

THERE'S MORE TO THE STORY REPORTING ON PTS

SUGGESTIONS FOR JOURNALISTS, BLOGGERS AND COMMUNITY GROUPS

it's
complicated

every story is
different

tell the
whole story

WHEN REPORTING ABOUT

THE CONDITION

CONSIDER

- The range of severity – not everyone stressed by trauma has a disorder – PTSD is at the severe end of a PTS continuum
- The complexity – not all mental health issues are PTS
- There can be other mental and physical injuries that accompany PTS
- Avoiding normalising the condition – not every veteran or first responder develops PTS or PTSD
- Providing hope – PTS can be treated, managed and overcome

WHEN REPORTING ABOUT

THE INDIVIDUAL

CONSIDER

- Uniqueness – every experience of PTS is different
- Rejecting labels of 'victims' and 'heroes' – both can contribute to stigma and individuals are more than these
- Avoiding assumptions – there is no common exposure time and causes can come from single events or be cumulative
- Sharing stories of resilience and recovery – they can empower others

WHEN REPORTING ABOUT

THE AUTHORITIES

CONSIDER

- Representing a balanced and objective view of authorities
- Help-seeking may be inhibited if authorities are depicted as unapproachable
- Checking claims that organisations or individuals are 'villains'
- Policies and actions often change
- Variations occur between agencies and services – not all authorities are the same
- Highlighting existing services available and success stories

have their
own stories

WHEN REPORTING ABOUT

STIGMA

CONSIDER

- The what, how and where of the experience of stigma
- The advice in the SANE Australia's Guide to Reducing Stigma at: www.sane.org/images/PDFs/SANE-Guide-to-Reducing-Stigma.pdf
- How language can contribute to both the continuation or the reduction of stigma

WHEN REPORTING ABOUT

THE SUPPORTERS

CONSIDER

- Seeking different sources for stories of support (civilian and service-based organisations/families and friends)
- Interviewees may be compassionate but not objective
- Understand that supporters can develop vicarious PTS
- Recognise that supporters may not be representative – they may have specific interests
- Supporters are not generally clinical experts

WHEN REPORTING ABOUT

SUICIDE

CONSIDER

- The cause and effect of each case of suicide
- PTS is not always the underlying or only cause of suicide
- The advice in Reporting suicide and mental illness: A Mindframe resource for media professionals at: www.mindframe.org.au/suicide/communicating-about-suicide

Reporting on mental wellbeing in the workplace requires accuracy and sensitivity, because the way these issues are represented impacts on all involved. This guide aims to highlight the complex and individual experience of PTS that, when considered carefully, will produce more accurate, compelling and original media reporting.

SUPPORT SERVICES

Lifeline
13 11 14
www.lifeline.org.au

Blue Hope
1300 00 BLUE (2583)
www.bluehope.org.au

SANE helpline
1800 187 263
www.sane.org

beyondblue
1300 22 4636
www.beyondblue.org.au

Open Arms
1800 011 046
www.openarms.gov.au

encourage
help-seeking

WORD BY
WORD

THE ROAD HOME

AUSTRALIAN CENTRE
OF EXCELLENCE FOR
POST TRAUMATIC STRESS

This guide is an initiative of the Word By Word Program at the University of South Australia and The Road Home. The research informing this guide can be accessed through www.theroadhome.com.au