Images matter: *Mindframe* guidelines for image use

Mindframe

About these guidelines

The images we use to communicate about mental ill-health, suicide and alcohol and other drugs (AOD) can have either a positive or negative impact on audiences. Images can also enhance, detract from, or change the meaning of other content.

Images matter: Mindframe guidelines for image use is a practical, research-informed resource that can assist communicators to make informed choices about the images they use.

They are designed to inform, support and empower media and others to use images in a way that increases audience engagement, provides diverse representation and minimises harm, stigma and discrimination. They complement other *Mindframe* guidelines that support safe media reporting and public communication about mental ill-health, suicide and AOD.

Images matter was developed by Everymind in partnership with the National Mental Health Commission. The resource builds on the most recent research and was developed in consultation with diverse stakeholders in Australia. This included: people with lived experience of mental ill-health, suicide and AOD, media and other professional communicators, research experts and diverse community members. The work was steered by a Project Advisory Group and a Research Leadership Group. Please refer to <u>Development of the guidelines on page 26</u> for more information.

Key principles

These guidelines have their foundation in two traditional principles: firstly, 'do no harm'; secondly, 'aim to do good'.

Some images can be harmful, with the potential to increase suicidal behaviour, to reinforce stereotypes or to contribute to stigma and discrimination. The 'do no harm' principle encourages us to avoid these kinds of images or to use them sparingly.

The 'aim to do good' principle encourages us to use more images with the potential to increase understanding or awareness in our communities, or to motivate people to seek or offer help when it's needed.

The guidelines that follow, provide best practice advice for how to apply these principles in everyday practice.

An **EVERYMIND** program

Foreword

A picture is worth a thousand words. It's an old saying, yet in this increasingly digitised world, it's one that's becoming even more relevant and important, and one that we need to compassionately embrace using a factual and truthful standard.

The digital 'information age' is both empowering and damaging for many people. A quick search of mental ill-health or a related term on the internet will result in millions of images that associate the issue with darkness, pain and sometimes violence. This is a stereotypical and stigmatising way to portray mental ill-health, and one each of us has a proactive responsibility to engage in.

These often-negative portrayals can have a very real and harmful impact on people with a lived experience of mental ill-health, distress or suicide. They can be deeply upsetting for individuals with personal lived experience, and their families, friends, carers and support people. They may contribute to prejudice, and stigma and discrimination by maintaining a false and damaging perception of people who experience mental ill-health. Stigma and discrimination represent a serious threat to human rights, safety, inclusion and wellbeing.

Research has shown that people are more likely to believe something to be true if it is paired with a photograph or moving imagery. That is why everyone must play a role in the responsible portrayal and representation of experiences of mental ill-health in pictures; in our homes, across our community, workplaces, education and social settings.

This is the driver behind the Commission prioritising the creation of these guidelines, complementing the development of the National Stigma and Discrimination Reduction Strategy. This Strategy presents a long-term vision for an Australian community where everyone has equal dignity, respect and value and is able to live a life of meaning and purpose free from mental health-related stigma and discrimination.

Modern communicators and those charged with representing issues relating to mental ill-health, distress, trauma and suicide, as well as AOD issues, must be disciplined, purposeful and careful in how they use images.

These guidelines assist professionals across a range of disciplines to consider the images they are using in a way that is thoughtful, safe and careful, while being inclusive and non-stigmatising.

I ask that you now please embed these guidelines in your daily practices, and champion their use amongst your stakeholders and the communities you connect with, and influence. It is through your commitment to role modelling, using and recommending these guidelines, that we can enact meaningful and lasting change throughout our community.

CHRISTINE MORGAN
CEO, NATIONAL MENTAL HEALTH COMMISSION

> "
> We want images that are illustrative, that carry meaning and are attention grabbing … And obviously there's nothing more attention grabbing than images, which imply action, violence, et cetera, or are graphic. But we also know that they can be stigmatising. So we're aware of the issue, but there's not an easy solution.
> "

MEDIA FOCUS GROUP PARTICIPANT

Contents

The guidelines

Communicators have an important role to play in reducing harm and stigma and increasing help-seeking, help-offering and hope through the choices they make when using images related to mental health and wellbeing, mental ill-health, suicide and self-harm and alcohol and other drugs (AOD).

Use a diverse range of images

Use images of people who have personal or lived experience only with their knowledge and permission

Use images that model hope or support

Consider images you use as they can be helpful or harmful depending on the context

– Mental ill-health

– Suicide and self-harm

– Eating disorders

– Alcohol and other drugs (AOD)

Consider practical elements such as accessibility or style

Use a diverse range of images

The diversity of the Australian population is not always reflected in communication about mental health and wellbeing, mental ill-health, suicide and self-harm and alcohol and other drugs (AOD).

Representation is important. People are more likely to connect with information and support when they can relate and feel welcome.

Ensure you are using a diverse range of images, including:

- Ages and genders

- Cultures and ethnicities

- Relationships (e.g. couples, family groups, friendships, colleagues)

- Body shapes and sizes (especially when communicating about body image or eating disorders)

- Geographies (e.g. metropolitan, rural or remote).

Even when you have a specific group or audience (e.g. a story about youth mental health or a story for a youth publication), it's still important to reflect the diversity within those groups through your image choices.

Diversity in images doesn't need to be tokenistic. Increasing diversity can look like:

- Considering images you've used before and thinking about who is missing

- Looking for images that reflect a range of demographics or characteristics if displaying multiple images in a single story or piece of communication

- Planning to use diverse images across a series of stories, resources, social media posts etc.

Ideally, images should depict the diverse population in contemporary Australia over internationally sourced or older stock images. This can help to avoid misrepresentation of treatments or supports available within the current Australian context.

"

I think also that a person can relate better if they come across promotional materials of people who look like them, with familiar name, have an accent, skin colour or the same experience. I think that when people relate to promotional material, those materials can have a better and wider impact.

"

CALD FOCUS GROUP PARTICIPANT

Use images of people who have personal or lived experience only with their knowledge and permission

It is important media and other communicators include personal stories or comments from people with lived or living experience in communications, and this can often include use of their images.

Including a lived experience perspective can:

- Improve community understanding

- Reduce fear, shame and stigma

- Increase understanding of the challenges experienced by someone with lived experience

- Encourage people to seek support early for themselves and others they care about.

Images of people who have personal or lived experience should only be used with their knowledge and permission. This includes use of images that may have been shared in other locations such as social media profiles.

When seeking permission, clear information should be provided about:

- The way the image will be used, including the risks and benefits of their participation.

- How, where or for how long the image will be used.

People should be able to withdraw permission for use of their image. While this is not always possible, efforts should be taken.

In many communities, the mention or image of a person who has passed away can cause great distress. Consult with community members or the family about appropriate language and visuals, and place a warning on the publication or program.

Use images that model hope or support

Images can support positive or prevention-focused messages in communication. Images that focus on offering or seeking help, for instance, can provide a model to others for how to get through a difficult time. Other images may encourage activities that can reduce risk factors or increase protective factors, such as social connection.

Images that model hope and support include:

- Images that depict people's journeys and experiences as a process rather than an end point

- Images that show or encourage resilience

- People in the company of others rather than alone.

Images that can encourage people to seek or offer support include:

- People accessing support from relevant and available services

- People receiving support from friends, family or other social connections.

Many of the images used in the media or in other public communication focus on visible distress or stereotypes about what it's like to experience a mental illness. This can include images of people clutching their heads or screaming, people curled up in the foetal position, or people looking dirty or dishevelled. It can also include more artistic interpretations or metaphors for those experiences such as stormy skies or seas, or people in darkness or in tunnels.

While there is a lack of agreement about whether these images are stigmatising or inaccurate, they should be used with caution as many people have reported finding them distressing and limiting. The overuse of these images in public communication can reinforce stereotypes that are inaccurate or may be harmful.

Where there is agreement, is that media and other communicators should aim to balance showing the reality of living through challenging experiences with showing hope and support.

"
As a person from a CALD background, I feel that it would make me feel more comfortable knowing that the services or the community can be by my side in sadness until it passes. It resembles the way my cultural community deals with sadness. So, a picture of a group of people supporting a person who's going through mental illness or suicide crisis could be good messaging for culturally diverse communities and service providers who work with them.**"**

CALD FOCUS GROUP PARTICIPANT

"
Include elements of hope and a brighter future, that someone is not destined to have mental health disability for the rest of their life. That it's part of the human condition to have mental health concerns from time to time.**"**

LIVED EXPERIENCE OF MENTAL ILL-HEALTH FOCUS GROUP PARTICIPANT

Consider images you use as they can be helpful or harmful depending on the context

Communicators should consider the context of their work when selecting images.

Context may relate to the purpose of the communication. In some cases, for instance, images that may be harmful when shared in a media story or public communication or campaign, may be useful in clinical communication or in drug and alcohol harm reduction.

Context may also relate to the type of issue being discussed. Specific guidance is provided on image use related to mental ill-health, suicide and self-harm, eating disorders and AOD.

Across each of these areas, timing or repetition of images can be an issue. Images used in the reporting of traumatic events, for example, can be re-traumatising for audiences when the same images are used in follow-up or anniversary stories. In a similar way, repeated use of images from a specific incident may reinforce stereotypes that can lead to stigma. For example, an image of a person with a mental illness committing a violent act may be appropriate in initial media reporting, but its use in unrelated communication or to discuss mental illness more generally may contribute to negative or inaccurate community attitudes towards people who live with a mental illness.

Mental ill-health

If positively framed, communication about mental ill-health can be a powerful tool in improving understanding of mental health and wellbeing and mental ill-health, including people's individual experiences.[1,2] Communication using images, if negatively framed, can perpetuate myths and stereotypes and impact significantly on people experiencing mental ill-health.[3]

When choosing an image that portrays mental ill-health, media and other communicators should consider:

- The image's potential impact beyond grabbing the audience's attention.

- Does the image show a power imbalance between people providing support and people receiving support?
  - People with mental illness can play an active role in their own treatment or recovery.
  - Images with clinicians or carers should have them on an equal level with those they care for.

- Does the image stigmatise specific types of treatment or support?
  - Ensure images reflect accurate and modern treatments or supports rather than outdated or horror movie techniques that may discourage people from reaching out for help when they need it.

- Do the images sexualise or objectify the individuals depicted?
  - Consider whether the images you are using represent only one gender, or people dressed in a provocatively or submissive way.

In general communication about mental ill-health, repeated use of images depicting people alone clutching their heads can reinforce harmful stereotypes, particularly in the absence of balancing images of hope, connection and support.[4]
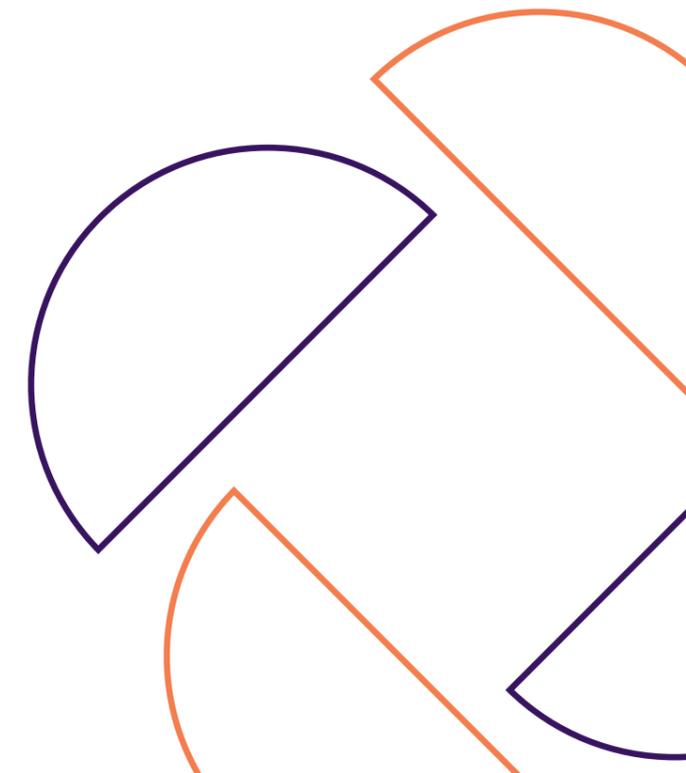
Suicide and self-harm

Media and other communicators can play a powerful role in raising awareness of suicide and suicide prevention.[5] Some ways of communicating about suicide, however, have the potential to do harm.[6,7]

To reduce the risk of suicide or self-harm, images included in general communication should avoid showing methods of suicide in any way. This includes:

- Images of specific locations where suicides have occurred

- Illustrations, diagrams or photos of implements that may be used in self-harm or suicide

- Design elements or patterns that could indicate a method of suicide (e.g., patterns that look like rope)

- Details about problematic websites or places where people can access details about methods of suicide

- Images focused on a method of suicide (e.g. tree branch, rope, cliff edge)

- Images focused on locations where suicides could occur (e.g. cliff edges, bridges, tall buildings).

Care should be taken, for example, when using images of public memorials for those who have died by suicide, as these may show specific locations where suicides have occurred or the methods used.

Remember that context is important.

- Is a suicide method or location incidental to the image (e.g. trees as general background)?

- Is the image used to illustrate means restriction or method reduction?

- Does the image have a prevention focus?

Context is important when choosing images of self-harm. In some cases, these images may increase distress and encourage others to take similar action (e.g. cuts on the body). In other cases, healed wounds or older scars may indicate hope of recovery. An image that includes a person with self-harm scars in a group portrait would have minimal risk compared to a close-up image focused on an example of self-harm.
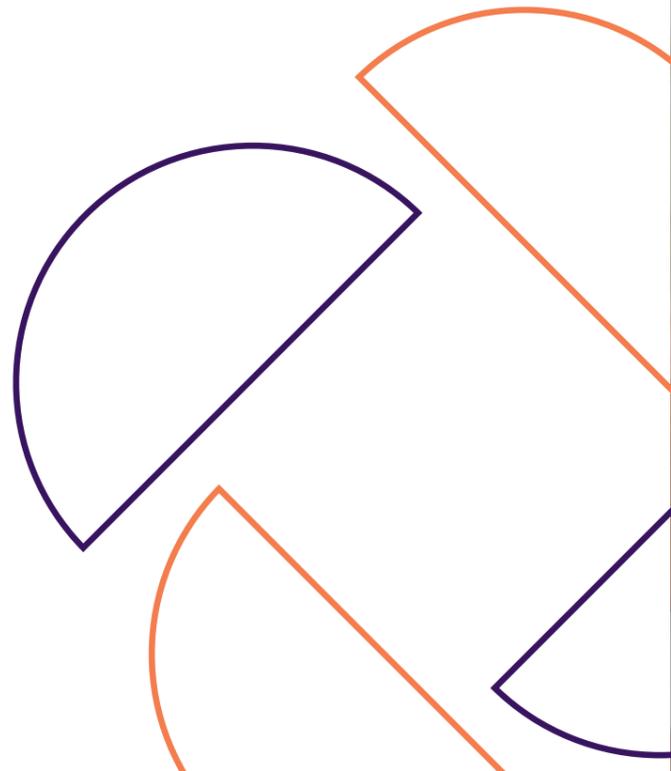
Body image and eating disorders

Eating disorders are complex mental illnesses with serious physical consequences, rather than a lifestyle choice or part of an entertainment story.[8]

Media and other communicators have a powerful role in increasing community understanding of the risk factors and impact of eating disorders.[9] However, they can be difficult to portray accurately and sensitively. Some ways of communicating about eating disorders can lead to harmful impacts such as greater body dissatisfaction or disordered eating behaviours in those at risk.

For example, detailing how a person may engage in certain behaviours associated with an eating disorder, may prompt others to take similar action, and discourage help seeking.

In general communication about eating disorders, images should avoid:

- Specific methods used to control weight (e.g. laxatives, scales)

- Measurement details (e.g. weight, BMI, kilojoules)

- Depicting items to measure weight (e.g. scales, tape measure)

- Focus on body parts associated with being underweight (e.g. ribs, collarbone, thigh gap)

- Problematic websites or places where people can access harmful information about eating disorders.

Remember that context is important.

Care should be taken with images depicting extreme body weights or shapes as these can encourage harmful behaviours and may also reinforce misconceptions about what an eating disorder "looks like".

Instead, it is helpful to include images that show a variety of shapes and sizes and other demographics. People of various ages, genders, cultures and socioeconomic backgrounds can be affected by eating disorders.

Images that relate to health and wellbeing, and hope of recovery can also be beneficial.

- Do the images all sexualise or objectify the individuals depicted? Consider whether the images you are using represent only one gender, people dressed provocatively or posed in a submissive way.

- What is the purpose of the story?

- Is the image used to illustrate a harm reduction campaign or clinical resource?

- Does the image have a prevention focus?

- Is the problematic detail incidental to the image (e.g. scales in a general image of a clinical setting)?
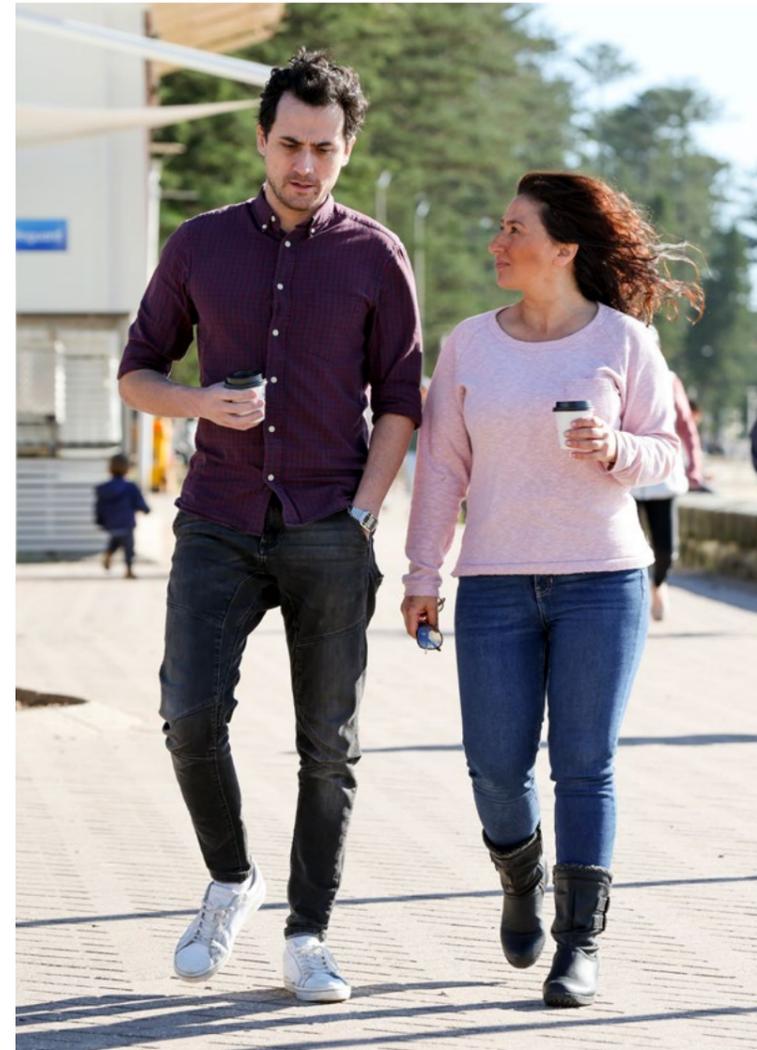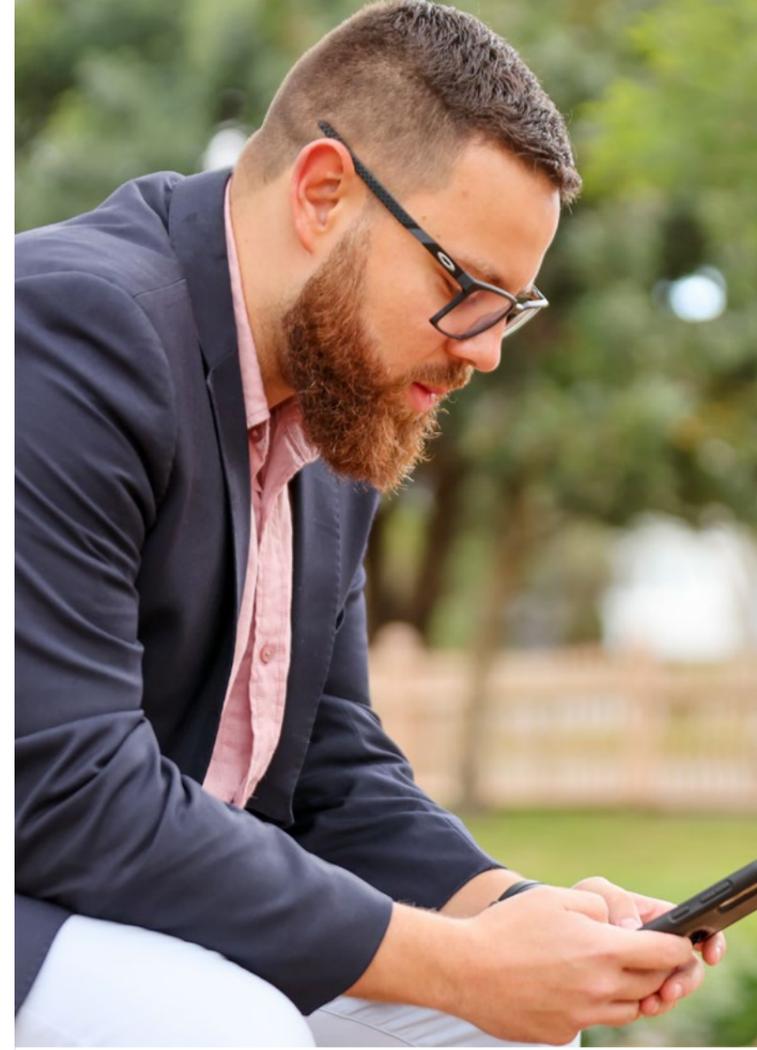
Alcohol and other drugs (AOD)

Public attitudes and beliefs can have a significant impact on individuals who use AOD and have the potential to influence their ability to get help when they need it.[10]

Inaccurate or alarmist portrayals of AOD can lead to stigma and marginalisation of people impacted by alcohol and other drug use, and their families. In contrast, portraying AOD use as common may help improve understanding and reduce stigma among the general public.[11] This may look like images of people seeking help or stages of recovery.

In general communication about alcohol and other drug problems, images should avoid:

- Details about how substances are used

- Stereotypical images of AOD use (e.g. needles)

- Stereotypical images of people using AOD (e.g. people passed out)

- Portraying people using AOD as violent or aggressive

- Conveying lack of hope of recovery

- Glamorising or promoting the use of alcohol or other drugs.

Remember that context is important.

- Is the image used to illustrate a harm reduction campaign or clinical resource?

- Does the image have a prevention focus?

- Is the problematic detail incidental to the image (e.g. needles/sharps collection in a general image of an injection room)?
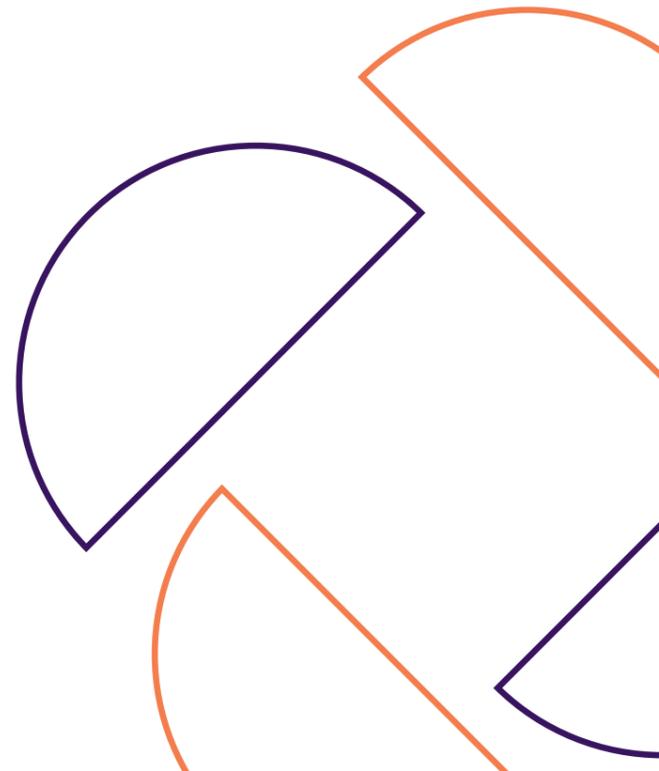
Consider practical elements such as accessibility or style

There may be technical elements or other factors such as style, that impact whether an image about mental ill-health, suicide or alcohol and other drugs (AOD) is helpful or harmful.

Illustrations, graphics and icons

The guidelines provided above apply to other images styles, such as illustrations, graphics or icons.

Illustrations or cartoons can be used, as long as they are not stereotypical or stigmatising. For example, graphics should not include stigmatising words (e.g. psycho, schizo)

Artworks

Studies show that taking part in creative activities, like painting or drawing, can benefit mental health and wellbeing[12]. For some people with lived experience, these activities can also play a role in treatment, recovery or healing. The resulting artworks focusing on people's feelings or experiences, can be powerful tools for raising awareness or reducing stigma within the community. As with other types of art, however, these may be distressing for others to view.

Care should be taken when using artworks outside of an exhibition setting. Communicators should ensure that the context or background information is included if using images of artworks in public communication such as media reporting, social media posts or organisation specific websites or reports.

Symbols

Symbols such as flags can evoke strong and sometimes contradictory emotions across an audience. The Australian flag, for example, can be unifying or distressing depending on the context of its use and the experiences of those viewing it.

Care should be taken in the use of specific symbols and imagery in communication relating to mental ill-health, suicide and AOD. This includes use of flags such as the Aboriginal, Torres Strait Islander or LGBTIQ+.

Tokenistic use of these symbols should be avoided. Instead, they should only be used to indicate where specific groups have been consulted, or included.

Accessibility

Image use should align with international standards for accessibility. This may look like including text ('alt-text' or image descriptions) that adequately describes the image for people using text readers. This is especially important if images share details about how to access support.

While some people feel content warnings are tokenistic, they may also be helpful to deter people from accessing images that are stigmatising or unsafe. This may be at the beginning of a document, or text overlaying an image that needs to be clicked to view.

Development of the guidelines

The promotion of mental health and wellbeing, prevention of suicidal behaviour, and the prevention and effective treatment of mental illness and alcohol and drug use are national priorities in Australia requiring a whole of government and whole of community approach.[14]

How we communicate about mental health, mental ill-health, suicide and AOD matters.

The images we use to communicate about these issues, can have either a positive or negative impact on a person's life. Images of suicide method, for example, may encourage suicidal behaviours. Certain images of mental illness, suicide and alcohol and drug use, can contribute to, and reinforce negative stereotypes and stigma experienced by the people who are affected[4]. Across various media platforms, mental ill-health is often sensationalised and dramatised, and people with mental ill-health are commonly presented as violent, dangerous, objects of ridicule, inadequate and unlikeable.[16,17,18]

Evidence suggests that communication guidelines and their implementation can improve quality of media reporting about mental illness and suicide,[5] leading to reductions in stigma and suicide rates.[20]

Therefore anyone who communicates about these issues, has an important role in influencing social attitudes to mental ill-health and suicide. Incorporating these guidelines into regular processes and practices will help communicators play a championing role in safe image selection, reducing the negative impact of unsafe public communications and educating the public about mental ill-health and suicide risk and promoting help-seeking behaviour.

The National Mental Health Commission funded Everymind to develop these guidelines focused on image use related to mental health and wellbeing, mental ill-health, suicide and self-harm and AOD.

This work was conducted within a research framework to ensure the scientific rigor of the approach, to build consensus and to support effective dissemination of the guidelines and supporting resources.

Everymind has ensured that consultation has included priority populations including people with lived experience, Aboriginal and Torres Strait Islander and CALD populations, men and LGBTIQ+ communities.

The project was initiated through consultation with people with lived experience of mental ill-health, suicide and AOD and the establishment of the Words and Images Project Advisory Group and a Research Leadership Group to inform project design.

There were three further scoping studies to inform the development of the guidelines:

1. A systematic scoping review of the existing peer-reviewed and grey literature focused on image use, conducted by the University of Melbourne.

2. Scoping review of existing guidelines relating to use of images, including guidelines used by media, sector stakeholders and governments in Australia, conducted by Everymind.

3. Consultation survey related to image use and stigma, completed by media and professional communicators, sector organisations and people with lived experience, conducted by Everymind.

To refine the initial themes emerging from these scoping activities, Everymind worked with researchers at the University of Newcastle to conduct further consultation and a consensus study.

4. A series of 10 focus groups to further consult with key stakeholders, including people with lived experience and from priority population groups to explore their perceptions, attitudes, opinions and beliefs about safe, inclusive and non-stigmatising public representation of mental ill-health and suicide.

5. A Delphi survey to establish consensus between three expert groups (professional communicators, including media; sector professionals; and people with lived experience) on guideline statements.

Everymind acknowledges the support of all those involved in development of these guidelines including members of the: Words and Images Project Advisory Group; Words and Images Project Research Leadership Group; *Mindframe* Media Advisory Group; and *Mindframe* Journalism and Public Relations Educators Advisory Group; and participants in the Everymind lived experience roundtable, Words and Images focus groups and Delphi survey.

As part of these guidelines, collateral will continue to be created by Everymind through its *Mindframe* program, to support the media and other communicators in implementation of the guidelines.

Supporting resources

Images matter checklist

This checklist was developed to make image selection simpler, when communicating about mental health and ill-health, suicide and AOD. It is designed to be broad and overarching for ease, simplicity and timeliness of image selection.

Images matter guidance cards

Quick-use cards designed to provide specific examples of problematic and preferred images, so communicators can consider the impacts of their image selection.

Mindframe online image collection

A free online image collection where high-resolution, royalty-free images can be accessed for use in public communications about mental health and wellbeing, mental ill-health, suicide and self-harm and AOD.

Visit mindframe.org.au to access these resources.

Support services

Lifeline
13 11 14 | Text 0477 13 11 14 | lifeline.org.au

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

StandBy Support After Suicide
1300 727 247 | standbysupport.com.au

Beyond Blue
1300 224 636 | beyondblue.org.au/forums

MensLine Australia
1300 789 978 | mensline.org.au

Butterfly Foundation
1800 334 673 | butterfly.org.au

Priority populations

Aboriginal and Torres Strait Islander
13 92 76 | 13yarn.org.au

Lesbian, Gay, Bisexual, Trans, and/or Intersex
1800 184 527 | qlife.org.au

Culturally and Linguistically Diverse
embracementalhealth.org.au

Defence and Veterans

Open Arms - Veterans and Families Counselling
1800 011 046 (24/7) | openarms.gov.au

ADF All-Hours Support Line (ASL)
1800 628 036

Youth

Kids Helpline
1800 551 800 | kidshelpline.com.au

headspace
1800 650 890 | headspace.org.au

ReachOut
au.ReachOut.com

Other resources

Head to Health mental health portal
headtohealth.gov.au

***Life in Mind* Suicide Prevention Portal**
lifeinmind.org.au

SANE
Australia online forums saneforums.org
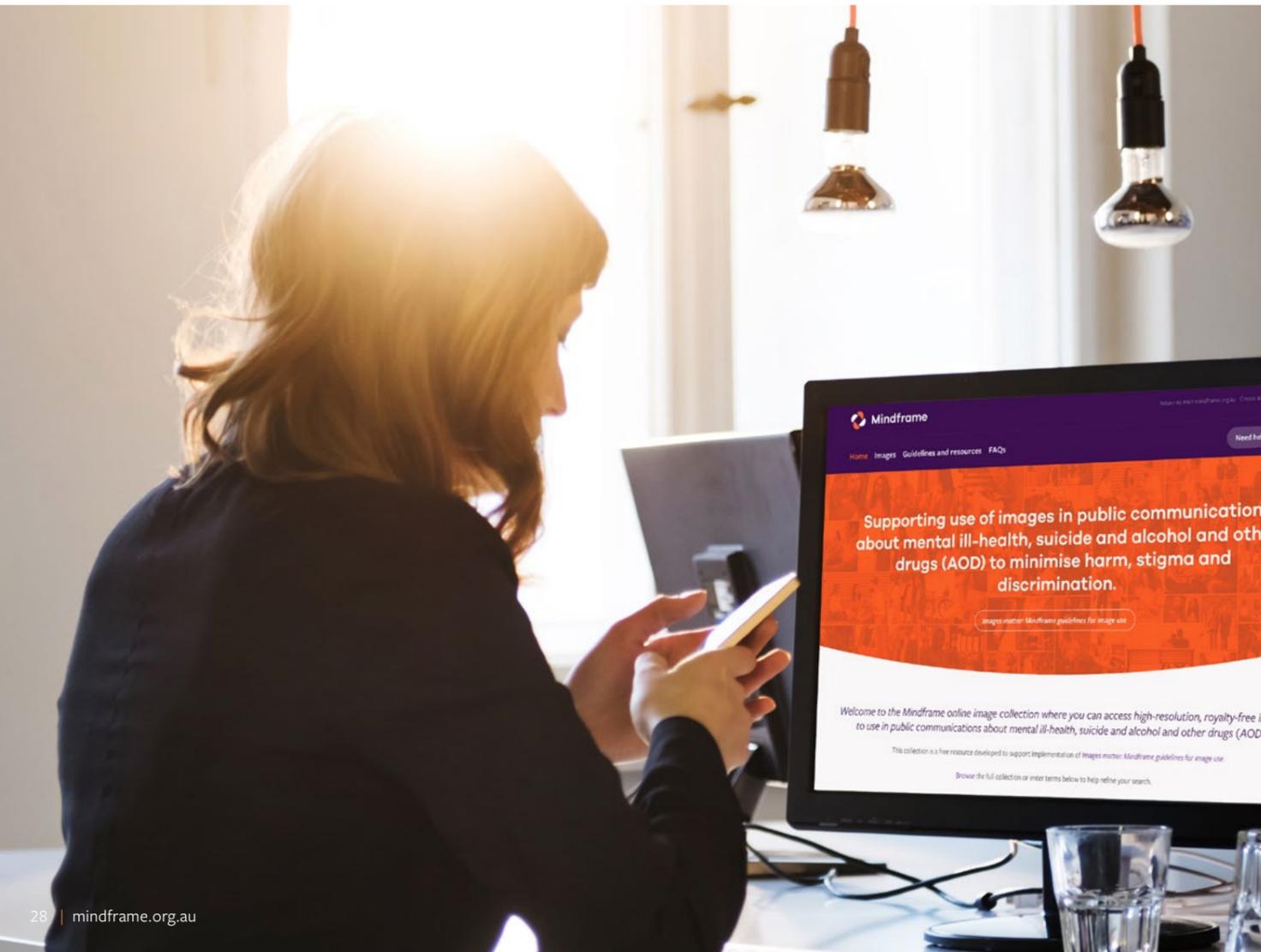
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Mindframe

72 Watt Street (PO Box 833)
Newcastle NSW 2300

+61 2 4924 6900
mindframe@health.nsw.gov.au
mindframe.org.au

An **EVERYMIND** program