Tasmanian Communications Charter

A state-based approach to mental health and suicide prevention

Adapted from the National Communications Charter

Mental Health Council OF TASMANIA

Life in Mind

Foreword

It is important to remember that we are all in a position to help those around us.

We must be ready to listen, brave enough to ask the question and empowered to offer hope.

Every life lost to suicide is one too many, causing distress for individuals, families and communities right across Tasmania.

This is why the Government is focused on improving Tasmania's mental health and preventing suicide, with one of the key priorities of the Tasmanian Suicide Prevention Strategy (2016-2020) being to increase community literacy about suicide and suicide prevention.

The Tasmanian Communications Charter is an important initiative to deliver on this priority.

The Charter will empower the Tasmanian community by developing our understanding of how to have appropriate and safe conversations about mental health, suicide and suicide prevention.

Prevention of mental ill-health and suicide in Tasmania is in everyone's interest, and so it is vital that our communities are equipped to give help and seek help.

The Government thanks and acknowledges all of the organisations involved in the development of The Charter - led by the Mental Health Council of Tasmania and in partnership with Everymind.

I encourage all Tasmanians with an interest in helping to prevent suicide and reduce its impacts within the community to sign The Charter and support its aims.

The Hon. Michael Ferguson MP
Minister for Health, Tasmania.

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Tasmania is the first state to adopt the new National Communications Charter. We're bringing the community sector together with government, people with lived experience and our suicide prevention network to promote a shared understanding and a common language around mental health, mental illness and suicide in Tasmania.

JANE AUSTIN, DEPARTMENT OF HEALTH

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About

National

The National Communications Charter (The Charter) is a resource and uniting document for 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 and wellbeing, social and emotional wellbeing, mental ill-health and suicide prevention with each other and the community. It will also serve as a formal commitment to work together and develop better structures and processes for collaboration.

Tasmania

As part of the *Tasmanian Suicide Prevention Strategy (2016-2020)*, the Tasmanian Government commissioned the development of a Tasmanian mental health and suicide prevention communications charter to be signed by organisations and individuals working in suicide prevention in addition to community leaders within Tasmania. The primary purpose of the Tasmanian version of The Charter is to increase help-seeking and help-offering behaviour and reduce stigma surrounding mental illness and suicide within our state.

The Tasmanian version of The Charter document provides a Tasmanian context to the National Communications Charter and has been reviewed by members from the Tasmanian Communications Charter Working Party. Members from the Working Party include organisational representatives of populations prioritised within the *Tasmanian Suicide Prevention Strategy (2016-2020)* including LGBTI people, people from culturally and linguistically diverse backgrounds, men and young people. It also includes consultative representation from services working with Aboriginal and Torres Strait Islander peoples.

> **"** This Charter is so important for Tasmania. Together, we have built an effective and unified approach to mental health and suicide prevention messages. **"**
>
> SHARON JONES, KENTISH REGIONAL CLINIC

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 these have on people, families, communities and organisations.

Get Started

Add your name to the growing list of organisations and individuals who want to talk in a way that has a positive impact on suicide prevention.

Go to **tascharter.org**

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 agree to:

– using positive, person-centred and respectful language

– basing strategic communications, advocacy and awareness-raising efforts on the guiding principles and key messages in this Charter

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

– sharing knowledge about best practice communication and resources

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

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

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, the community 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 illness 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 and **help-seeking and help-offering** information.

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The Charter will be a resource and uniting document for people in Tasmania. Through a formal commitment, it will guide consumers, carers, policy makers, health and community service providers to better work together.

MARTINA WYSS, PRIMARY HEALTH TASMANIA

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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 will 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.

> **"**
>
> A key element of transforming civil society's views on mental illness and suicide prevention is clear and consistent messages to best manage stigma traditionally associated with mental illness and suicide ideation.
>
> **EMILY CHURCHES, MIGRANT RESOURCE CENTRE TASMANIA**
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> **"**

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.

> **"**
> ## The general consensus amongst the community is that they want to be engaged in mental health and suicide prevention.
>
> **SAM STORY, RELATIONSHIPS AUSTRALIA TASMANIA**
> **"**

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]

The *Rethink Mental Health Plan 2015-2025* aims to foster a Tasmanian community where all people have the best possible mental health and wellbeing.[4] Priorities to achieving this include: the empowerment of Tasmanians to maximise their mental health and wellbeing, placing emphasis on positive mental health, prevention of mental health problems and early intervention in addition to reducing stigma.[5]

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Mental health promotion is about ensuring that members of the Tasmanian community have a level of health literacy and a clear understanding of where and how to access support should they require it.

**MICHAEL KELLY,
RELATIONSHIPS AUSTRALIA TASMANIA**

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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.

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, recognising 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.[6]

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

1. Health is 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.[7]

These principles are expanded in the *Gayaa Dhuwi* (*Proud Spirit*) *Declaration*, which 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.[8]

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.[9]

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.[10]

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.[11]

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.[12]

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.[13]

In Tasmania it is estimated that approximately 60,000 adults experience mental-ill health each year. Tasmania's mental health system involves many stakeholders including, consumers, their families and carers, public mental health services, community sector organisations, primary and private health providers. Mental health also crosses other sectors including alcohol and other drugs services, children and youth services, housing and education. The *Rethink Mental Health Plan* seeks to develop an integrated mental health system.[14]

> **"**
> A consistent approach to talking about mental health and suicide in a way that focuses on help seeking will ensure the conversation continues to challenge stigma.
>
> **JESSICA MORGAN, HEADSPACE**

> **"** Tasmania as a small state has a strong capacity to collaborate effectively across services and systems to ensure effective support is provided to clients experiencing mental ill-health.
>
> **EMILY CHURCHES, MIGRANT RESOURCE CENTRE TASMANIA** **"**

Key messages:

– The prevention of mental ill-health is in every person, government and community'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 illness 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.[15]

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.[16]

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.[17]

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.

The Tasmanian Suicide Prevention Strategy (2016-2020) identifies populations that may be at greater risk of suicide including Aboriginal and Torres Strait Islander peoples, LGBTI people, people from culturally and linguistically diverse backgrounds and men. It is recognised that increased risk may be due to greater rates of discrimination, isolation and social exclusion.[18]

> **"**
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> Compassionate engagement with people seeking mental health care or experiencing suicidal crisis is strengthened through a shared language, validation and acceptance of a person's experience, and a willingness to help. The Charter will serve all Tasmanians to increase their understanding of mental health and suicide prevention and reduce stigma, which will build a belief in people who need support that they can reach for help, and receive it.
>
> **DR AARON GROVES, CHIEF PSYCHIATRIST TASMANIA.**
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> **"**

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 and communities that affect how they understand and seek help for suicidal behaviours in themselves or others.

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If we can improve the way we address suicide, think about it, talk about it and start having conversations about it, I think we'll begin to make steps in Tasmania to potentially reduce the rate of suicide.

JOHN CLARK, RURAL ALIVE AND WELL TASMANIA

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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.

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 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).

Educate

– Share the Charter with new employees and communications staff. An online training module is available via tascharter.org

– 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 illness 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. organise an event for Mental Health Week, which includes World Mental Health Day on 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 the organisation and its work

– Join the Tasmanian Suicide Prevention Community Network (TSCPN)

Praise and Promote

– Find and support programs or services that uphold the principles of The Charter in your local community; 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 illness 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).

Notes and references

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**.

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5. State of Tasmania. (2015). *Rethink Mental Health: Better mental health and wellbeing. A long-term plan for mental health in Tasmania 2015-2025*. Hobart: Department of Health and Human Services.

6. 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. 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.

7. 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.

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

8. 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.

9. 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.

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

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

14. State of Tasmania. (2015). *Rethink Mental Health: Better mental health and wellbeing. A long-term plan for mental health in Tasmania 2015-2025.* Hobart: Department of Health and Human Services.

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

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

17. 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.

18. State of Tasmania. (2016). *Tasmanian Suicide Prevention Strategy (2016-2020).* Hobart: Department of Health and Human Services.

Contributors

The Tasmanian Communications Charter has been developed by the Tasmanian Mental Health and Suicide Prevention Communications Charter Working Party. This includes representatives from the following organisations:

Connect 4 Life

Cornerstone Youth Services

COTA Tasmania

Department of Health

Flourish Tasmania

Headspace

Kentish Regional Clinic

Lifeline Tasmania

Magistrates Court of Tasmania

Mental Health Carers Tasmania

Mental Health Council of Tasmania

Migrant Resource Centre Tasmania

OzHelp Tasmania Foundation

Primary Health Tasmania

Relationships Australia - Tasmania

Rural Alive and Well (RAW)

SPEAK UP! Stay ChatTY

Tasmanian Health Service

The Hobart Clinic

Working it Out

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Talking about mental health and suicide prevention is a very tangible way we can openly and safely reduce stigma. The Tasmanian Communications Charter is an important step towards ensuring that we are delivering strong, safe, consistent messages and supporting each other towards better mental health outcomes for all Tasmanians.

CONNIE DIGOLIS, MENTAL HEALTH COUNCIL OF TASMANIA

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EVERYMIND

Mental
Health
Council
OF TASMANIA

SUPPORTED BY
Tasmanian
Government