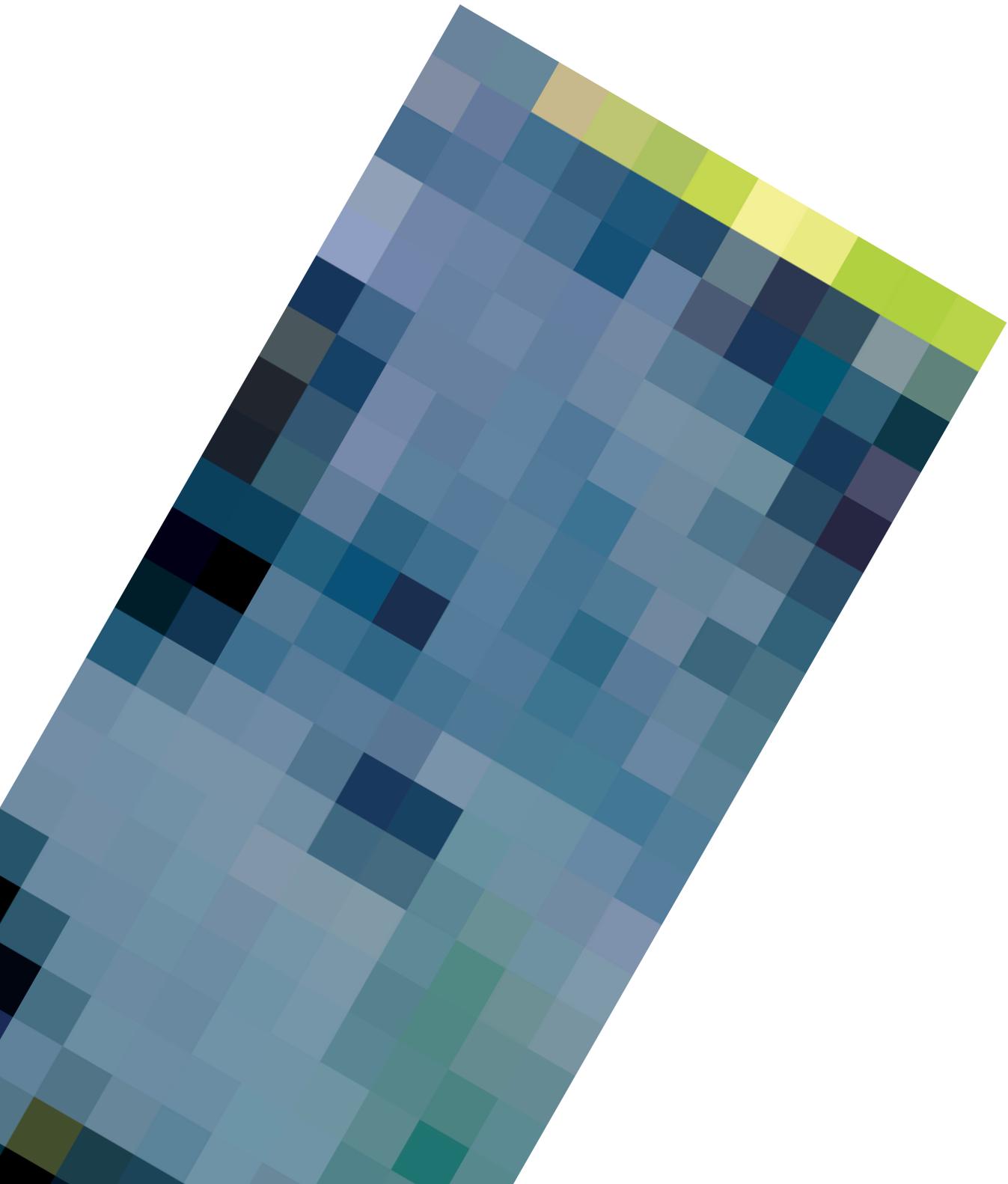
Two large-scale Media Monitoring studies have been completed providing baseline and changes in media reporting of mental illness and suicide in Australia. Additional qualitative and quantitative studies have also been conducted. Details of all research reports are available from the Mindframe website.

- [www.mindframe-media.info](http://www.mindframe-media.info)  
See the Mindframe website for full details of the initiative, resources, and research reports.

## StigmaWatch Reports on depression 2008-2012

In 2008, the proportion of StigmaWatch reports expressing concern about media reporting of depression was in line with reporting of mental illness in general at 33%. By 2010 this had dropped to 10%, and has since hovered around 5%. This trend reflects the improved coverage of depression in the media, and subsequent reduction in the number of complaints.





### 3 The evolution of

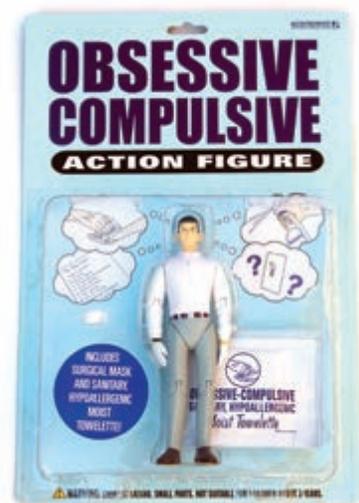
# StigmaWatch

## The nature of StigmaWatch reports and operation of the program have evolved steadily over the years.

StigmaWatch has operated as part of the SANE website since inception in 1999. In the early years, reports were often notified by mail or telephone and, following verification, media professionals responsible for stigmatising content were contacted by mail. It was considered that a letter better communicated the formality of the process, the credibility of the organisation responsible for StigmaWatch, and enabled a clearer explanation of the matter causing concern.

The tone of the letter was firm but always respectful, acknowledging that people rarely set out to offend, highlighting the Mindframe Guidelines, and requesting that recipients portray mental illness and suicide more responsibly. The great majority of recipients responded positively, often embarrassed and apologising for any offence caused, and pledging to think twice in future. A small minority did not respond to the first or follow-up letters. Only a few journalists have responded in a completely unresponsive way, justifying their use of stigmatising words or phrases – immune to the harm and distress caused, and dismissing our call for more accurate and respectful representation of mental illness and suicide.

A more informal, personal approach is now made via telephone or email. When further formal action is required, the tone of the letter has also been tempered – offering praise that media are now covering issues associated with mental illness and suicide, but pointing out the specific inaccuracy or offending content and explaining the harm this does. The SANE Media Centre is always referred to for information and support with future work in the area. This positive approach has meant that many media professionals taken to task have gone on to become *Good News* recipients and even award winners for their coverage of mental health issues.



*StigmaWatch* received reports that the Newslink retail chain was selling an imported 'Obsessive Compulsive Action Figure' (2008). The figure wears white gloves, comes with a surgical mask and a sanitary moist towelette, and the package mocks and trivialises this much-misunderstood and serious condition. SANE Australia contacted Newslink explaining the harm and distress caused, and the product was withdrawn from sale across Australia.



FHM magazine published an article, 'Suicide: Is it all it's cracked up to be?' with graphic, detailed descriptions of methods, recommendations for the most effective ways to die, and images of people who had died by suicide (2006).

*StigmaWatch* was inundated by complaints from distressed readers. After speaking with the editor of FHM, SANE Australia lodged a complaint with others to the Australian Press Council, which was found in our favour.

When StigmaWatch began operation, all validated reports were publicly logged online. The current approach is to log only a selection of reports to illustrate the types being received, as well as serious cases. This avoids publicly labelling larger numbers of media professionals who inadvertently offend as ‘wrong-doers’.

However, where media professionals persistently write material which is stigmatising, and ignore communications from StigmaWatch, then reports are logged and consideration given to contacting relevant industry bodies or watchdogs.

The inclusion of *Good News* reports in recent years also gives a clear message that StigmaWatch is not simply a complaint mechanism but is focused on modelling accurate, positive, and responsible reporting on mental illness and suicide.

### Issues of concern

The majority of early StigmaWatch reports concerned newspaper articles, especially where sub-editors used stigmatising terms such as ‘Schizo’ in the interests of brevity.

Complaints about television, radio, and advertising have remained steady over the years. However, as the quality of newspaper health and medical reporting has improved over time, the source of complaints has moved to other areas such as sports and business coverage, most often with inappropriate use of the word ‘schizophrenic’ being used (always derogatorily) to describe a sports team or the economy. Complaints about online content now make up a third of all reports to StigmaWatch.

The focus of StigmaWatch reports has also changed. Initially, the main concern related to coverage of mental illness, with few reports about suicide-related issues. However, with greater awareness amongst media professionals of the issues associated with reporting mental illness, along with the great increase of media reporting on suicide, this has changed dramatically. A growing number of complaints in recent years has concerned the reporting of suicide (commonly inappropriate details about method, lack of context, and no helpline numbers provided).

### Reporting is improving

As a result of stigma reduction activities in recent years, there have been significant improvements in media reporting and portrayal of mental illness in Australia. This has helped to reduce the stigma of mental illness and encourage help-seeking behaviour. However, we still have a long way to go.

A review of mental illness in the news and information media prepared for Mindframe found that, when compared to reporting in the 2000-2001 period, reports in 2006-2007 showed considerable improvement (Pirkis, J et al. 2008. *The Media Monitoring Project: Changes in Media Reporting of Suicide and Mental Health and Illness in Australia: 2006-07*. Commonwealth of Australia). Across all media, items concerning both suicide and mental health increased in volume, with approximately a two-and-a-half-fold increase.

Reinforcing the need for ongoing work, Pirkis et al concluded that there is a tendency for some types of news and information media to present mental illness in a way that promotes stigma (for example, by disproportionately associating it with violence and crime), and perpetuating myths about mental illness. They also found that schizophrenia and undifferentiated mental disorders (where an illness is not specified) appear to receive the poorest treatment in the media.

An analysis of reports to the StigmaWatch program supports this. It found that schizophrenia is often represented in an inaccurate, sensationalised way, promoting an association with violence. Depression is far more likely to be reported responsibly and positively, while other conditions receive little coverage.



### StigmaWatch Reports received 2002-2012

The number of reports received rose from 82 in 2002 to a peak of 402 in 2008. Overall numbers have since declined slowly, averaging around 250 per annum in recent years. While complaints about some areas have declined markedly, an increasing proportion of reports are about other areas, such as coverage of suicide.

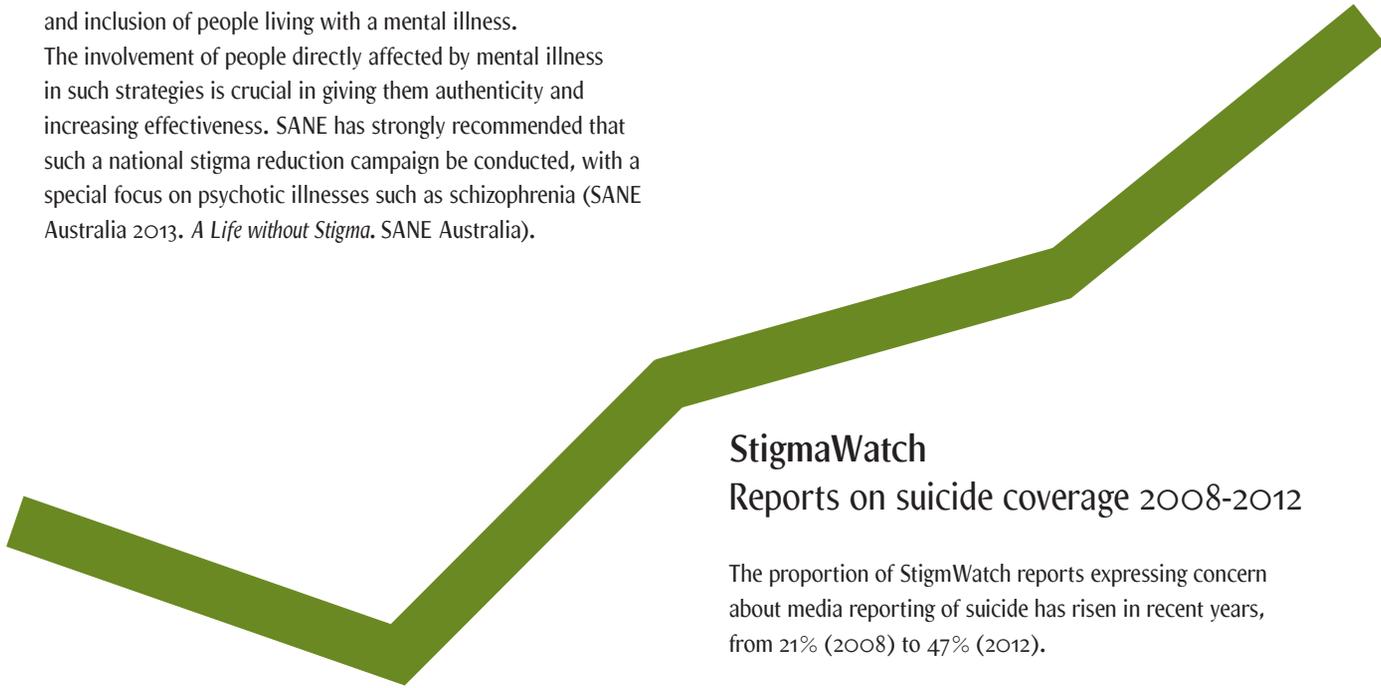
## Reporting of suicide

There has been a significant increase in reporting about suicide in the media over recent years. A widespread misconception among media professionals that they should not report the issue is being replaced by an understanding that suicide can and should be reported – but in a responsible way, without detailing the means, sensationalising, or glamorising it. The Mindframe and recently-updated Press Council guidelines have helped to clarify this issue.

While a growing number of StigmaWatch complaints concern media coverage of suicide, there has also been an increase in the number of *Good News* reports concerning suicide over the past five years.

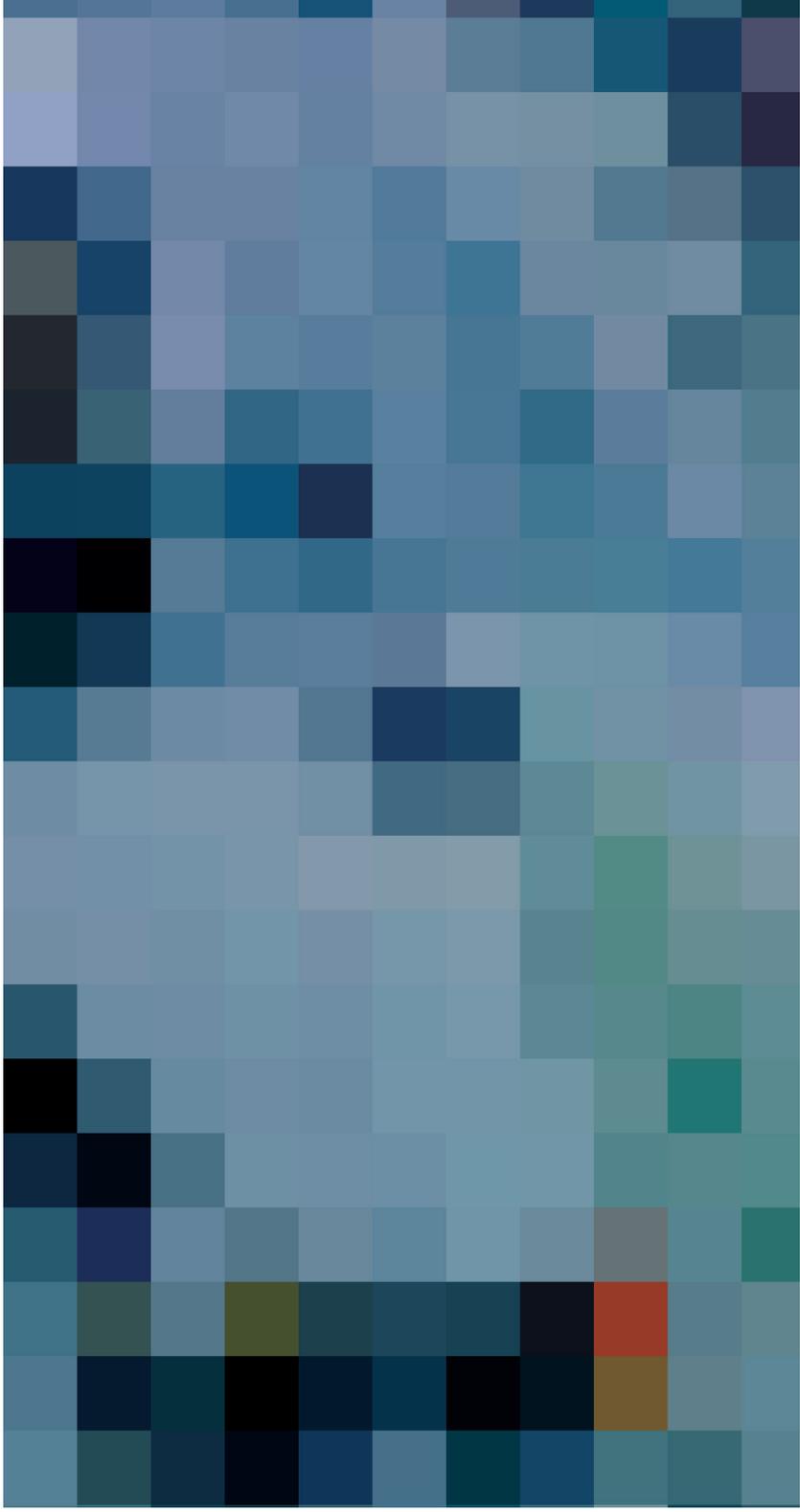
Research increasingly indicates that the media can work to prevent suicide. Evidence suggests that while some styles of media reporting may trigger deaths by suicide, others may work to reduce them (Niederkröthaler T et al 2010. Role of media reports in completed and prevented suicide: Werther v. Papageno effects. *British Journal of Psychiatry*, 197, pp 234–243).

The positive role that the media can play in reaching out to many different audiences to improve attitudes, reduce stigma, and promote mental health literacy is also being recognised. Community-based mass media stigma reduction campaigns, web-based mental health literacy programs, and documentary films have all been shown to have a positive effect in helping to reduce stigma and discrimination, and promote understanding and inclusion of people living with a mental illness. The involvement of people directly affected by mental illness in such strategies is crucial in giving them authenticity and increasing effectiveness. SANE has strongly recommended that such a national stigma reduction campaign be conducted, with a special focus on psychotic illnesses such as schizophrenia (SANE Australia 2013. *A Life without Stigma*. SANE Australia).



### StigmaWatch Reports on suicide coverage 2008-2012

The proportion of StigmaWatch reports expressing concern about media reporting of suicide has risen in recent years, from 21% (2008) to 47% (2012).

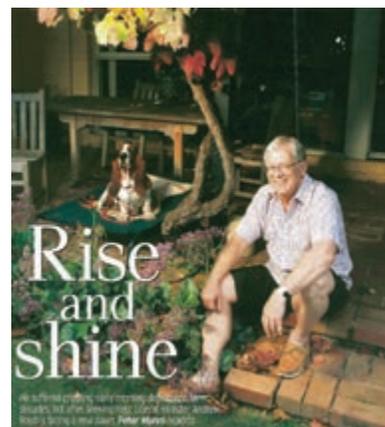


## 4 StigmaWatch today

StigmaWatch is now an integral part of the SANE Media Centre, which provides a suite of services to the media and mental health sectors.

The SANE Media Centre provides specialist support to media professionals and the mental health sector about reporting and other representation of mental illness and suicide-related issues. The Centre offers a central service that:

- supplies information and advice to media professionals – including journalists, scriptwriters, producers and commissioners of drama, documentaries and film, and the advertising industry – in preparation of stories or other portrayals of mental illness and suicide, and helps them to follow the Mindframe guidelines
- supports, advises, and trains the mental health and suicide prevention sectors in working with the media, particularly groups where there are no specialist media personnel, or which have other specific needs, such as culturally and linguistically diverse (CALD) groups
- selects, trains, supports, and debriefs expert spokespeople, particularly those with personal experience of mental illness or of attempted suicide or bereavement due to a death by suicide
- operates StigmaWatch to act on and voice community feedback to the media about how they report on and portray mental illness and suicide, encouraging accurate, respectful and responsible reporting, and urging consideration of the impact stigmatising representations have on people living with a mental illness and their families.



Recognition and encouragement of accurate, responsible, and positive stories about mental illness and suicide is an important aspect of StigmaWatch's work. A Sunday Age profile of Andrew Robb MP, describing how he learnt to manage his depression (2010), is an example of such a Good News story.



The Rivers clothing company distributed a catalogue called 12 Days of Madness which made fun of mental illness in order to sell their products (2009). Following many complaints to StigmaWatch, SANE Australia contacted the company who apologised and ceased using the 'madness' theme in their promotions.

The Advertising Standards Authority also upheld a complaint against Rivers, on the basis that they had discriminated against people with a mental illness.

## How StigmaWatch operates

Reports are submitted to StigmaWatch via an online form (though they are still accepted by other means) and evaluated against the StigmaWatch criteria and the Mindframe Reporting Suicide and Mental Illness guidelines. If, after verification, a story is found to be stigmatising, inaccurate, or irresponsible, StigmaWatch contacts the journalist or media outlet and explains the reason for complaint. The journalist or media outlet is encouraged to revise or withdraw the article and advised how they can ensure against stigmatising mental illness and suicide issues in the future.

StigmaWatch also provides media professionals with positive feedback when a *Good News* report has been submitted, to encourage similar responsible reporting in future. This reinforces the role positive media coverage plays in the reduction of stigma. All media are offered support in the preparation of future stories.

In the case of a media outlet refusing to acknowledge a report, or failing to take appropriate action, StigmaWatch considers enlisting support from StigmaWatchers to add pressure to the case or in taking the complaint to the relevant industry body or watchdog.

When action is taken, it is logged on sane.org under StigmaWatch Activity. This summarises the complaint or *Good News* story, action taken, and the response received from those who are contacted. If the report cannot be verified, then action is unlikely to be taken.

## Making a report

People making reports of stigma in the media are encouraged to follow four important steps:

- Get the facts right – this includes, date, outlet, and specifics of complaint
- Provide a copy or link to the item
- Provide information about how the media item contravened the StigmaWatch criteria or, in the case of *Good News*, helped them. (It is not sufficient to subjectively ‘not like’ a media item).
- If possible, write a letter of complaint or praise to the outlet themselves so media professionals can hear first-hand how people are affected by their reporting and portrayal of mental illness and suicide.

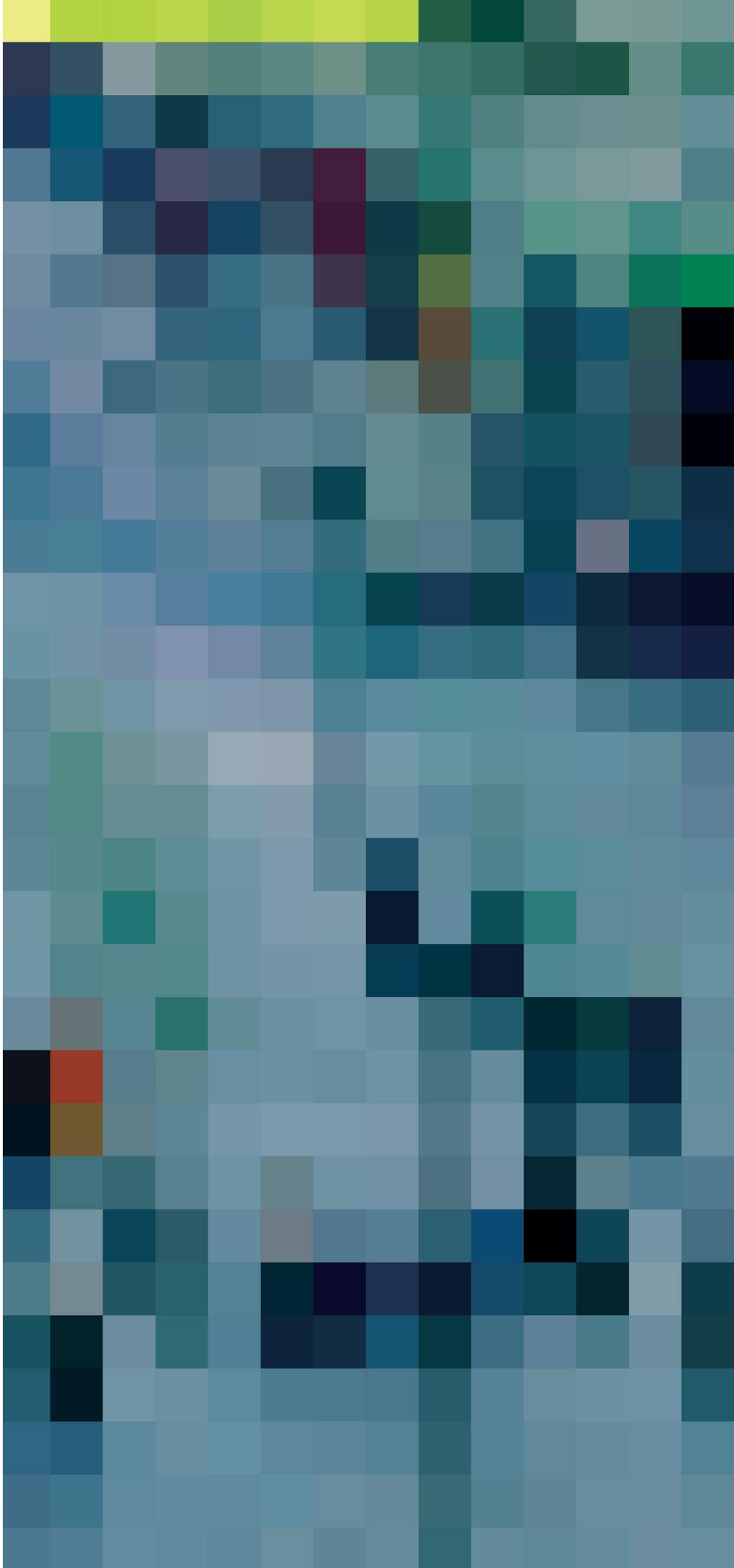
### Reporting criteria for StigmaWatch

<b>Stigma</b>	The media item includes inaccurate or inappropriate reporting of mental illness or suicide <i>or</i>
<b>Positive</b>	The media item is <i>Good News</i> , notable for accurate or sensitive reporting of mental illness or suicide
<b>Language</b>	If the media item misuses a diagnostic term, such as ‘schizophrenia’, and/or the wording used specifically references mental illness. (Use of vernacular, non-diagnostic terms such as ‘crazy’ or ‘insane’ may not be strong enough on their own to warrant action.)
<b>Media</b>	The item has appeared in the public media (e.g. TV or website, radio, newspaper, magazine, advertising)
<b>Australian</b>	The media item originated in the Australian media
<b>Current</b>	The report is sent within one month of publication.

## Benefits of StigmaWatch

As an integral part of the SANE Media Centre and the Mindframe initiative, StigmaWatch results in:

- ▶ An improvement in the quality and quantity of reports and portrayals of mental illness and suicide – a reduction in sensational or stigmatising reports published in the Australian media, and an increase in accurate, sensitive and positive reports and portrayals.
- ▶ Improved morale within the mental health sector. Through StigmaWatch, people with mental illness, families, friends, health workers, and interested community members know that someone is advocating on their behalf and holding the media to account for inaccurate, irresponsible or offensive reporting and portrayal of mental illness or suicide. Reducing stigma is something everyone affected by mental illness or suicide agrees is important; this is a unifying issue for an otherwise fragmented group.
- ▶ Increased empowerment of people affected by mental illness or suicide, who are supported and encouraged to make their own complaint directly to the relevant media outlet. The *SANE Guide to Reducing Stigma* was developed especially for this purpose – empowering them to take appropriate action in the future.
- ▶ Reporting to StigmaWatch is a volunteer activity. A dedicated network of over 2,000 StigmaWatchers around Australia monitor the media for reports and portrayals which are inaccurate and offensive, and also undertake to take action as needed. A regular eBulletin is sent out to StigmaWatchers to update them on activity as well as special Alerts for when a quick response is needed.
- ▶ Acknowledgement and validation of the distress people can experience through inappropriate reporting and portrayals. StigmaWatch empathetically acknowledges the distress of complainants, even when the report does not fit criteria for an official report, so they know their concerns have been heard. This aspect of the program is respectful of complainants' experiences and feelings, and is very important for a group whose concerns have too often gone unheard.



## 5 Stigma, mental illness, and the media

# Looking ahead

**Stigma hurts. Stigma can cost lives.**

**SANE Australia is committed to ensuring StigmaWatch will continue to play an important role in reducing the impact of stigma against people affected by mental illness and suicide.**

Improvements in the reporting and representation of mental illness and suicide over recent years are real and welcome. They are a testament to the work of SANE Australia, the Mindframe initiative, and others to improve how the media covers these issues.

Despite these improvements, however, the work of StigmaWatch and the SANE Media Centre is very far from over.

### **Psychotic illness still misrepresented**

While there has been an improvement in the quantity and quality of media coverage of depression (thanks especially to the work of beyondblue), reporting about psychotic illnesses such as schizophrenia remains all too often sensationalised, inaccurate, and associated with violence. This dehumanises those who are affected, creating a major barrier to recovery and inclusion in society. It is essential we continue to work to change these attitudes in the media and in the community at large.

SANE Australia has called for a comprehensive, national, community-based campaign to reduce stigma against people living with psychotic illness. StigmaWatch and the SANE Media Centre will be an important contribution to this initiative.

### **The changing media landscape**

The work of StigmaWatch has continually evolved since being established. Changes to the media landscape bring new challenges for the battle against stigma too.

When StigmaWatch began, complaints were overwhelmingly about newspaper stories; there are now doubts about whether print newspapers will still exist in five years time. The same titles still exist on the web, of course, but the nature of online news is very different. It exists in a 24-hour news cycle resulting in more hurried, less considered writing; is less profitable, leading to lower editorial standards as staffing is reduced; has a lower attention span, encouraging more sensationalised, ‘eyeball-grabbing’ content; the consumption as well as creation of content is far more likely to be done on the run, and to be viewed on a mobile device, changing how it is perceived. The dominance of social media and blogs is also blurring the distinction between privately-created content and the mass media. (Many blogs now have a readership far exceeding established newspaper titles.)

**While impossible to monitor all social media, it is increasingly important to educate and model appropriate writing about mental illness and suicide for the online community.**

### **Preventing suicide**

Around two thousand Australians die by suicide every year. Research suggests that irresponsible media coverage of this issue can prompt others who are vulnerable to take their lives too, by suggesting a means, or by normalising or glamorising suicide as an option when people are in mental distress.

It is no exaggeration to say that working to improve media coverage of this issue is a matter of life and death. It has never been an aim of StigmaWatch to stifle media reporting of suicide, but – on the contrary – to promote responsible reporting: preventing harm and encouraging debate on improving services to reduce this unnecessary loss of life.

## For more information

- ▶ **StigmaWatch**  
[www.sane.org/stigmawatch](http://www.sane.org/stigmawatch)
- ▶ **SANE Media Centre**  
[www.sane.org/sane-media](http://www.sane.org/sane-media)
- ▶ **Mindframe**  
[www.mindframe-media.info](http://www.mindframe-media.info)



A national charity  
helping all people  
affected by mental illness  
lead a better life.

SANE Australia  
PO Box 226  
South Melbourne VIC 3205

T 03 9682 5933

F 03 9682 5944

E [info@sane.org](mailto:info@sane.org)

[www.sane.org](http://www.sane.org)

**StigmaWatch: Tackling stigma against mental illness  
and suicide in the media: A SANE Report**

© SANE Australia, 2013

ISBN 978-1-921837-13-5

This report was written for SANE Australia  
by Barbara Hocking OAM and edited and designed  
by Paul Morgan.

This report is published with support from the Australian  
Government's National Mental Health Strategy and National  
Suicide Prevention Strategy through the Mindframe National  
Media Initiative.

Suggested reference:

SANE Australia 2013. *StigmaWatch: Tackling stigma against  
mental illness and suicide in the media: A SANE Report.*

SANE Australia

Copies of this document are available in PDF format  
at [www.sane.org](http://www.sane.org).

# StigmaWatch

Tackling stigma against mental illness and suicide  
in the Australian media: A SANE Report

