On the Same Wavelength

Episode 3: What the media gets right (and wrong)

Elise: Hello, and welcome to *On the Same Wavelength,* where we explore how we can make a better world for people living with complex mental health issues. I'm your host, Elise.

In this episode, we're focusing on media. Maybe you're a journalist or reporter. Or a writer or producer. Or a person who reads the news, watches TV, catches a movie, or reads books. We're constantly surrounded by media. It's pretty inescapable.

In previous episodes, I mentioned the National Stigma Report Card – a large study of nearly 2000 Australians who have lived experience of complex mental health issues. This study found that three quarters of participants experienced some level of stigma or discrimination when they engaged with mass media over the last 12 months.

So why is stigma so common in the media? What does this actually look like? And how can we make things better?

In this episode, we'll be meeting Sandy, who will be sharing her lived experience story. I also chat with Dr Elizabeth Paton from Everymind, about how we can make media reporting more responsible and empathetic.

Just a quick note that this episode touches on topics including schizophrenia and psychosis, violence, and psychiatric mistreatment. And, like all our episode, we talk about stigma and discrimination. So please only listen today if it feels right for you.

Sandy: My name's Sandy and I live out in the Yarra Valley with two women, three cats, two dogs, nine chooks, birds, wombats, kangaroos, and nature.

Elise: Sandy's a Peer Ambassador at SANE. She's in her 60s, and describes her home out on four acres as her 'asylum', in the true sense of the word – a place of peace and refuge. She plays hockey, as goalkeeper, and loves it. She also plays

violin and viola, and loves the energy of playing to a live audience. She's also a writer and poet.

Sandy: I started documenting my madness in poetry and in 1993, after 17 years of being in a complete wilderness where I didn't do much, where I would lie in bed all day, you know, get up late mooch, around the house with the dog, not doing much at all, really being quite unwell and quite dysfunctional. But I started writing poetry and I started documenting my madness in poetry.

Elise: Sandy was diagnosed with schizophrenia back in the 1980s. She acknowledges that there are some controversies around the diagnosis of schizophrenia, what it means, the symptoms and its causes. But for her, this term fits her experiences.

Like some people in the advocacy space, she also chooses to use words like 'madness' to describe her experiences - reclaiming terms that have historically been used in a negative way to describe people with lived experience.

Sandy: The word 'schizophrenia' explained a lot to me... But what I read sort of described what I was doing and how I was feeling and how I was, it sort of matched my behaviour and my unravelling thought patterns. So I sort of used the word 'schizophrenia', which is a medical model word, but I do use it because I think it describes me and what I feel has happened to me over these last 46 years. I can't describe it any other way.

Elise: She described her experience of schizophrenia to me:

Sandy: My schizophrenia has been about voices in my head that nobody else can hear, visual hallucinations that I've had briefly over the years, and delusional content: believing extraordinary things that are not based in reality and have no reality to them.

In the first few years I had lots of hospitalizations to Larundel psychiatric hospital. I had seven admissions in between 1978 and 91. Over the years, I think it's ebbed and flowed. There have been intense times where the voices have been there 24/ 7, and it's just been horrendous and I've been deluded and, you know, quite out of touch with reality, but then over the years, it's ebbed and flowed.

And now, now I have my voices in bed at night-time often, but during the day they're okay. It's really been a battle. It's been an ongoing battle of vigilance and care and trying to stay as well as I can. And I haven't always succeeded. My last

hospitalization was 2009. So that's, that's only what 14, 15 years ago or something. But I just feel as I'm in a better space now.

Elise: I asked Sandy about how she supports her mental health and wellbeing these days, and she spoke about Team Sandy: her friends, her hockey team and music groups, her animals, and her psychologist and psychiatrist.

Sandy: All these little pillars that are part of Team Sandy really help keep me in the world. And you have to curate your team. You can't just have a team and leave it. It's like a garden you've gotta curate your garden. You've gotta curate your team. So I look after my team and I make sure that, you know, all the, all the pieces are there and they're gonna stay there for as long as I can have them stay there to, to keep me well. And I just feel very lucky and privileged, and I celebrate my team every day because without it, I wouldn't be sitting here doing this.

Elise: So here's a question: when you think of a person with schizophrenia, what images come to mind? Is it someone like Sandy, a poet and writer, playing violin, surrounded by animals? Is this the sort of person who you see in the media, when the media talks about schizophrenia?

I'm going to guess no, probably not.

Sandy: I mean, let's cut to the chase. It's pretty appalling.

It just frustrates me that we, we, we are endlessly demonized as unreliable and dangerous. And just, you know, when I stand before an audience, I have to say, when I say 'I have schizophrenia', I have to quickly say, 'and I'm not a monster.' Because I think people think that people with schizophrenia and monsters ... we're either gonna morph from Dr. Jeckyl into Mr. Hyde, or we're gonna become serial mass murderers.

Elise: How many times have you seen a crime drama, or a psychological thriller, or even a horror movie where a villainous character is given a diagnosis of schizophrenia, psychosis, or their actions are attributed to their mental health in some other way?

Sandy: Like shows like Criminal Minds on TV, NCIS. They all have psychotic killers at some stage in their show. It just drives me bananas, because it's a really lazy trope to use. It's lazy writing, lazy filming, and lazy storytelling to just go down the line that the person is a serial killer is psychotic.

It's just so frustrating. But this is, this is going back, you know, this is, Hollywood's been doing this forever. And Hollywood can't help itself. You know, it has to have something sensational to talk about, but you know, boring is too hum-drum for Hollywood.

Elise: So that's the status of fiction media. But this is also a huge issue in news media – where violence is often linked with mental health issues.

Sandy: They love a headline, 'schizophrenic murders mother'. They, they love that headline.

Elise: We see this so often in the news.

Yet, research has found that that more than 90% of people experiencing complex mental health issues - including those with schizophrenia - do *not* commit violent crimes (Whiting, 2020, Lancet Psychiatry) Most violence is committed by people who do not experience mental health issues (Swanson et al., 2015, Ann. Epidemiol.). And on average, people with lived experience are much more likely to be survivors of violent crime than they are to be perpetrators. (Latalova et al. 2014, Neuropsychiatr. Dis. Treat.)

Sandy also highlighted that negative representations still happen in news media, even when the writers have good intentions and are actually trying to make a difference. For example, when they want to talk about gaps in the mental health system.

Sandy: So, you know what I've found lately in the most recent incarnation of, of media reporting on schizophrenia is that when they wanna highlight the failings of the mental health system, which we've just had a Royal Commission into. What they, what they do is they use someone with schizophrenia doing an inappropriate public indiscretion to highlight the failings of the system. Because these people aren't getting treated. And that's been the narrative for the last couple of years, unfortunately, because we have to highlight how bad the system is because it isn't treating people properly.

But we, we mustn't use people with schizophrenia as the lightning rod to highlight the deficiencies. And that's what they're doing.

Elise: So why does this keep being such a dominant story? Sandy believes it's at least partly due to the ongoing, general stigma of schizophrenia.

Sandy: We are now talking about depression and anxiety more than we've ever talked about them before... But the trouble is we're not talking about schizophrenia now in any positive way. And in fact, in the community's mind, no other mental health conditions exist except depression and anxiety, because that that's all they hear about. And when they hear about schizophrenia, it's only in the negative. That's frustrating.

Elise: I asked Sandy how the ongoing, negative media makes her feel.

Sandy: Angry, because I've gotta keep saying, 'I'm not a monster.' I've gotta keep reassuring people I'm not gonna be an axe murderer or murder their kids or anything. So it's an ongoing never-ending work in progress that you have to keep reassuring people that you're a nice person and you're reliable and you are, you know, kind and loving, but they don't seem to get it.

The headline sticks in their mind and the sentiment sticks in their mind and they've already, and the community already has some ambivalent attitudes towards people with mental illness anyway. And so all it does is just reinforce their ambivalence and then worse, create their, their hatred towards us and their fear towards us. And then it just generates the next headline and that generates the next headline and, and what changes? Not much.

Elise: We know that this is a big issue, and it's complicated. I wanted to learn more about work going on to identify and address negative media relating to people living with complex mental health issues like schizophrenia. So I reached out to an organisation, Everymind, to learn more.

Elizabeth: I'm Elizabeth Paton. I work at Everymind which is based here on Awabakal country in Newcastle, in New South Wales. And I'm the Project Lead for the Mindframe program.

Elise: Everymind has been around for about 30 years, and is dedicated to the prevention of mental ill-health and suicide. This includes the Mindframe program, which is funded by the Australian Government Department of Health.

Elizabeth: Mindframe is a national suicide prevention and stigma reduction program, specifically supporting safe media reporting and other types of public communication about suicide, mental ill-health, and alcohol and other drugs.

Elise: Since then, a number of guidelines have been written to support media professionals when it comes to writing about not just suicide, but also mental health issues, alcohol and other drug use, and severe mental health issues in the

context of violence and crime. They also have guidelines for writers of fiction – guidelines for stage and screen.

Elizabeth: We provide training and real time advice to media, as well as any other professional communicators who might be talking about these issues about suicide, mental ill health, or alcohol and other drugs. So we help to make sure that the principles behind our guidelines are also embedded in things like editorial standards, in policies and regulations as well.

Elise: There's a lot of information available in the guidelines. One of the most important considerations is language use, which can contribute towards stigma, as well as convey inaccurate information. For news media, that means avoiding stigmatising language as much as possible, and being careful with how things are framed.

Elizabeth: A lot of the everyday colloquial language that we use around mental ill-health can be stigmatizing. So our language guidelines tend to focus on those, particularly using the accurate terms instead of the jokey version. For example, instead of saying 'psycho' or 'schizo' using 'a person experiencing psychosis' or 'a diagnosis of schizophrenia'. Instead of 'happy pills', using terms like 'antidepressants.'

It's also important not to rely on common stereotypes for instance, that only a particular type of person will have a diagnosis or that there's a particular look. So people across all genders, ages, and cultures, for instance, can experience issues with alcohol or other drugs.

Elise: There are a specific set of guidelines around violence and crime.

Elizabeth: Court reporting and stories on violence and crime are legitimate news items. But what can be an issue here is that if we only ever see news items on specific mental illnesses like schizophrenia or psychosis, for example, in the context of violence and crime, then that can have an impact on our community's attitudes towards people who live with those diagnoses. So ideally, we would see more stories about people with lived experiences of these kinds of mental illnesses outside of this context.

But where there is reporting on violence and crime though, we are recommending considering the full range of factors that might have led to a violent incident, and avoid presenting mental illness as the only cause. It's also important to be accurate and to rely on authoritative sources rather than speculation. Things like speculation and assumptions can be quite harmful.

Elise: Meanwhile, Mindframe's fiction guidelines are a little bit different than those for news and information media.

Elizabeth: Generally speaking, the Mindframe guidelines for stage and screen are less strict, but they aim to get the writer or producer to reflect on the purpose and the impact of the mental illness and suicide-related content that they're creating. So why are they including mental illness or suicide? Are there opportunities to break down stigma or to reduce harm? Does that portrayal perpetuate myths or stereotypes. So really getting them to reflect on all of those things. Is it just to heighten drama, or is there, you know, a deeper purpose for including issues like mental illness?

Elise: And if you want to check out the full guidelines, they are publicly available on the Mindframe website. We'll put a link in the notes. Plus, listeners can get involved in other ways.

Elizabeth: If you come across media that you believe is stigmatizing or unfair, you can reach out to the publication. If you feel comfortable in Australia, the media generally want to do the right thing and journalists and media professionals that we work with are very receptive. If you feel like it's a serious breach of the guidelines you can actually report them through an agency like the Australian Press Council or the Australian Communications Media Authority.

You could also report it to StigmaWatch. Mindframe has partnered with SANE Australia to fund the StigmaWatch program, which responds to community concerns about stigmatizing or harmful content in the media.

Elise: Despite work going on to improve media representation, it remains a big issue. I asked Sandy if she felt that things had gotten better over the years, overall.

Sandy: No, I don't think it has.

Elise: While schizophrenia itself remains stigmatised, the media will reflect public attitudes – as well as reinforcing them.

Sandy would like to see more accurate representation of people living with schizophrenia. And on occasion, when the news media needs to report on crime or violence where schizophrenia might be relevant, this can still be done responsibility.

Sandy: Well to not sensationalize the person's actions for a start, and if they're gonna write about them, look into the case more closely and not use lazy journalism and lazy tropes and lazy ideas and stereotypical ideas. To look beyond the stereotype and, and maybe see there's a real person who they're writing about. And what they say about their person has consequences, for them in terms of their treatment and them in terms of the way that people perceive them.

So, to go beyond the stereotype, look, look a bit more deeply and to be more empathetic. And not just rattle off a story, that's sensationalist, that's gonna generate a headline that's going to sell papers.

Elise: She would love to see more stories where someone who's just... well, living an average life.

Sandy: So Hollywood has two things: it either romanticizes people with schizophrenia or mental illness, the 'mad genius,' or they demonize us. And they can't seem to get a middle ground where they have someone who's got schizophrenia, just being ordinary and just doing ordinary things.

We don't all murder our mothers. I'm not a mother murderer! [laughs] I'm sorry, I'm not a mother murderer, but you know, there's, there's more to the person's story than just the final action. But also for journalists to look at other people with schizophrenia, who don't do that, who live lives that are productive and you know… or even have people who live a difficult life. But you know, they're heroes: people that get out of bed every day with have schizophrenia get out of bed every day, go to the shop, go to the letter box, who interact with their friends who do the best they can to be the best person they can under the circumstances. Look at them! Look at their stories.

But, you know, they're the heroes, because they're living authentic lives in spite of the condition they're living with, and in spite of the stings and arrows that they're saddled with. And in spite of the difficulties that they've gotta endure. And in spite of the stigma they experience every day from the people around them.

Elise: It's people like Sandy who are contributing to better representation, and having a public voice – whether it's through advocacy events, writing, or speaking to the media themselves to change the narrative.

Sandy: I reckon I started in the late 1980s as an advocate, telling our stories. I was among the first wave of consumers who were out speaking about our lives publicly.

The thing that sort of took away my life and career, and everything that I might have had, has actually given me a public life, which is really ironic. And books, which is again, ironic. So, you know, maybe I've turned something bad into something good.

Elise: And at the time of recording, Sandy has had nine volumes of poetry published, plus a memoir, and a book about Larundel psychiatric hospital co-authored with Margaret Leggatt.

Sandy: By 1993, after 17 years of, as I said, in a wilderness, I had enough for a collection. And so 'Poems from the Madhouse', my first book, was published. And really overnight that changed my life because I went from 'Sandy schizophrenia' to 'Sandy poet'. And that new label, more positive label, was transformative for me because my life changed overnight, from no hope, no purpose, no meaning to having hope, purpose and meaning. And it was in my writing.

So that's what I do. I'm a writer, sort of an accidental writer, but that's what I do.

Elise: So now you've met Sandy. At the start of the episode, I asked you to reflect on a question: when you think of a person with schizophrenia, what images come to mind? Here's what Sandy would like you take away from her story:

Sandy: I'm Sandy and I play music, and I play sport, and I have friends, and I have animals, that I love. And I'm not a monster. But I have schizophrenia and it's, it's a tough gig.

Elise: The media will not change overnight. But next time you read a headline or watch a movie which leans into stereotypes about people living with mental health issues, maybe take a moment to reflect on whether or not that reflects reality, or if there's more to the story.

Sandy: Don't be seduced by headlines that just are lazy and sensationalist about a person.

Elise: *On the Same Wavelength* is a collaboration between the University of Melbourne School of Psychological Sciences, and SANE, Australia's leading

national mental health organisation for people with complex mental health needs, with the support of the Paul Ramsay Foundation. It is hosted by Elise Carrotte, and edited by Chris Hatzis. Special thanks to SANE Peer Ambassador Sandy, and Dr Elizabeth Paton, for their contributions to this episode. If you're interested in learning more about the Mindframe Guidelines, and SANE's StigmaWatch program, I've included links in the show notes.

This podcast was recorded on the unceded lands of the Wurundjeri Woi Wurrung people of the Kulin nation, and we wish to pay respects to elders past and present, and extend our respects to any Aboriginal or Torres Strait Islander listeners.

If this podcast has brought up any challenging feelings for you, please consider reaching out to SANE's free counselling support via 1800 187 263, or Lifeline via 13 11 14.