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Guidelines for news media reporting on mental illness in the context of violence and crime: a Delphi consensus study

[author accepted version]

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ABSTRACT: Despite its rare occurrence, severe mental illness is commonly linked to violence and crime in the news media. To reduce harmful effects of reporting, this study aimed to develop best practice guidelines for media reporting on mental illness in the context of violence and crime. Best practice was determined through the Delphi expert consensus method where experts rated statements according to importance for inclusion in the guidelines. In this study, the experts represented three groups: people with lived experience of severe mental illness, media professionals, and mental health professionals. The 77 statements that were endorsed as 'important' or 'essential' by 80% or more of experts were included in the guidelines, while 36 items were rejected from inclusion. There was a high degree of consensus among stakeholder groups. These guidelines expand on existing media guidelines, elaborating on accurate portrayals and appropriate language, and extending coverage to areas of mental health literacy, considering impact, reporting relevant risk factors, using social media, and implementation in news organisations.

Keywords:
News media
Media reporting
Mental illness
Psychosis
Schizophrenia
Crime
Violence

Introduction

The media are a key source of information about mental illness for the public (Reavley et al., 2011; Wahl et al. 2002; Wahl 2003). The 2007 Australian National Survey of Mental Health and Wellbeing revealed television and newspapers/magazines to be the most common sources of information about mental illness amongst the Australian public, with people relying on the media for mental health information more commonly than the internet and non-fiction books (Reavley et al., 2011).

Problematic portrayals

News media portrayals of people with severe mental illness (defined here as less common illnesses such as psychosis, schizophrenia and bipolar disorder) differ from those of more common mental illnesses such as depression and anxiety, which are much less stigmatised (Crisp et al. 2000). Reporting of severe mental illness tends to emphasise negative aspects, over-representing portrayals of violence and crime perpetrated by people with psychosis and schizophrenia (Kenez et al. 2015; Reavley et al., 2016; Delahunt-Smoleniec and Smith-Merry 2019). Dangerousness to others and violence are the most common negative depictions of severe mental illness in the news. An analysis of Australian print and online news reports found violence to feature in 47% of news stories that mentioned schizophrenia (Cain et al. 2014). Not surprisingly, surveys of the general public have shown that stories involving violence or crime are also the most commonly recalled among all stories about mental illness (Morgan and Jorm, 2009).

Such frequent and prominent portrayals of violence and crime perpetrated by someone with a severe mental illness means their actual occurrence is exaggerated. While there is a small increased risk of violence associated with psychosis (Douglas et al. 2009; Swanson et al. 1990),

such incidents are rare, with only 3-5% of violence attributable to mental illness (Fazel and Grann 2006; Hodgins 2008; Stuart and Arboleda-Flórez 2001). Even when mental illness is involved, there may be other factors that better explain violence, such as substance use, criminal history, and lack of treatment (Corrigan and Watson 2005; Douglas et al. 2009; Witt et al. 2013). Further, the emphasis on dangerousness, criminality and unpredictability linked to severe mental illness, and the prominence of the reporting of these incidents, reinforces myths surrounding violence and cultivates fear in the community (Pirkis et al. 2001; Stuart 2006; Kenez et al. 2015). These myths are particularly unfair given that people with severe mental illness are actually more likely to be victims of violent crime than perpetrators (Stuart 2003). Further, perpetuation of stigmatising beliefs by media reporting can result in reduced help-seeking for mental health concerns and engagement in treatment (Clement et al. 2015), as well as increased discrimination and social exclusion experienced by people living with severe mental illness (Corrigan et al. 2003).

Potential to influence attitudes

News stories that associate mental illness with crime and violence have been found to influence attitudes towards mental illness among the general population. News stories that are "negatively framed" - that depict a person with a mental illness as violent, dangerous, unpredictable or aggressive- have been found to increase stigmatising attitudes towards people with mental illness, increasing perceptions of dangerousness, violence and the belief that these are 'people who should be feared' (Thornton and Wahl 1996; Dietrich et al. 2006). Negatively framed stories were also found to increase desire for social distance and increase stereotypical descriptions of people with mental illness (Ross et al. 2019). Given that severe mental illness is not common, members of the public are less likely to have everyday contact with people affected

and consequently media reports may play a greater role in influencing attitudes than for more common mental illnesses (Reavley et al. 2016).

Potential for positive influence

Alongside its potential negative impact on attitudes, the media can also play a crucial role in challenging public stigma and stereotypes (Knifton and Quinn 2008; Corrigan et al. 2013). News portrayals of mental illness that are more responsible, accurate, balanced, informative, positively framed, and that contain 'stigma challenging' content, have been found to positively influence public beliefs by reducing stigmatising attitudes about people with severe mental illness (Ross et al. 2019). For example, a published newspaper story describing a dysfunctional mental health system was found to increase stigmatising attitudes about dangerousness and treatment coercion, while a story describing recovery from mental illness was found to challenge stigmatising attitudes, increasing beliefs about social inclusion and recovery (Corrigan et al. 2013). Furthermore, news stories that address misconceptions about mental illness, including facts about the rarity of violence perpetrated by people with mental illness, have been found to decrease stigmatising attitudes and increase affirming attitudes about recovery (Dietrich, 2006; Thornton, 1996).

Effective collaborations with the media have been found to help create improvements in news reporting. A key example is news reporting of suicide in Australia (Pirkis et al. 2001), which has been a specific area of research focus over the last 20 years. Guidelines developed collaboratively by the World Health Organisation, the International Association of Suicide Prevention and Everymind (Mindframe Australian National Media Initiative), encourage reporting that reduces potential harm and improves public understanding of suicide and mental illness (Everymind 2014; WHO 2017). The primary focus of this initiative is on the responsible

reporting of suicide, with some guidance provided for reporting on mental illness more generally. These guidelines have been found to significantly improve the quality of news reports about suicide and reduce copy-cat behaviour that can result from irresponsible reporting of suicide (Michel et al. 2000; Pirkis et al. 2009).

Existing Mindframe guidelines also provide recommendations for responsible reporting of mental illness more generally, including appropriate language to use when discussing mental illness, helpful ways to discuss mental illness, being mindful of reinforcing stereotypes, interviewing people with mental illness, reporting on a celebrity's mental illness and promoting help-seeking. While some guidance is provided in the existing guidelines for reporting from information collected at court or from a police incident, this does not provide sufficient detail for reporting on mental illness in the context of crime and violence. Considering that such portrayals of mental illness can be the most stigmatising, it is important to determine what is best practice for reporting on incidents occurring in this context. Further detail is required to address media professionals' understanding of the facts about mental illness and violence, the possible impact of news stories about mental illness and crime, and ensuring mental illness is described accurately and mentioned appropriately with relevant context provided in news stories involving mental illness, violence and crime.

There is also very limited research and guidance available surrounding the use of images and video footage in news reports about mental illness. The guidance that is available on images for news stories about mental illness (For example SANE Australia 2016 and Time to Change UK 2020) focuses on selecting appropriate images for positive types of portrayals, such as stories about treatments, research findings and lived experience. The current guidance recommends avoiding images that depict violence and avoiding the use of stills from films but

does not indicate what is appropriate imagery for news stories that involve crime and violence. In addition, recent systematic literature searches failed to find any studies that investigate the impact of imagery depicting people with mental illness in the news media (Ross et al. 2019). It is important that guidance is developed to address this gap as images could be considered to be more powerful in particularly instances and have a stronger impact on attitudes.

Little guidance also exists surrounding online engagement for journalists and other media professionals, particularly for monitoring comments on articles that are published online, as well as engaging on social media on topics about severe mental illness and crime. Online news is an increasingly popular source of news, and allows the sharing of these stories through social media sites. Both the online news sites and social media platforms allow interactivity, including liking, commenting and sharing, as well as through the ability to view videos and additional images. These are potential platforms for stigmatising comments to be shared, and if not appropriately managed could act to further increase stigmatising attitudes and the experience of discrimination by people living with mental illness. The importance of having safe conversations about mental illness online has been recognised with the development of the #chatsafe guidelines that encourage young people to talk about suicide safely on social media (Robinson et al. 2018) and the TEAM Up guidelines (2014) for safe communication about mental health and suicide on social media. Guidance specifically for media professionals on how to discuss sensitive topics related to mental illness and engage in these online platforms, professionally and responsibly, is also needed.

News media guidelines that extend reporting recommendations for mental illness to cover violence and crime, also including guidance on images and social media, would have great potential to significantly improve reporting, and subsequently reduce stigma towards

mental illness amongst the public. Therefore, the aim of this study is to develop media guidelines for use by media professionals to encourage responsible, accurate and fair news reporting of severe mental illness in the context of violence and crime, and the sharing of relevant news reports online and on social media. This article describes the development process of these guidelines using the Delphi consensus method, providing an overview of the topics covered in the guidelines, before highlighting how the guidelines extend media guidance, and comparing this guidance to the existing Mindframe media guidelines. Finally, important implications for dissemination and uptake of the guidelines amongst journalists, editors and other media professionals are discussed.

Method

The Delphi Method

In order to facilitate uptake and implementation of the guidelines, they were developed collaboratively with media professionals, mental health professionals and people with lived experience of severe mental illness. The Delphi expert consensus method allows for the gathering of practice-based evidence from experts, and collaboration amongst key stakeholders to determine best practice (Jorm, 2015). The Delphi method has been used broadly across numerous contexts, including health and mental health research and can be particularly useful in areas where there is limited research and where experimental methods of determining best practice are impractical.

For this study, the Delphi process involved conducting a literature search for recommendations on media reporting of mental illness and crime, holding working group meetings to develop questionnaire items from these recommendations, and recruiting expert

panellists to rate the items regarding their importance for inclusion in the guidelines across three survey rounds.

Literature search

A systematic literature search was conducted to find recommendations for media reporting on mental illness more broadly to ensure all recommendations relevant to the context of violence and crime were captured. The literature search included websites, online materials and scientific research articles. The online search used Google search engines from English-speaking countries (Australia, New Zealand, Canada, USA, and UK) using keyword search terms including 'media guidelines', 'media report', 'reporting recommendations', 'mental illness', 'schizophrenia', 'psychosis', 'bipolar', 'crime' and 'violence' (see Appendix A for full list of Google search terms). The first 50 resulting websites were screened for relevance. Additional online resources that were known to the researchers were also screened for relevant statements. A combination of multidisciplinary, social science, and media and journalism scientific databases were searched for relevant research literature. This involved searches in Scopus, PubMed, PsycInfo and Communication & Mass Media Complete, with specific search strategies developed for each data base using a combination of keyword and index terms, including the following: 'media guidelines', 'media report*', 'news report', 'media portrayal', 'news media', 'mental illness', 'mental disorder', 'bipolar', 'psychosis', 'schizophrenia'. An example of the full search terms used is included in Appendix A.

In addition to literature searches, transcripts from 32 research interviews with media professionals, consumer advocates and mental health professionals in an earlier study on improving media portrayals of severe mental illness (Ross et al. In preparation) were also screened for recommendations to improve news reporting on mental illness and crime. One

author (AR) read the transcripts and extracted suggestions that were mentioned by stakeholders for improving news reporting on mental illness and crime.

Questionnaire development

Relevant recommendations found in the literature search or interview transcripts were then compiled. Working group meetings were held during which the authors examined each statement for relevancy and reworded statements to improve clarity. Statements were included in the questionnaire if all authors agreed they clearly and non-ambiguously described how media professionals can report on mental illness and crime. Statements about reporting on mental illness more generally were excluded to avoid duplication of the Australian Mindframe media reporting guidelines. Further, statements about reporting on other issues that might intersect with crime, including sociodemographic factors such as gender, age, ethnicity, culture and religion, were also excluded, as these issues, including family violence, religion, and mass shooting, are covered in separate media guidelines (for example Our Watch 2019 and SAVE 2017). Only statements regarding media reporting of incidents that involve mental illness and do no overlap with other issues were included. The resulting statements formed the content of the questionnaire and were grouped into thematic categories to form questionnaire sections.

Delphi panel formation

People considered to be key stakeholders in development and implementation of the media guidelines for reporting on severe mental illness and crime were identified as potential participants. This includes media professionals who have experience reporting on severe mental illness or crime, including breaking-news, crime, court and health reporters; consumer advocates who have lived experience with severe mental illness and are in an advocacy role; and mental health professionals who have experience in research on mental illness and stigma or crime, or

are working in a clinical forensic setting. Participation was limited to stakeholders from Australia only, as the guidelines were being developed for this context only and it was also important for participants to be familiar with the current reporting context in Australia.

Experts were recruited through direct email or through consumer advocacy groups (SANE Australia, National Consumer & Carer Register, Voices of Consumers Western Australia, and Flourish Tasmania), mental health professional associations (Australian Psychological Society, Australian & New Zealand Association of Psychiatry, Psychology and Law, and university expert websites), Mindframe (Everymind) Media Advisory Group, by-lines of related news reports, and the researchers' mental health and journalism networks. Experts were also asked to forward the invitation to participate to other media or mental health professionals, or consumer advocates who met the panel criteria and might be interested in taking part.

The expert panel comprised 18 consumer advocates, 21 media professionals, and 23 mental health professionals, totalling 62 expert panellists. Overall, 71% of panellists were female (77.8% of consumer advocates, 76.2% of media professionals, and 60.9% of mental health professionals) with a median age of 44 years for the overall panel and for both mental health professionals and consumer advocate groups. The median age for media professionals was slightly lower at 38 years. Panellists were from all over Australia, including 24 from Victoria, 16 from New South Wales, 7 from Western Australia, 5 from South Australia, 4 from Tasmania and 3 each from Queensland and the Australian Capital Territory. The majority of panellists worked and/or held an advocacy position in their state's capital city, with 7 panellists in regional areas.

Panellists who were media professionals included journalists (n = 15), editors (n = 3), researchers/academics in communications and media studies (n = 2) and those in other news

media roles (n = 2), with an average of 15.4 years' experience (note that number of roles exceeds the number of panellists as some reported being in multiple roles). Panellists who were mental health professionals included clinical and forensic psychologists (n = 10), forensic and consultant psychiatrists (n = 6), researchers/academics (n = 3), and those in other forensic roles (n = 3), with an average of 19.4 years' experience. Panellists who were consumer advocates represented a variety of consumer advocacy/representative roles as well as professional roles, with an average of 11.6 years' experience in their advocacy/representative roles.

Delphi consensus survey rounds

The Round 1 survey contained 107 items and was completed by panellists via the secure online survey platform, Qualtrics. Survey completion involved rating statements in regard to their importance for inclusion in the guidelines according to the following categories*: essential, important, don't know/depends, unimportant* and *should not be included*. The Round 1 survey also included free-response text boxes to allow panellists to provide comments at the end of each section, including suggesting additional statements. These comments were read and screened for any original ideas by one researcher (AR), with new statements drafted to reflect these. The newly-drafted statements were then reviewed by the working group to determine if they were statements not already included in the Round 1 survey. Statements that the working group determined to be novel were refined before being included in the Round 2 survey, along with statements in Round 1 that met the criteria to be re-rated. Items that were newly added in Round 2 and met the criteria to be re-rated were re-rated in a 3rd and final round.

Following Round 3, statements that were endorsed by the experts were compiled to form the 'Guidelines for media reporting on mental illness in the context of violence and crime'. Statements about mental health literacy for media professionals were expanded on with further

detail added by the working group and incorporated into the guidelines in separate information boxes to allow the guidelines document to be a stand-alone resource for media professionals. The guidelines were then sent to the expert panellists to review, with their feedback incorporated before the guidelines were finalised.

This study received Human Research Ethics Committee approval from The University of Melbourne (HREC# 1953666).

Data analysis

Data were analysed in Microsoft Excel. Demographics of the panel groups were summarised using descriptive statistics. The three stakeholder groups' ratings (media professionals, consumer advocates and mental health professionals) were merged to form one expert panel to improve panel stability and account for expected panellist attrition, ensuring that individual panellists did not have too much endorsement weight (Jorm 2015). Merging the panels was justified given the high correlations across items in endorsement rates between the stakeholder groups in Round 1, (r = .82 between consumer advocates and mental health professionals, r = .71 between mental health professionals and media professionals, and r = .60 between consumer advocates and media professionals).

Endorsement ratings were determined for each item, with the percentage of 'essential' or 'important' ratings calculated. Statements that were rated by 80% or more of panellists as 'essential' or 'important' were included in the guidelines. Statements rated by 70-80% of panellists as essential or important were re-rated in a further round of the questionnaire. Statements that were rated by less than 70% of the panel members as essential or important, and statements that were re-rated in a subsequent round and did not achieve endorsement, were

excluded. The highest-rating items were identified, and thematic analysis was used to explore commonalities and differences in endorsement ratings both within and between expert groups.

Results

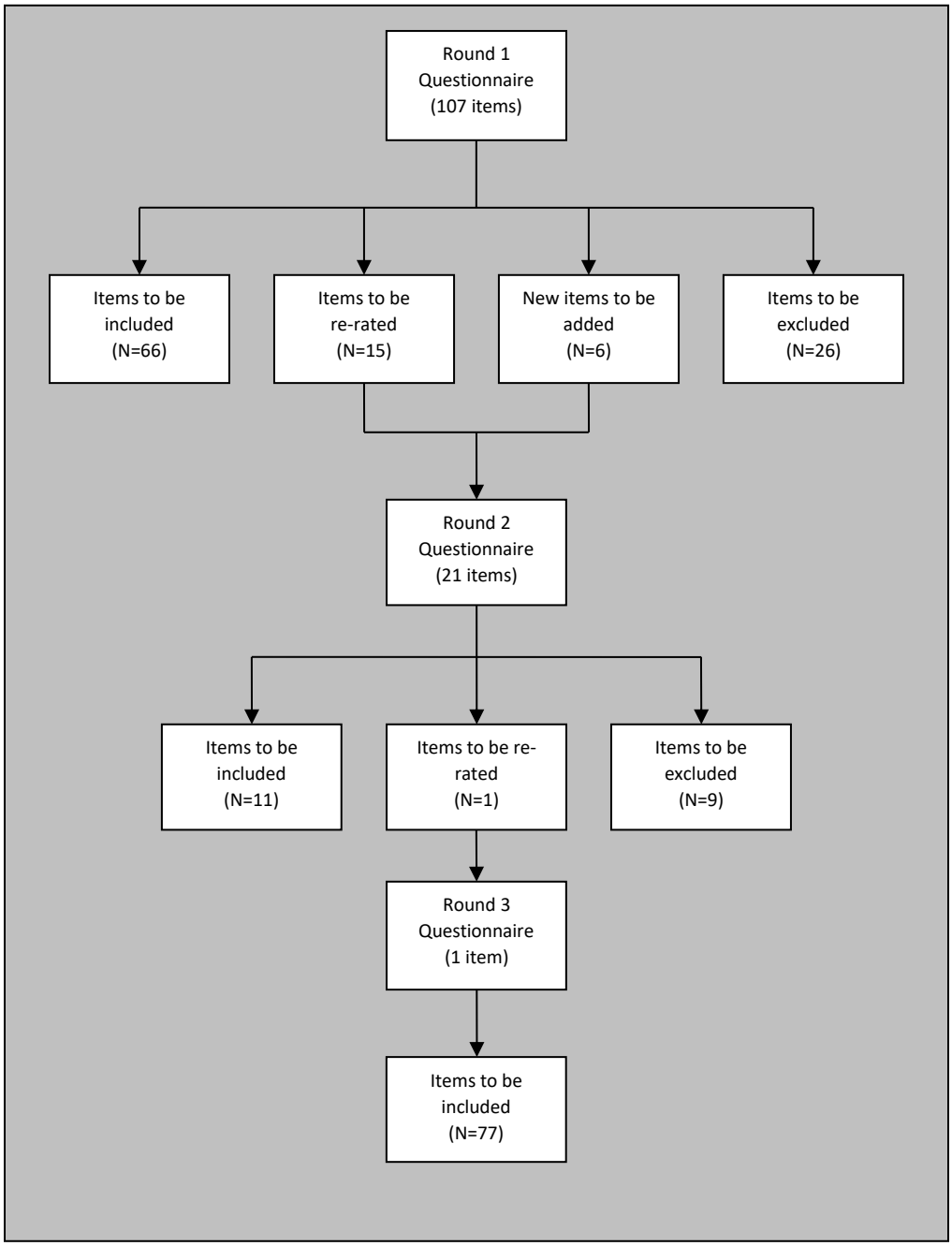
Panellist participation across the Delphi rounds is reported in Table 1. Overall, the panellist retention rate was moderate with 64.5% completing all three Delphi survey rounds. All three stakeholder groups were roughly equally represented across the three rounds, with approximately 20 stakeholders from each group completing the Round 1 survey, and attrition affecting each group for the remaining two rounds. Panellist retention was strongest amongst consumer advocates, suggesting they had the strongest motivation to participate in the development of the guidelines and a strong understanding of the important impact these guidelines could have for people living with mental illness. Given similar numbers of panellists from each stakeholder group in each of the survey rounds, panellist retention rates are not expected to have impacted the findings.

Table 1: Participation of Delphi panellists in each survey round

	Round 1 **n**	**Round 2** **n (% of Rnd 1)**	**Round 3** **n (% of Rnd 1)**
Media professionals	21	14 (66.7)	11 (52.4)
Consumer advocates	18	16 (88.9)	15 (83.3)
Mental health professionals	23	16 (69.6)	14 (60.9)
Total	62	46 (74.2)	40 (64.5)

A flow chart of item ratings across the three Delphi rounds is presented in Figure 1. As shown, a total of 113 unique items were rated across the three survey rounds, resulting in 77 items (68%) endorsed for inclusion in the guidelines and 36 items rejected from inclusion.

Figure 1: Overview of statements throughout the three rounds of questionnaires



An overview of the number of items that were rated and endorsed in each section of the survey is shown in Table 2.

Table 2: Number of items rated and endorsed in each section of the questionnaire

Section	Number of items	Number endorsed
1. Mental health literacy for media professionals	14	14
2. Considering impact	7	6
3. Reporting accurately	27	16
4. Providing context	24	8
5. Using appropriate language	7	7
6. Providing help-seeking information	3	3
7. Using images and video footage	14	11
8. Using social media	13	8
9. Implementing the guidelines	4	4
TOTAL	**113**	**77**

The statements that were endorsed as best practice across the three survey rounds, and the round in which they were endorsed, as well as the statements that were rejected, are included in an additional file. The endorsed statements covered a broad range of topics: understanding that

most people with a mental illness are not violent and that most people who are violent do not have a mental illness; considering the potential impact of news reporting on public attitudes and people living with mental illness; reporting accurately when discussing the role of mental illness in behaviour, violence or crime; reporting on all relevant factors that contribute to violence and criminal behaviour; explaining legal terms like 'not guilty by mental impairment'; using appropriate language that does not sensationalise mental illness, confuse it with erratic behaviour or imply mental health services are similar to prisons; providing help-seeking information and appropriate links to further information about mental illness and violence; choosing images and video footage carefully to avoid using unrelated or sensationalist images; using social media responsibly by monitoring and responding to harmful comments; undertaking training and mentoring to help improve reporting, and; seeking advice when unsure about how to report.

Four statements were endorsed by every panellist and received a 100% endorsement rate in Round 1. These statements covered awareness of the influence media reporting can have on people's beliefs about mental illness and crime (Q20_1), awareness of the negative implications that inaccurate, unbalanced and sensationalist reporting of mental illness can have for others with the same diagnosis (Q16_11), using accurate terms to describe types of mental illness (Q42_3), and the importance of journalism students receiving training on responsible reporting of mental illness and crime (Q60).

In contrast, there was low endorsement across all panels for items about reporting the specifics of a diagnosis and the opposite recommendation of using the term "mental illness" more generally, as well as reporting on symptoms (items in Q29). A similar trend of low endorsement was observed with items about including specific contextual information, such as social circumstances, relevant criminal history and treatment factors (Q31 & Q32).

Recommendations regarding reporting on the diagnosis and symptoms, as well as contextual information, appear to be situation specific, as suggested by the high number of 'Don't know/Depends' rather than 'Not important' or 'Should not be included' ratings. Further, comments from mental health professionals in Round 1 suggested that treatment factors (such as treatment being unavailable, or whether treatment is being received) and treatment status (including the use of medication) can be hard to determine, even for a mental health professional, and it would be beyond the scope for a journalist or other media professional to be making such judgements.

Discussion

This study aimed to use the Delphi expert consensus method to develop best practice guidelines for media reporting on mental illness in the context of crime. A total of 77 recommendations were endorsed as best practice, extending guidance for media reporting on a person with a mental illness to specifically cover incidents of violence and crime.

Expanding previous media reporting guidance

The current study adds to existing guidance by recommending that media reports include information on the research findings about mental illness and violence, the risk factors for violence, and the weak and complex association of mental illness as a risk factor for violence. The guidelines encourage media professionals to consider the potential impact of their news reports on people with a mental illness and their families, as well as the attitudes and behaviours of the general population. They also highlight the importance of avoiding speculation or making assumptions about the subject's mental health status and making generalisations about mental illness, and the importance of relying on authoritative sources to accurately report on these.

Emphasis is also placed on reporting all relevant risk factors for violence to avoid placing undue focus on mental illness as the sole cause.

This study further expands guidance for explaining 'not guilty by mental impairment' verdicts, considerations in selecting images and video footage to accompany news reports, as well as on implementing the guidelines across the news industry and within news organisations. The guidelines provide additional recommendations for appropriate language to use when reporting incidents of violence and crime perpetrated by someone who is confirmed to have a mental illness, and add more guidance around responsible reporting from police and court reports.

The guidance for responsible use of social media by media professionals developed in this study is entirely new, as no prior guidelines or literature on this issue in the context of mental illness was found. With the vast majority of journalists now using social media platforms such as Facebook and Twitter as part of their work (AAP 2019), such guidance is particularly useful to promote safe and responsible use of social media importance of monitoring comments on social media and online news platforms was emphasised, including disabling the comments section if it cannot be monitored in real time, taking action by linking to these reporting guidelines when moderating comments, and considering reporting harmful content to the relevant social media help centre. The guidelines also emphasised avoiding arguments with other users in comments sections.

Comparison to the existing Mindframe guidelines

Overall, these findings are consistent with the recommendations in the Mindframe guidelines for reporting on mental illness more generally (Everymind 2014), with the current

guidelines providing more specific guidance on how to action these broader recommendations in the context of violence and crime. For example, the Mindframe guidelines encourage the reporting of relevant factors that may have contributed to the situational context of the incident, while the newly developed guidelines provide further, more specific guidance about reporting such relevant factors, which may include substance misuse, treatment factors and a history of violence or aggression. Doing so may act to reduce the association between mental illness and violence and add to a broader understanding of risk factors that more strongly contribute to violence.

In drawing out additional detail for reporting considerations, some statements that were more specific in their guidance did not receive high enough levels of endorsement to be included in the guidelines. These statements may have been considered to be overly prescriptive, with more general statements preferentially endorsed. The endorsement of generalised statements provides media professionals with increased flexibility in determining what is relevant to report on a case-by-case basis. For example, reporting on a person's treatment factors, including whether the person was receiving treatment for their mental illness or the availability of treatment to the person, is listed only as an example in the Mindframe guidelines and was rejected from inclusion in the guidelines in the current study, while a more generic item about mentioning treatment if it is a relevant factor in the person's behaviour was endorsed. It appears that the level of detail in some items made them difficult to endorse as generic recommendations, with endorsement for treatment factors only to be reported if relevant rather than describing them as a part of standard reporting. Similarly, "not giving undue prominence to the diagnosis by putting it in the headline or lead of a news report" was rejected from the current guidelines after being re-rated in Round 2, however the Mindframe guidelines advise rather to 'consider

alternatives' to doing so, instead of explicitly stating not to. Again, this provides journalists with flexibility in determining what is relevant to, and what should be emphasised in, the specific story.

Participant retention rates across stakeholder groups are not expected to have impacted the findings. Given the vast majority of items were endorsed or rejected in Round 1, the highest number of panellests are rating these items.

A limitation of the resulting guidelines is the lack of guidance around the use of images and video footage when reporting on crime and mental illness. While the guidelines outline what images or footage to avoid using, there is little to no guidance around what images or footage should be used when specifically reporting on crime and mental illness. This is likely due to appropriate imaging differing on a story-by-story basis. Addressing this gap in guidance should be a target for future research, specifically looking at images in news reporting in the context of mental illness and crime to determine what images or scenes are considered appropriate to use. It is also important to note that these guidelines are not intended to be 'hard and fast' rules, but rather provide evidence-based guidance to be used in most situations, alongside the professional judgement of media professionals.

Limitations & Strengths of the study

Limitations of the study include a lower number of panellists completing surveys than expected (83% of those who expressed interest actually participated in the Round 1 survey). This was possibly due to the surveys being conducted at the end of 2019, which is a demanding time of year. It also must be acknowledged that simply developing media guidelines does not necessarily ensure their uptake. Efforts to implement the guidelines on a widespread scale are

necessary. Future research should examine the impact of these guidelines on Australian news media content, analysing this by disorder type (i.e. psychosis, schizophrenia) and comparing news content from before guidelines implementation to after the guidelines have achieved widespread uptake. While print news reports are most commonly included in research on news coverage due to the convenience of accessing these for research purposes, ideally such an analysis would include news reports from a variety of media platforms to thoroughly assess any change over time. Further, it is vital that future research continues to seek feedback from journalists themselves regarding the usefulness of the guidelines, and is responsive to their feedback regarding improvements in their implementation and related educational resources.

Despite these limitations, this study had some key strengths. It utilised the Delphi method to establish expert consensus in an under-researched area of mental illness stigma and developed best practice recommendations for reporting on violence and crime perpetrated by someone with a mental illness, when previously this guidance was minimal. A further strength is the involvement of expert panellists from a range of stakeholder groups, allowing the perspectives of those who would be most affected by the guidelines to be represented in their development (including those who would use the guidelines and those who would be impacted by any benefits of improved media reporting). In particular, the involvement of media professionals helps to ensure that the guidelines are feasible for uptake within the journalism community.

Implications

These guidelines are available for download and use by media professionals via the Mindframe website (https://mindframe.org.au/mindframe-guidelines-severe-mental-illness-violence-and-crime). They are an addition to Mindframe's suite of guidelines, with other topics covered including reporting on alcohol and other drug use, mental illness in general and suicide.

By keeping the guidance separated by topic allows media professionals to consult specific guidance relevant to their work, and publishing new guidance as separate topics also signifies to media professionals that new guidance is available that has not been covered in their prior training. To further support implementation and encourage uptake of the guidelines, it is critical to conduct training with media professionals to increase awareness of the guidelines and knowledge of how to apply their recommendations. As reporting on mental illness in the context of crime and violence often happens in high-stress, fast-paced situations, it is important that media professionals have a thorough understanding of the guidelines prior to their coverage of an incident. The roll-out of training should therefore start with journalism students, provided through university as part of their journalism education. Additionally, online delivery of training may be most practical for news organisations, as face-to-face delivery is often difficult due to the 'on site' nature of reporting, the shiftwork required to achieve 24/7 news coverage, as well as possible reluctance to change reporting practices.

Conclusion

Best practice media guidelines for reporting on mental illness in the context of violence and crime were successfully developed in the current study. These guidelines build on the Australian Mindframe media guidelines by extending guidance to cover a broader range of topics within the context of violence and crime, including improving the mental health literacy of media professionals, considering the impact of media reports, reporting relevant risk factors, using appropriate language and images, and responsible use of social media. In collaboration with Mindframe, significant efforts are needed to create awareness and uptake of these guidelines, in combination with research to evaluate their impact.

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Supplemental online material: The endorsement ratings for each statement across the three survey rounds and the resulting guidelines document are available as additional files.

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Appendix A – Sample search strategies

PubMed

(((("media report*"[Title/Abstract] OR "news report*"[Title/Abstract] OR "media guidelines"[Title/Abstract] OR "news media"[Title/Abstract] OR "media portrayal"[Title/Abstract] OR "communications media"[All Fields]) AND Title/Abstract[All Fields]) OR "mass media"[MeSH Major Topic])

AND ((("schizophrenia"[MeSH Major Topic] OR "psychotic disorders"[MeSH Major Topic]) OR "bipolar and related disorders"[MeSH Major Topic]) OR ("mental illness"[Title/Abstract] OR "mental disorder"[Title/Abstract] OR schizophrenia[Title/Abstract] OR psychosis[Title/Abstract] OR bipolar[Title/Abstract]))

=> 155 hits total

Google search terms

(“Reporting on” OR “media report*” OR “media guidelines” OR “reporting recommendations” OR “news fram*” OR “media portrayal”) AND

(“mental disorder” OR " mental illness" OR schizophrenia OR psychosis OR bipolar OR crime OR violence OR stigma)

References

Australian Associated Press (AAP) (2019), *The AAP Journalism & Social Media Report 2019*. Available at: https://www.medianet.com.au/study-of_journalism_and_social_media_australia/. Accessed 17 September 2020.

Cain, B., Currie, R., Danks, E., Du, F., Hodgson, E., May, J., O'Loghlen, K., Phan, Y., Powter, J., Rizwan, N., Shahim, S., Simsion, D., Loughnan, S. and Haslam, N. (2014), '"Schizophrenia" in the Australian print and online news media', *Psychosis*, 6(2), pp. 97-106.

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J.S. and Thornicroft, G. (2015), What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, 45(1), pp.11-27.

Corrigan, P. W., Powell, K. J. and Michaels, P. J. (2013), 'The effects of news stories on the stigma of mental illness', *Journal of Nervous and Mental Disease*, 201(3), pp. 179-182.

Corrigan, P. W. and Watson, A. C. (2005), 'Findings from the National Comorbidity Survey on the frequency of violent behavior in individuals with psychiatric disorders', *Psychiatry Research*, 136(2), pp. 153-162.

Corrigan, P., Thompson, V., Lambert, D., Sangster, Y., Noel, J.G. and Campbell, J. (2003), Perceptions of discrimination among persons with serious mental illness. *Psychiatric Services*, 54(8), pp.1105-1110.

Crisp, A. H., Gelder, M. G., Rix, S., Meltzer, H. I. and Rowlands, O. J. (2000), 'Stigmatisation of people with mental illnesses', *The British Journal of Psychiatry*, 177(1), pp. 4-7.

Delahunt-Smoleniec, N. and Smith-Merry, J. (2019), 'A Qualitative Analysis of the Portrayal of Young People and Psychosis in Australian News Reports', *Journalism Practice*, pp. 1-16.

Dietrich, S., Heider, D., Matschinger, H. and Angermeyer, M. C. (2006), 'Influence of newspaper reporting on adolescents' attitudes toward people with mental illness', *Social Psychiatry and Psychiatric Epidemiology*, 41(4), pp. 318-322.

Douglas, K. S., Guy, L. S. and Hart, S. D. (2009), 'Psychosis as a risk factor for violence to others: a meta-analysis', *Psychological Bulletin*, 135(5), p. 679.

Everymind (2014), 'Reporting suicide and mental Illness: A Mindframe resource for media professionals'. Newcastle. Available at: https://mindframe.org.au/mental-health/communicating-about-mental-ill-health/mindframe-guidelines. Accessed 17 September 2020.

Fazel, S. and Grann, M. (2006), 'The population impact of severe mental illness on violent crime', *American Journal of Psychiatry*, 163(8), pp.1397-1403.

Hodgins, S. (2008), 'Violent behaviour among people with schizophrenia: a framework for investigations of causes, and effective treatment, and prevention', *Philosophical Transactions of the Royal Society B: Biological Sciences*, 363(1503), pp. 2505-2518.

Jorm, A. F. (2015), 'Using the Delphi expert consensus method in mental health research', *Australian & New Zealand Journal of Psychiatry*, 49(10), pp. 887-897.

Kenez, S., O'Halloran, P. and Liamputtong, P. (2015), 'The portrayal of mental health in Australian daily newspapers', *Australian and New Zealand Journal of Public Health*, 39(6), pp. 513-517.

Knifton, L. and Quinn, N. (2008), 'Media, mental health and discrimination: a frame of reference for understanding reporting trends', *International Journal of Mental Health Promotion*, 10(1), pp. 23-31.

Michel, K., Wyss, K., Frey, C. and Valach, L. (2000), 'An exercise in improving suicide reporting in print media', *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 21(2), p. 71.

Morgan, A. J. and Jorm, A. F. (2009), 'Recall of news stories about mental illness by Australian youth: Associations with help-seeking attitudes and stigma', *Australian and New Zealand Journal of Psychiatry*, 43(9), pp. 866-872.

Our Watch (2019), *How to report on violence against women and children* (National edition). Available at: https://media.ourwatch.org.au/resource/how-to-report-on-violence-against-women-and-their-children-2019-national-edition. Accessed 17 September 2020.

Pirkis, J., Blood, R. W., Francis, C., Putnis, P., Burgess, P., Morley, B., Stewart, A. and Payne, T. (2001), *The media monitoring project: A baseline description of how the Australian media report and portray suicide and mental health and illness*. Commonwealth Department of Health and Aged Care Canberra, Australia.

Pirkis, J., Dare, A., Blood, R. W., Rankin, B., Williamson, M., Burgess, P. and Jolley, D. (2009), 'Changes in media reporting of suicide in Australia between 2000/01 and 2006/07', *Crisis*, 30(1), pp. 25-33.

Reavley, N., Jorm, A. and Morgan, A. (2016), 'Beliefs about dangerousness of people with mental health problems: The role of media reports and personal exposure to threat or harm', *Social Psychiatry and Psychiatric Epidemiology*, 51(9), pp. 1257-1264.

Reavley, N. J., Cvetkovski, S. and Jorm, A. F. (2011), 'Sources of information about mental health and links to help seeking: findings from the 2007 Australian National Survey of Mental Health and Wellbeing', *Social Psychiatry and Psychiatric Epidemiology*, 46(12), pp. 1267-1274.

Robinson, J., Hill, N.T., Thorn, P., Battersby, R., Teh, Z., Reavley, N.J., Pirkis, J., Lamblin, M., Rice, S. and Skehan, J. (2018), 'The #chatsafe project. Developing guidelines to help young people communicate safely about suicide on social media: A Delphi study', *PLoS one*, 13(11), p.e0206584.

Ross, A. M., Morgan, A. J., Jorm, A. F. and Reavley, N. J. (2019), 'A systematic review of the impact of media reports of severe mental illness on stigma and discrimination, and interventions that aim to mitigate any adverse impact', *Social Psychiatry and Psychiatric Epidemiology*, 54(1), pp. 11-31.

Ross, A. M., Morgan, A. J., Wake, A., Jorm, A. F. and Reavley, N. J. (In preparation), 'Key stakeholders' perceptions of and recommendations for improving media reporting of severe mental illness: Findings from qualitative research interviews'.

SANE Australia (2016), *Picture This: How Australians picture mental illness*. Melbourne. Available at: https://www.sane.org/images/PDFs/2765_01_SANE_PictureThis_12-FINAL-WEB.pdf. Accessed 3 September 2020.

Stuart, H.L. and Arboleda-Flórez, J.E. (2001), 'A public health perspective on violent offenses among persons with mental illness', *Psychiatric services*, 52(5), pp.654-659.

Stuart, H. (2003), 'Violence and mental illness: an overview', *World Psychiatry*, 2(2), p. 121.

Stuart, H. (2006), 'Media portrayal of mental illness and its treatments', *CNS drugs*, 20(2), pp. 99-106.

Suicide Awareness Voices of Eduation (SAVE) (2017), *Recommendations for reporting on mass shootings*. Available at: https://www.reportingonmassshootings.org/. Accessed 17 September 2020.

Swanson, J. W., Holzer III, C. E., Ganju, V. K. and Jono, R. T. (1990), 'Violence and psychiatric disorder in the community: evidence from the Epidemiologic Catchment Area surveys', *Psychiatric Services*, 41(7), pp. 761-770.

Thornton, J. A. and Wahl, O. F. (1996), 'Impact of a newspaper article on attitudes toward mental illness', *Journal of Community Psychology*, 24(1), pp. 17-25.

TEAM Up (2014), *Social Media Guidelines for Mental Health Promotion and Suicide Prevention*, Entertainment Industries Council, USA. Available at: http://www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf. Accessed 17 September 2020.

Time to Change (2020), *Responsible reporting: Using images*, UK. Available at: https://www.time-to-change.org.uk/media-centre/responsible-reporting/using-images. Accessed 17 September 2020.

Wahl, O. E., Wood, A. and Richards, R. (2002), 'Newspaper coverage of mental illness: Is it changing?', *Psychiatric Rehabilitation Skills*, 6(1), pp. 9-31.

Wahl, O. F. (2003), 'News media portrayal of mental illness: Implications for public policy', *American Behavioral Scientist*, 46(12), pp. 1594-1600.

World Health Organisation (WHO) (2017), *Preventing suicide: a resource for media professionals, update 2017* (Licence: CC BY-NC-SA 3.0 IGO). Geneva. [Online]. Available at: http://www.who.int/mental_health/suicide-prevention/resource_booklet_2017/en/. Accessed 17 September 2020.

Witt, K., Van Dorn, R. and Fazel, S. (2013), 'Risk factors for violence in psychosis: systematic review and meta-regression analysis of 110 studies', *PloS one*, 8(2).