



**Life in Mind**

***Life in Mind:***

**Host of the National**

**Communications Charter**

[lifeinmind.org.au](http://lifeinmind.org.au)





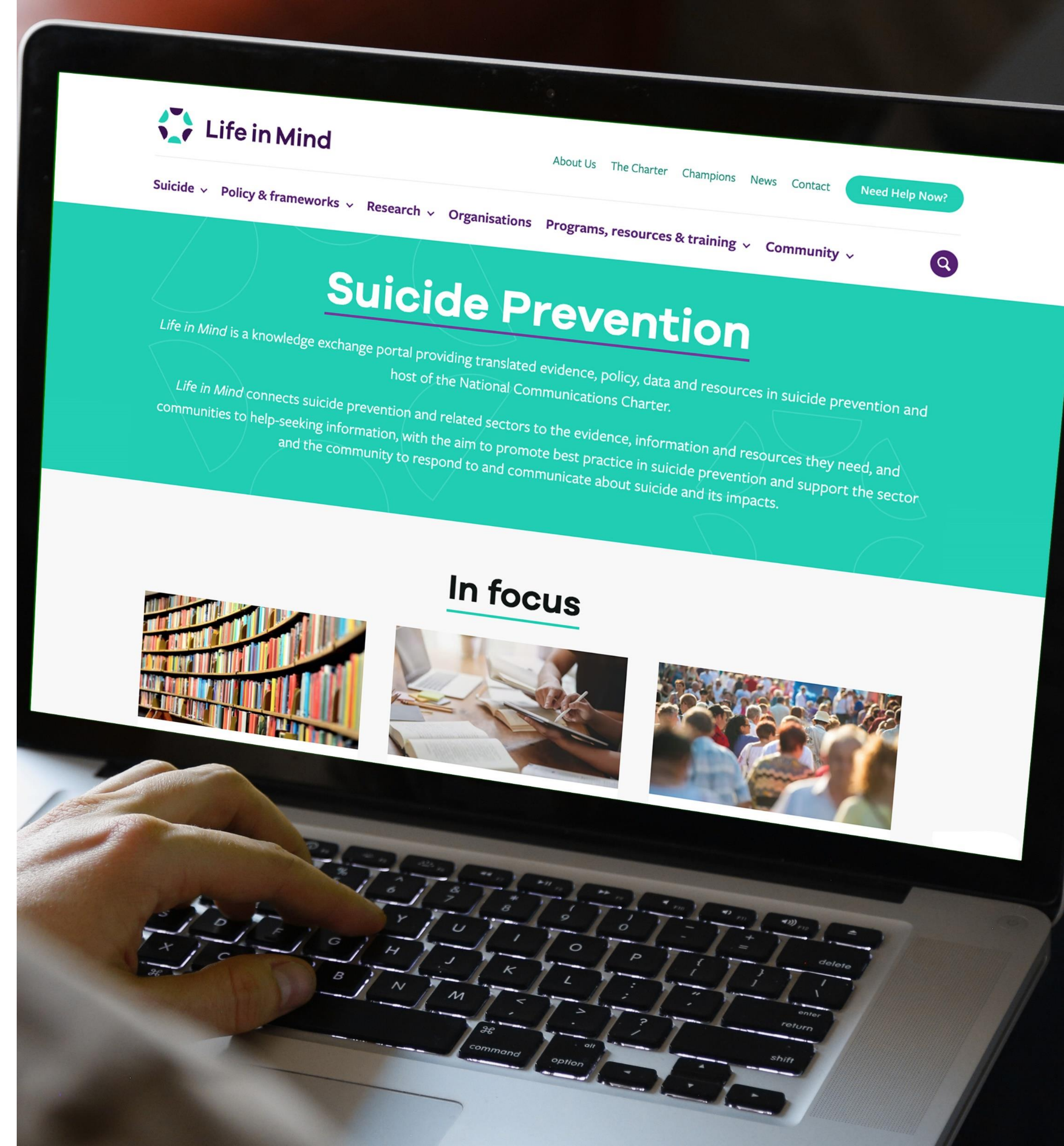
# About *Life in Mind*

*Life in Mind* is a knowledge exchange digital portal.

It hosts:

- A researcher, organisation, resource and program directory
- Translated information, data, policy and best practice approaches
- Sector news and research
- National Communications Charter (The Charter)
- Community support and resources.

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**Life in Mind**

# National Communications Charter:

A unified approach to mental

health and suicide prevention

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An  EVERYMIND program



# National Communications Charter

The National Communications Charter (The Charter) is an evidence-informed resource to guide the way the mental health and suicide prevention sectors, government, business and community talk about mental ill-health and suicide.

Signing The Charter serves as a formal commitment to use safe and consistent language, and to put the eight principles into practice to reduce stigma and promote help-seeking.

[lifeinmind.org.au/the-charter](https://lifeinmind.org.au/the-charter)





**1. Make mental health, wellbeing and suicide prevention a national priority.**

**2. Share nationally consistent information and messages.**

**3. Base advocacy and awareness-raising efforts on clear, consistent and evidence-based messages.**

**4. Respect the diversity of experience of those affected by mental ill-health or suicide.**

**5. Use appropriate, respectful and person-centred language in all our communication.**

**6. Work together to maximise our efforts and resources.**

**7. Acknowledge those with lived experience of mental ill-health or lived experience of suicide.**

**8. Promote crisis services and help-seeking information.**















# Tool One: Language Guide - Mental Illness

Do say	Don't say	Why?
<p>✓ A person is 'living with' or 'has a diagnosis of' a mental illness</p>	<p>✗ Stigmatising terms such as 'mental patient', 'nutter', 'lunatic', 'psycho'</p>	<p>Because using language that sensationalises mental illness can reinforce stigma</p>
<p>✓ A person is 'being treated for' or 'someone with' a mental illness</p>	<p>✗ Someone with a mental illness as a 'victim' or 'suffering from'</p>	<p>Because terminology can suggest a lack of quality of life for people with mental illness</p>
<p>✓ A person 'has a diagnosis of', or 'is being treated for' schizophrenia</p>	<p>✗ A person is 'a schizophrenic', 'an anorexic'</p>	<p>Because it can label a person by their mental illness</p>
<p>✓ The person's behaviour was unusual or erratic</p>	<p>✗ Words that describe a person as 'crazed' or 'deranged'</p>	<p>Because it is inaccurate and can imply the existence of a mental illness</p>
<p>✓ Accurate terminology for treatments e.g. antidepressants, psychiatrists, mental health hospital</p>	<p>✗ Words such as 'happy pills', 'shrinks', 'mental institution'</p>	<p>Because using colloquialisms about mental illness can undermine help-seeking behaviour</p>
<p>✓ Seek help and support via help-seeking resources and services</p>	<p>✗ Language that trivialises mental illness, such as 'weak' or 'snap out of it'</p>	<p>Because terminology used out of context can trivialise mental illness</p>



## Tool one: Language guide - suicide

Do say	Don't say	Why?
 'died by suicide' 'took their own life'	 'successful suicide' 'unsuccessful suicide'	Because it suggests suicide is a desired outcome
 'took their own life' 'died by suicide'	 'committed suicide' 'commit suicide'	Because it associates suicide with crime or sin
 'increasing rates' 'higher rates'	 'suicide epidemic'	Because it sensationalises suicide
 'suicide attempt' 'non-fatal attempt'	 'failed suicide' 'suicide bid'	Because it can glamourise suicide attempts
 refrain from using the term suicide out of context	 'political suicide' 'suicide mission'	Because it is an inaccurate use of the term 'suicide'





# Tools and resources

A suite of tools and resources is available to assist workplaces in implementing The Charter, including:

- The Charter action guide
- The Charter action worksheet
- Language guides (mental health and suicide)
- The Charter poster.

[lifeinmind.org.au/the-charter/resources](https://lifeinmind.org.au/the-charter/resources)





# Support services

## Adult

**Lifeline:** 13 11 14 | Text 0477 131 114

[lifeline.org.au](http://lifeline.org.au)

**Suicide Call Back Service:** 1300 659 467

[suicidecallbackservice.org.au](http://suicidecallbackservice.org.au)

**Beyond Blue:** 1300 224 636

[beyondblue.org.au/forums](http://beyondblue.org.au/forums)

**MensLine Australia:** 1300 789 978

[mensline.org.au](http://mensline.org.au)

**Standby Support After Suicide:**

1300 727 247

## Youth

**Kids Helpline:** 1800 551 800

[kidshelpline.com.au](http://kidshelpline.com.au)

**headspace:** 1800 650 890

[headspace.org.au](http://headspace.org.au)

**ReachOut:** [Reachout.com](http://Reachout.com)

## Other resources

**Head to Health:** mental health portal

[headtohealth.gov.au](http://headtohealth.gov.au)

**Life in Mind:** suicide prevention portal

[lifeinmind.org.au](http://lifeinmind.org.au)

**SANE:** 1800 187 263 | [saneforums.org](http://saneforums.org)

**Aboriginal and Torres Strait Islander:** [13YARN.org.au](http://13YARN.org.au) | 13 92 76

**Lesbian, gay, bisexual, trans, and/or intersex:** 1800 184 527 [qlife.org.au](http://qlife.org.au)

**Culturally and linguistically diverse:** [embracementalhealth.org.au](http://embracementalhealth.org.au)







**Life in Mind**

# Thank you

Ed Broadbent, Project Lead

[edward.broadbent@health.nsw.gov.au](mailto:edward.broadbent@health.nsw.gov.au)

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# HNECC PHN

## IMPLEMENTATION OF THE CHARTER

Francesca Groves

October, 2022

HNECC PHN ACKNOWLEDGES THE TRADITIONAL OWNERS & CUSTODIANS OF THE LAND THAT WE LIVE & WORK ON AS THE FIRST PEOPLE OF THIS COUNTRY.





## WHERE HNECC PHN STARTED

HNECC PHN signed The Charter in 2020, committing to the support and integration of the eight core principals into our processes and activities.

CEO Richard Nankervis and members of the Commissioning team were involved in signing on behalf of the organisation.

*Primary Health Networks (PHNs) have a very broad and influential role in contributing to suicide prevention, early intervention and in reducing the stigma associated with suicide and mental illness in Australia.*





## IMPLEMENTATION

Since 2020, HNECC has implemented The Charter principles into activities and processes through a stepped approach.

### Integration of principle one:

- *Make mental health, wellbeing and suicide prevention a priority issue.*
- HNECC conducts a health needs assessment across our region to identify the key priority areas for commissioning and service delivery.
- Primary mental health and suicide prevention were identified among nine other priority areas for investment and strategy.
- The two highest priorities of suicide prevention needs and target groups were, follow-up support for those with suicidal ideation and follow-up support following a suicide attempt.





## IMPLEMENTATION

Since 2020, HNECC has implemented The Charter principles into activities and processes through a stepped approach.

### Integration of principle five:

- *Use appropriate, respectful and person-centred language in all our communication*
- The Charter language guides are included in our induction process for all new staff, as well as our induction handbook.
- Language guides are placed in all four offices at the PHN as quick reference guides,
- The PHN has also created avenues for staff and teams to discuss language, its importance and the stigma and implications for some phrases and terminology.
- Training and engaging with SANE Australia, our DFV pilot training has meant our workforce has a deeper understanding of language and its implications, especially in our role within health.





## IMPLEMENTATION

Since 2020, HNECC has implemented The Charter principles into activities and processes through a stepped approach.

### Integration of principle six:

- *Work together to maximise efforts and resources*
- The PHN works collaboratively with both LHDs – Hunter, New England and Central Coast, where we have a joint regional plan with both to ensure collaboration, shared resources and strategies align for the needs of our communities.
- Consultation and information sessions are regularly held with our mental health and suicide prevention commissioned service providers to provide updates on areas of our needs assessment, collaborate on engagement activities and share learnings between pilot programs.
- The PHN regularly hosts planning days – Commissioning showcase, which invited representatives from other PHNs to share innovative ideas and collaborate on projects and strategies.





## WHAT'S NEXT

The PHN hasn't finished embedding The Charter into our work, and it will be a continual and ongoing process.

Some areas we would like to explore further and work with our workforce on are:

- **Incorporating the voice of lived experience of mental ill-health and suicide** into our program development. Whilst we have robust consultation groups, and community advisory groups, partnering with organisations like Roses in the Ocean would always be an added benefit to our work.
- **Promote crisis services and help-seeking:** We currently sit on three –four community collaborative groups around responding to postvention incidents, but there is always more we can do to support.





## WHAT YOU CAN DO

Three takeaways from today's session:

1. Visit *Life in Mind* and read more about the National Communications Charter.
2. Be familiar with the language guides on mental ill-health and suicide, so you can refrain from using stigmatising language – it's good to keep yourself in check!
3. Make mental health, wellbeing and suicide prevention a priority. Utilise resources and information, incorporate speakers and take initiative in your workplace to amplify key dates.

For more information on The Charter and resources, speak to Ed Broadbent from **Everymind**.





# Questions?

Francesca Groves  
October, 2022