

29 May 2026

Submission to consultation on modernising and harmonising classification standards

Prepared by Everymind

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About Everymind

Everymind is a leading national institute dedicated to the prevention of mental ill-health and suicide. We have a long-standing reputation for designing, implementing and evaluating tailored policy advice, research and programs. Through the *Mindframe* program, Everymind has over 20 years' experience supporting evidence-informed guidance on safe communication about suicide, self-harm, mental health concerns, and alcohol and other drug (AOD) use through collaboration with the media and related sectors. Insights from this long running program form the foundation of this response.

Mindframe is funded by the Australian Government's Department of Health, Disability and Ageing under the National Suicide Prevention Leadership and Support Program. Improving media coverage of suicide is an evidence-based population level suicide prevention activity. Numerous studies have found that media reports of suicide can lead to further suicidal behaviour in the community; this is referred to as the Werther effect ⁽¹⁾. In addition, there is increasing evidence for the positive effects of media reports of stories focusing on hope and recovery, known as the Papageno effect ^(2,3). New research has shown these effects work beyond media reporting, to include other kinds of public communication such as fictional portrayals, websites, and social media ^(4–6). Looked at together, the Werther and Papageno effects build on a powerful premise that, for people in a state of suicidal crisis, the way suicide is portrayed in public communication may influence a person's decision to engage in suicidal behaviour or not. It may also affect how people understand suicide, seek or offer help, or behave towards those with a lived experience of suicide, whether through personal suicide behaviours, caring for others through suicide behaviours, or bereavement by suicide ⁽⁷⁾. Research evidence also shows similar protective and harmful effects arising from public communication on other sensitive topics including mental health concerns and AOD use ^(8,9).

Submission summary

Everymind supports the direction of reform set out in the discussion paper and welcomes efforts to strengthen Australia's classification system by making it clearer, more evidence-informed and more useful to audiences. As reform progresses, there is an opportunity to further consider how governance, oversight and the treatment of sensitive content are defined and applied. In Everymind's view, changes to classification standards, tools and consumer information should improve clarity and trust while maintaining strong safeguards for audiences affected by suicide, self-harm, mental health concerns and AOD-related content.

In summary, we recommend the following

- **Element icons for sensitive content should not be adopted. Clear and prominent written content advice should be used instead.**

Written content advice should remain the primary means of informing audiences about sensitive content. Element icons are not supported due to risks of ambiguity or harmful interpretation. If visual shorthand is used, it should be text-based for any sensitive content, such as suicide or self-harm, and supplementary only.

- **Strengthen the Themes element through an expanded and mandatory sub-theme model.**

Sub-themes should be specified wherever Themes apply, with at least one sub-theme element for each work. An 'other themes' category should be used where existing descriptors are insufficient and accompanied by clear, plain-language content advice. This would improve specificity while preserving flexibility for emerging or complex issues including areas of community concern.

- **Ensure classification guidance reflects risk associated with sensitive content.**

Portrayals or incitement of suicide should generally be treated at least at a strong MA16+ level and include clear, specific content advice. Any discretion to moderate impact should be tightly framed for high-risk material and not used to downplay content associated with harm, stigma or retraumatisation.

- **Establish strong community input mechanisms.**

The proposed Classification Advisory Council should be established as a structured mechanism for ongoing community input, with representative and trauma-informed participation, supported by access to relevant lived and living experience informed expertise from organisations such as Everymind.

Response to proposed concepts (selected)

Information accessibility and transparency

Concepts addressed by response: C18; C20

Everymind does not support prominent symbolic element icons as an appropriate way to communicate sensitive content advice. This concern is especially strong in relation to suicide and self-harm. Such icons are likely to be either too ambiguous to communicate meaning reliably, or too specific in a way that risks implying method. This presents clear risks: *Mindframe* guidance clearly emphasises that detail about method can be harmful and should be avoided. Similar issues arise in areas such as drug use, where icon design may reinforce stereotypes or narrow public understanding of the content concerned. For these reasons, written content advice should remain the primary means of informing audiences about sensitive content.

If any visual shorthand is retained, Everymind's preference would be for a text-based badge rather than a symbolic icon. For example, the terms 'suicide' or 'self-harm' displayed in a standardised shape. A text-based approach may offer greater clarity while avoiding some of the ambiguity and safety concerns associated with symbolic imagery. However, badges should function only as an alerting device. They should not be treated as a substitute for written content advice that explains the nature of the material sufficiently for audiences to make an informed decision.

Everymind also supports greater transparency in classification information to improve audience understanding and confidence in the system, including clearer explanations of classification decisions, provided this does not expose audiences to unnecessary harmful detail. For suicide in particular, explanatory material should warn readers if it includes method detail or other specifics that do not align with safe communication principles.

Guideline updates, evidence and definitions

Concepts addressed by response: C02; C03; C07

Everymind supports reform of the Themes element to make it clearer, more specific and more useful to audiences. The current Themes element can be too broad to clearly communicate what has informed a classification decision. At the same time, limiting sub-themes to four elements would not reflect the range of issues that research shows audiences expect to see addressed through classification and content advice.

A stronger approach would expand the proposed sub-theme model and require its use wherever Themes apply. Each work classified under Themes would include at least one sub-theme element. Where no element fits, an 'other themes' element should be used accompanied with plain-language content advice identifying the issue concerned. This would preserve flexibility while giving sub-themes a distinct functional role.

Everymind strongly supports clearer, evidence-informed classification criteria. Care is needed, however, not to define evidence too narrowly or set the burden of proof unrealistically high. In this area, some harms are difficult to isolate directly, may emerge over time, and may not lend themselves to simple causal testing. Classification should reflect empirical evidence while responding to public health concerns, lived and living experience, and community expectations about what audiences need to know before engaging with sensitive material.

This is especially relevant for suicide. There is strong evidence that reporting and portrayal can influence suicide-related behaviour, including through imitation effects. By contrast, direct evidence on the impact of content advice related to suicide is still emerging. Even so, Everymind's recent content advice guidance recommends its use, as people with lived experience support its inclusion and it helps audiences make informed decisions about whether to engage with the content. This example highlights why empirical evidence should sit alongside, rather than above, lived and living experience and community expectations in informing both classification decisions and accompanying content advice.

Everymind supports clearer guidelines and definitions, to reduce ambiguity, and improve consistency in classification decisions. This matters especially for suicide, self-harm, mental health concerns and AOD issues. Content covering these topics is not inherently harmful, but the way material is framed, the details included, and the broader context in which it is presented can increase or reduce the risk of harm. The key consideration is that any revised definitions, thresholds and content advice settings are precise enough to distinguish lower-risk content from portrayals that warrant stronger treatment and clearer warnings.

Content advice plays an important role in supporting informed choice by helping audiences decide whether to engage with sensitive material. Everymind therefore advocates that portrayals or incitement of suicide should ordinarily be treated as at least a strong MA16+ issue, unless exceptional circumstances apply, and should always include clear and specific content advice. More generally, where the guidelines allow contextual factors to moderate the impact of a theme, that discretion should be tightly framed for any high-risk material. It should not operate as a routine basis for downplaying suicide or other material with a recognised capacity for harm, stigma or retraumatisation.

Given the potential for harm, the taxonomy, definitions and classification determination guidance in this area should be informed by specialist expertise. Everymind has worked with media and screen sectors since 2002 and provides national guidance, training and real-time support on safe communication about suicide, mental health concerns and AOD. Our work is informed by research and by lived and living experience. This expertise should be drawn on in the development of revised definitions and instructions, alongside the expertise of other relevant specialists with knowledge of the issues commonly addressed by the classification system and the potential harms associated with their portrayal or discussion.

Governance process reform

Concepts addressed by response: C09

Everymind supports the establishment of a Classification Advisory Council as a structured mechanism for ongoing community input to help ensure the guidelines evolve with changing community expectations. A representative composition will be essential if the Council is to speak credibly to the broad range of communities the classification system is intended to serve. This should actively involve groups more likely to be affected by misclassification or inadequate content advice, including young people, parents and carers, and people with lived and living experience of suicide, mental health concerns and AOD issues.

Representative participation should be properly supported and trauma-informed. The Council should not rely on a small number of lived and living experience members to bear the full burden of representation. A stronger model would combine supported participation with the ability to draw on advice from relevant subject matter experts and organisations, including Everymind.

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