National Communications Charter

A unified approach to mental health and suicide prevention

Life in Mind

An initiative of **EVERYMIND**

Foreword

Australia has made great progress in improving mental health awareness and suicide prevention, but we still have a way to go. One in five Australians will experience a mental illness this year alone – that's millions of people who need support, treatment and a tailored roadmap to recovery.

As Chair of the National Mental Health Commission, I see firsthand how important it is to have a cumulative approach to the awareness of mental health and suicide prevention. Clarity, consistency and collaboration are vital if we want to maximise our efforts.

Australia is fortunate to have a host of organisations across different levels contributing to improving mental health, increasing awareness of mental illness and eliminating associated stigma. But with such a variety of players in the one field, the need for consistency becomes greater.

By guiding the way we talk about mental health and suicide prevention, with each other and the community, the National Communications Charter (The Charter) serves as a valuable resource for the work we all do. It combines our efforts and streamlines our vision for greater awareness, and better mental health and wellbeing.

A commitment to The Charter is a commitment to how we can all talk about our nation's mental health and wellbeing. Uniting organisations across sectors, whether it be government, business or communities maximises the incredible efforts currently underway in the mental health space.

I encourage everyone working in the mental health and suicide prevention sectors, as well as government, workplaces and community groups, to sign up to The Charter and to align our work with its guiding principles and key messages.

Communicating in ways that promote awareness and encourage people to seek help is the first step in assisting those one in five Australians now and into the future.

Lucy Brogden
Chair, National Mental Health Commission

Contents

> ❝
> For a charter to be a purposeful document people need to believe in it, be prepared to sign it and genuinely strive to meet its guidelines... without your buy-in and commitment, it becomes another piece of paper on the shelf - and they don't save lives!
>
> **BRONWEN EDWARDS**
> **ROSES IN THE OCEAN**
> ❞

About

The Charter

The National Communications Charter (The Charter) is a resource and uniting document for people in the mental health and suicide prevention sectors, government, business and community groups.

The Charter is designed to guide the way we talk about mental health, social and emotional wellbeing, mental ill-health and suicide prevention, with each other and the community. The Charter serves as a formal commitment to working together and developing better structures and processes for collaboration.

> Stigmatising language can prevent people from seeking help, so improving our communication around mental ill-health and suicide is vital.
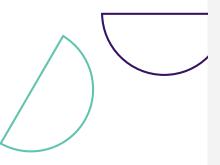>
> **SALLY MORRIS**
> **NATIONAL LGBTI HEALTH ALLIANCE**

Why

We agree to follow The Charter because we want to reduce suicide and its impacts and improve the mental health and social and emotional wellbeing of people, families and communities across Australia.

To do this, we need to communicate in ways that, principally, do no harm, but also in ways that actively work to increase help-seeking and help-offering behaviour and reduce the stigma surrounding mental illness and suicide.

Working together, we can maximise our efforts and our resources to help prevent mental illness and suicide and minimise the personal, social and economic impacts on people, families, communities and organisations.

Signing The Charter

People involved in mental health and suicide prevention, government, business and community groups are encouraged to sign The Charter. As signatories to The Charter, we pledge to:

– Use positive, person-centred and respectful language.

– Base strategic communications, advocacy and awareness-raising efforts on the guiding principles and key messages in The Charter.

– Work together to deliver clear, consistent and coordinated community awareness and advocacy activities.

– Share knowledge about best practice communication and resources.

– Work together to keep mental ill-health and suicide prevention prominent in the national conversation and amplify each other's efforts.

– Support the promotion of appropriate crisis services and help-seeking information in the media when mental health or suicide (including thinking about suicide, suicide attempts and bereavement) is referred to or features in stories or programs.

Background

The Charter was originally developed in 2014 by organisations who communicate regularly with the community, and with the support of the National Mental Health Commission.

It was redeveloped and operationalised in 2017-2018, under the guidance of a Champions Group representing the mental health and suicide prevention sectors, industry, Aboriginal and Torres Strait Islander peoples, lesbian, gay, bisexual, trans, and/or intersex (LGBTI) people, people with lived experience of suicide, people with lived experience of mental illness and people from culturally and linguistically diverse backgrounds.

The Charter is hosted on the *Life in Mind* online portal.

Principles

As signatories to The Charter, we:

– Acknowledge that improving the mental health and social and emotional wellbeing of people, families and communities and helping people to live contributing lives is a national **priority** that requires sustained action from governments and communities.

– Believe in honest, open and plain English **communication that is person-centred, respectful and safe.**

– Agree that **nationally consistent information** for, and messages to, communities are vital to avoid misinformation and confusion.

– Will **collaborate** to achieve coordinated and complementary community awareness, education and communication activities, maximising our efforts and resources.

– Will base advocacy and awareness-raising efforts on **clear, consistent and evidence-based messages** about mental health, mental ill-health and suicide prevention.

– Acknowledge the **strength and resilience of people with lived experience** of suicide and people with lived experience of mental ill-health and are privileged to share their stories and expertise through our work.

– Value and respect the **diversity of individuals and communities** affected by mental ill-health and suicide and that approaches to communicating about these topics vary across communities and generations.

– Support the promotion of crisis services, **help-seeking and help-offering** information.

> " It is only through working together that we can inspire more Australians to have genuine life-changing conversations and move closer to our vision of a world where everyone is connected and protected from suicide. "
>
> **BRENDAN MAHER, MOVEMBER**

Key messages

This section of The Charter articulates a series of key messages about mental health, social and emotional wellbeing, mental ill-health and suicide prevention.

Drawn from the evidence, and in line with The Charter's principles, the key messages should underpin all strategic communications in these areas.

These central messages form the basis of all the key messages that follow.

– Mental health, social and emotional wellbeing, mental ill-health and suicide prevention are issues of national importance.[1]

– Mental health and mental ill-health are determined by multiple and interacting social, cultural, psychological and biological factors, at individual, family and community levels as well as broader social and institutional levels.

– Individuals, families and communities have an essential voice and right to self-determination in matters of mental health, mental ill-health and suicide prevention.

> " The Charter's guiding principles and key messages underpin the life-saving work of increasing help-seeking behaviours and reducing the stigma surrounding suicide. "
>
> **CHEZ CURNOW**
> **COUNTRY SA PHN**

Mental health and wellbeing

Mental health is a positive concept that is sometimes misunderstood and used to refer to mental ill-health. However, mental health is a desirable quality in its own right.

It is about wellness rather than illness and relates to feeling resilient, enjoying life and being able to connect with others.

"

Mental health and wellbeing crosses language and cultural divides. Supporting individuals and families holistically and in partnership, we build stronger communities that flourish as a whole.

MARIA CASSANITI
NSW TRANSCULTURAL MENTAL HEALTH CENTRE

"

Mental health increases the ability of people and communities to realise goals and potential, to cope with the normal stresses of everyday life, to work productively and to contribute to society.[2]

Mental health can be built and maintained through a combination of protective factors such as positive relationships and connections to community, cultural identity, physical activity, creative expression, sense of purpose, economic security, availability of opportunities and others.

These factors can be thought of as strengths or assets that can help protect a person from experiencing mental health problems, by either reducing their exposure to risk factors (like negative life events) or increasing their ability to cope with them.

The promotion of mental health and wellbeing is in every person's interest; we can all do something to promote mental health, including building healthy public policy, creating supportive environments, strengthening communities to take action, developing personal skills and reorienting services.[3]

Key messages:

– Mental health is what we strive for and is more than the absence of illness.

– Optimal mental health and wellbeing requires an approach that addresses the whole person, acknowledging the interconnection of mental health, physical health, social connections, sense of identity and other aspects.

– Protective factors enhance and protect mental health and reduce the likelihood that mental ill-health will occur.

– Protective factors can operate at individual, family and community levels as well as at broader social, cultural and institutional levels.

– Addressing systems and processes that facilitate social exclusion, invisibility, stigma and discrimination can help reduce exposure to risk factors and support mental health and wellbeing.

"

Being mentally healthy is important to all Australians, whether or not they also live with a mental illness. It is about being able to deal with life's stressors, realising our potential, and belonging to and contributing to the communities in which we live.

DR AARON GROVES
CHIEF PSYCHIATRIST TASMANIA

"

Social and emotional wellbeing

Social and emotional wellbeing is the basis for both physical and mental health for Aboriginal and Torres Strait Islander peoples and communities.

This holistic concept includes but extends beyond conventional concepts of mental health and mental illness. It recognises the importance of cultural determinants of health such as relationships with family, kin and community, and connections to land and sea, culture, spirituality and ancestry, as well as social determinants such as employment, housing and education.[4]

The *Gayaa Dhuwi* (*Proud Spirit*) *Declaration* outlines the importance of social and emotional wellbeing for improving the mental health of Aboriginal and Torres Strait Islander peoples. This includes the need for Aboriginal and Torres Strait Islander leadership and to include the concept across all parts of the Australian mental health system.[5]

The following are guiding principles that shape the concept of social and emotional wellbeing:

1. Health as holistic.
2. The right to self-determination.
3. The need for cultural understanding.
4. The impact of history in trauma and loss.
5. Recognition of human rights.
6. The impact of racism and stigma.
7. Recognition of the centrality of kinship.
8. Recognition of cultural diversity.
9. Recognition of Aboriginal and Torres Strait Islander strengths.[6]

Key messages:

– Health is holistic not only in the sense of being about the whole person; it is also about whole communities.

– Social and emotional wellbeing is tied to social, emotional, spiritual and cultural areas of life.

– Social and emotional wellbeing includes but extends beyond conventional concepts of mental health and mental illness.

– Factors that protect the wellbeing of Aboriginal and Torres Strait Islander peoples and are a source of potential strength and resilience include connection to land, culture, spirituality and ancestry; kinship; self-determination, community governance and cultural continuity.[7]

Mental ill-health

Mental ill-health is a broad term that includes both mental illness and mental health problems.

A mental illness is a disorder diagnosed by a medical professional that significantly interferes with a person's cognitive, emotional or social abilities. Examples include depression, anxiety, schizophrenia and eating disorders. These can all occur with varying degrees of severity.[8]

A mental health problem can reduce a person's cognitive, emotional or social abilities, but not to the extent that it meets the criteria for a mental illness diagnosis. These problems can result from life stressors, and often resolve with time or when the individual's situation changes. A mental health problem may develop into a mental illness if it persists or increases in severity.[9]

Mental ill-health can have personal, social and economic costs for individuals, families and communities. This can include social isolation, relationship breakdowns, unemployment and undue financial stress, homelessness, social stigma and other forms of discrimination.[10]

Recovery is different for every person with mental illness. With no single definition, recovery is best described as a process, sometimes ongoing and lifelong, defined and led by the person with the illness, through which they can achieve independence, self-esteem and a meaningful and contributing life in the community.[11]

"People with lived experience should see The Charter as a rock solid foundation to develop generations of teamwork. It says, you are worthwhile and you are necessary.

**CAMERON SOLNORDAL
SANE SPEAKERS BUREAU**

"We strive for mentally healthy people and communities and encourage everyone to help shed a more positive light on mental health and reduce stigma around mental illness.

**LACHLAN SEARLE
MENTAL HEALTH AUSTRALIA**

Key messages:

– The prevention of mental ill-health is in every person, community and government's interest.

– Mental ill-health touches people of all ages and from all walks of life.

– People with mental illness can and do lead full and meaningful lives.

– Mental ill-health is not always visible.

– Seeking help early leads to improved outcomes and can reduce future problems.

– Reducing discrimination, stigma and prejudice can encourage people to seek help.

– Many factors contribute to help-seeking and recovery including access to good clinical treatment, support that reduces the impact of symptoms and other barriers to participation and inclusion in society, a safe home, strong relationships, peer support, jobs or volunteering and financial security.

– Support for people with mental ill-health and the people who care for them can reduce feelings of isolation.

– People can have needs that are specific to their identity or community. It is also important to recognise that people can have multiple and overlapping, and sometimes conflicting, roles and responsibilities and communities that can affect their ability to understand or seek help for mental ill-health in themselves or others.

Suicide prevention

Discussions surrounding suicide can cover a range of behaviours including thinking about suicide (ideation), planning a suicide, attempting suicide (including self-harm) and taking one's own life.

The reasons for suicide are complex and multifaceted, influenced by the vulnerabilities, risk factors and events in a person's life and their interactions with other social, cultural, economic and environmental factors.[12]

Not everyone who dies by suicide has a mental illness, although some people may have an increased risk of suicide because of a diagnosed mental illness.[13]

The relationship between suicide and self-harm is also complex. Research shows many people who self-harm do not have suicidal thoughts at the time but all may be considered to have a higher risk of further, more severe self-harm and later suicide.[14]

Despite the complexity of addressing the causes and contributing factors of suicide, what is clear is that it has a profound impact not only on the person who is suicidal but also their family, friends, carers, workplaces, schools and communities.

Suicide prevention aims to decrease the number of people who die by suicide or attempt suicide each year, focusing on reducing risk factors for suicide and enhancing protective factors that prevent suicide and suicidal behaviour.

> It is vital for the community to work together to reduce the number of lives lost to suicide and to support those left behind and a key way to do this is by finding ways to communicate openly and honestly about suicide and its impact.
>
> **JO ROBINSON**
> **ORYGEN**

Key messages:

– Suicide prevention is in every person, community and government's interest.

– Every suicide is a tragedy with far-reaching, long lasting, significant impact on individuals, families, workplaces and communities.

– The reasons for suicide are complex and multifaceted.

– Many suicides are preventable.

– Suicide is not always connected to mental illness.

– All suicidal behaviour should be taken seriously.

– Reducing discrimination, stigma and prejudice associated with suicidal behaviour and those impacted can help encourage people to seek help.

– Building social connections and networks is a good place to start in suicide prevention.

– Communities can play a critical role in suicide prevention by giving people a sense of belonging or a feeling of connectedness, reducing stigma, developing their skills to support someone in crisis, and providing social support or referrals to appropriate services.

– People can have needs that are specific to their identity or community. It is also important to recognise that people can have multiple and overlapping, and sometimes conflicting, roles and responsibilities within communities, which can affect how they understand and seek help for suicidal behaviours in themselves or others.

What can you and your organisation do?

Signing The Charter isn't the end of the story. Below are some activities that will help support the principles and key messages of The Charter within your organisation or local community.

Educate

- Share The Charter with new employees and communications staff.
- Share or display resources that help staff identify early signs and symptoms of mental ill-health or suicidal behaviour.
- Offer staff the opportunity to do workshops or training programs. There are community and workplace training programs in suicide prevention (e.g *Life in Mind* gatekeeper training)and mental health (e.g. HeadsUp; Mentally Healthy Workplace Alliance).
- Ensure people with lived experience of mental ill-health and people with lived experience of suicide are appropriately trained and supported (e.g. Our Voice in Action; SANE employer resources).

Join In

- Organise or encourage participation in programs/days that promote help-seeking and help-offering behaviours (e.g. World Suicide Prevention Day – September 10; RUOK? Day – 2nd Thursday in September; World Mental Health Day – October 10).
- Plan or encourage programs to enhance protective factors and social connectedness within the workplace (e.g. supporting a social committee, morning teas or lunchtime activities, or work-based teams for sport or fitness events).
- Plan or encourage programs to enhance protective factors and social connectedness in the local community (e.g. supporting local sporting clubs, craft groups, musical or theatre organisations, cultural groups and volunteer groups).

Collaborate

- Utilise *Life in Mind* to share information about your organisation and its work.

Praise and Promote

- Find and support programs or services that uphold the principles of The Charter in your local community and consider nominating them for an award (e.g. LiFE Awards, Mental Health Matters Awards).
- Advocate for equity of access and culturally-specific, age-appropriate and community-based programs and services.

Engage

- Engage people with lived experience of mental ill-health and lived experience of suicide (e.g. membership on boards, participation in consultation groups, co-authorship of articles, co-design of proposals).
- Engage with populations and communities with heightened risk that require specific and targeted interventions to ensure adequate and appropriate support for these groups (e.g. community forums or surveys, representation in consultation groups, co-design of proposals).

Use Evidence

- Support evidence-based programs, services and treatments.
- Link to evidence-based information where available (e.g. *Mindframe's* 'Facts and stats' webpage has the most up-to-date information on suicide for media professionals).
- Where evidence is not available, organisations should draw on the knowledge and strengths of the population or community in focus to develop appropriate programs and responses.

Use Safe Language

- Empower people to talk safely about mental ill-health and suicide (e.g. Conversations Matter; Communities Matter; RUOK? How to ask; #YouCanTalk).
- Use appropriate, non-stigmatising language in your communications (e.g. *Mindframe* guidelines).
- Provide consistent and clear messages when discussing mental ill-health and suicide (e.g. *Life in Mind's* Glossary of Terms).
- Update organisational social media policy with guidelines about appropriate sharing or linking of international messages about suicide so they follow Australia's national guidelines.

Use Safe Images

- Images are just as powerful as language and messaging; choose images that don't stereotype or stigmatise (e.g. SANE Australia's report Picture This: How Australians picture mental illness gives some guidelines for choosing images).

References and notes

1. Commonwealth of Australia. (2017). *The Fifth National Mental Health and Suicide Prevention Plan*. Canberra: Department of Health.

The Fifth Plan was endorsed by COAG Health Council members on 4 August 2017, and articulates the importance of these issues nationally.

2. World Health Organization. (1986). *Ottawa Charter for Health Promotion*. Geneva: WHO.

3. **Everymind**. (2015). *Prevention First: A prevention and promotion framework for mental health*. Newcastle: **Everymind**.

4. Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. 2nd edn. Perth: Telethon Institute for Child Health Research and Canberra: Department of the Prime Minister and Cabinet. 55-68.

Note: While social and emotional wellbeing is discussed in the literature as an Aboriginal and Torres Strait Islander concept, the term may also be used by other people who have different concepts of mental health and mental ill-health.

5. Dudgeon, P., Calma, T., Brideson, T., & Holland, C. (2016). The Gayaa Dhuwi (Proud Spirit) Declaration – a call to action for Aboriginal and Torres Strait Islander leadership in the Australian mental health system. *Advances in Mental Health*. 12 July.

6. Commonwealth of Australia. (2017). *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*. Canberra: Department of the Prime Minister and Cabinet.

Note: These guiding principles were first presented in the Social Health Reference Group's 2004 framework and reinforced in subsequent documents.

7. Zubrick, S.R., Shepherd, C.C.J., Dudgeon, P., Gee, G., Paradies, Y., Scribe, C., & Walker R. (2014). Social determinants of social and emotional wellbeing. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. 2nd edn. Perth: Telethon Institute for Child Health Research and Canberra: Department of the Prime Minister and Cabinet. 93-112.

8. Commonwealth of Australia. (2017). *The Fifth National Mental Health and Suicide Prevention Plan*. Canberra: Department of Health.

9. Commonwealth of Australia. (2017). *The Fifth National Mental Health and Suicide Prevention Plan*. Canberra: Department of Health.

10. World Health Organization. (2007). *Mental Health Problems: The undefined and hidden burden*. Fact Sheet 218. Geneva: WHO.

11. Commonwealth of Australia. (2013). *A National Framework for Recovery-oriented Mental Health Services: Guide for practitioners and providers*. Canberra: Department of Health and Ageing.

12. World Health Organization. (2014). *Preventing Suicide: A global imperative*. Geneva: WHO.

13. Commonwealth of Australia. (2017). *The Fifth National Mental Health and Suicide Prevention Plan*. Canberra: Department of Health.

14. Australian Institute of Health and Welfare: Harrison, J.E., & Henley, G. (2014). *Suicide and Hospitalised Self-harm in Australia: Trends and analysis*. Injury research and statistics series no 93. Cat. No INJCAT 169. Canberra: AIHW.

Champions

Everymind would like to acknowledge our current and former Champions who have contributed significantly to the redevelopment of The Charter.

The *Life in Mind* Champions provide leadership across settings, sectors and communities about safe and effective communication and collaboration.

A full list of the Champions can be found on the *Life in Mind* website: www.lifeinmindaustralia.com.au/the-charter/champions.

"
A commitment to The Charter is a commitment to how we can all talk about our nation's mental health and wellbeing. Uniting organisations across sectors, whether it be government, business or communities maximises the incredible efforts currently underway in the mental health space.

LUCY BROGDEN
NATIONAL MENTAL HEALTH COMMISSION
"

Life in Mind

An initiative of   **EVERYMIND**