

Name of organisation: Hunter Institute of Mental Health

Q1:

Mindframe recognises the current guiding principles for classifications decisions in Australia, which emphasise the rights of adults to “read, hear and see what they want”, but also serves to protect minors from inappropriate content and to protect all audiences from exposure to content that they themselves deem to be harmful, disturbing, offensive, demeaning or that may incite violence. With this in mind, we would like to see a revision in the way that suicide-related content is considered and classified. There is substantial international research to suggest that reporting (in news and online) and portrayal (on film and television) of suicide has been linked to increased rates of suicide attempts and deaths following that report or portrayal (see Attachment A for an overview of the evidence). While there is evidence that these risks can be increased for young people, a person’s level of vulnerability is a more accurate predictor of potential risk than age.

Our population consists of a large number of people affected by suicide (either at risk or bereaved). Approximately 2,100 Australians die by suicide each year and around 65,000 attempt to take their own lives (see Appendix A for references).

While there are provisions for the classification of television programs (and some reference point for films) we site the following concerns with the current provisions:

- The classification guidelines are based on only on the “age-appropriateness” of the materials with suicide grouped within “adult themes”;
  - Consumer advice given about “adult themes” rarely gives any details or “warnings” about suicide content (in the way that current affairs programs are required to under FreeTV Codes of Practice).
- Given the potential risks to those vulnerable to suicide or bereaved by suicide, it would be our advice to consider a different approach to both the classification process and associated consumer advice guidelines (for example, in the same way that more detailed consumer advice is often given in relation to drug use).

Q2:

Q3:

The online environment poses many changes for the suicide prevention area. While we have suggested more consideration to the classification and associated “consumer advice” for suicide content, some consideration would need to be given to this in an online format.

When people are watching a film or television program, they have already made an initial choice about the program. Any consumer advice about suicide content would then allow them to make a more informed choice about whether it appropriate for them or their family (based on their current circumstances). However, with online content, we would not like to see any system that allows vulnerable people to seek out graphic or potentially problematic content online. That is, if the classification material or consumer advice was “searchable” then this could potentially pose some risks.

While we would like to see appropriate consumer advice added to any material placed or sourced

online, our view is that this should be available after the material has been sourced and not “searchable”.

Q4:

Mindframe would encourage a more proactive approach to classifications and consumer advice, allowing viewers to make informed choices and protecting the vulnerable from potentially harmful or distressing content before there is an opportunity to come across such content naively or unexpectedly.

Many people who have been affected by suicide may not feel confident to make a complaint. In a worst-case scenario, someone who has been adversely affected by a portrayal of suicide may not be fit to make a complaint.

Q5:

Mindframe would encourage the consideration of the impact of certain portrayals of suicide on audiences for the purposes of classification for the following reasons:

- Explicit depictions of suicide can have impacts on vulnerable audiences leading to increased rates of suicide in the community (see Attachment A).
- Any material which depicts suicide (rather than just general references) would be inappropriate for children – given the complexity of the issue and the distressing nature of some content. Content around suicide should continue to be considered inappropriate for any program or site for children.

Q6:

Q7:

Q8:

Q9:

Mindframe suggests that there should be considerations given to people vulnerable to or affected by suicide across all markets. However, where content is specifically aimed at youth and/or where there is known to be an audience comprised of people vulnerable to or bereaved by suicide, there should be particular attention to what advice is given to those known audiences.

Q10:

There is little evidence to suggest a difference between material about suicide accessed in the home or in public. We would therefore suggest more general classification of suicide related content across the board.

Q11:

Q12:

Q13:

Q14:

Q15:

As outlined above, we would like to see classification of any content involving suicide, attached consumer advice, but a cautionary note about making suicide content “searchable” online.

There is substantial international research to suggest that reporting (in news and online) and portrayal (on film and television) of suicide has been linked to increased rates of suicide attempts and deaths following that report or portrayal (see Attachment A for an overview of the evidence).

While there are provisions for the classification of television programs (and some reference point for films) the classifications are only currently based on “age appropriateness” and specific consumer

advice about suicide is rarely seen, rather a general warning about adult themes is given. The online environment poses many changes for the suicide prevention area. While we have suggested more consideration to the classification and associated “consumer advice” for suicide content, some consideration would need to be given to this in an online format to ensure the classification reasons are not searchable before access.

Q16:

Q17:

While it is important to ensure independent classification of content that is not too restrictive, we do believe that in some instances, expert advice on content related to suicide could be sought. The Film Classification Board is currently unwilling to consider input from external agencies. While this may be appropriate in most cases, it also means that expert advice on complex areas such as suicide (where content can impact on audiences) is unavailable to those making the decisions. A more flexible model may provide some additional avenues.

Q18:

Q19:

Q20:

We believe there is general misunderstanding in the community about where suicide related content will and will not appear.

Q21:

Q22:

Q23:

Q24:

Given the potential risks to those who are vulnerable, we believe that any material (online or otherwise) that is explicitly pro-suicide and provides information or access to means of suicide should be prohibited. While some may conceive this as a restriction of freedom of speech, it does pose a real risk to those who are vulnerable and desperate.

In addition, any visual representation of actual suicides (in online or broadcast format) should be prohibited. For example, some years ago there was television footage (and subsequently online reproductions of the footage), that showed an American man who took his own life at a press conference live on television. The following public availability of this content was possibly even more problematic in terms of people “seeking out” the material.

Q25:

Q26:

Q27:

Q28:

Q29:

Other comments:

File 1:

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