mind OUT
for mental health

This guide is for journalists, editors and other people in the media who want to address some of the important challenges – and opportunities – in reporting mental health issues. Using working examples, practical advice and checklists for action, it aims to help people in the media to break down – rather than reinforce – stigma, stereotypes and misunderstanding.

The pack is produced by the **mind out for mental health** campaign. **mind out for mental health** is an active campaign, coordinated by the Department of Health, to stop the stigma and discrimination surrounding mental health.

mind out for mental health is working with a wide range of partners from the voluntary and statutory sectors, companies, the media and youth organisations to bring about positive shifts in attitudes and behaviour surrounding mental health.

"I think it's not an exaggeration to say that mental health issues may be the next great battleground of human rights. This will continue to present challenges – of attitude and culture – to people in the media who want to be equal to the task."
David Lloyd, Head of News, Current Affairs & Business, Channel 4

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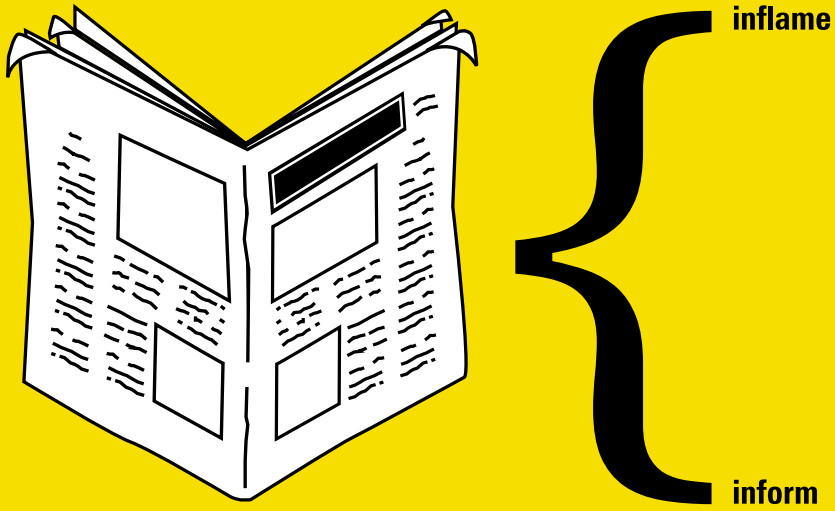
mind OUT
for mental health



Mindshift

a guide to open-minded media coverage of mental health

"This campaign raises issues that are worth careful thought. The media can either help to maintain the wall of stigma and silence surrounding mental health, or we can help to knock it down."
Bob Satchwell, Executive Director, Society of Editors

CONTENTS

This guide isn't seeking to bully and constrain you, or tell you what to do. But it does outline some of the steps you can take and resources and arguments you can use to ensure that mental health issues are reported fairly and honestly – and that the real stories on mental health are put across. Examples in this guide use print journalism for illustrative purposes only. Guidelines are relevant across media. We think you might be interested because…

… in a survey by Mental Health Media in 2001, 64% of journalists said that media coverage of mental health could be improved.[1]

WHY SHOULD YOU CARE?

Ten good reasons to mind out for mental health

1 **It's relevant.** One in four people will experience a mental health problem in the course of a year.[2] Worldwide, major depression is now the *leading* cause of disability.[3]

2 **It's topical.** Mental health is now an important priority on the agendas of policy-makers, healthcare providers, and responsible businesses.

3 **Attitudes are changing.** 85% of the general public think that people with mental health problems have been the subject of discrimination for too long.[4]

4 **You can have an impact.** Reducing stigma has been shown to be the number one factor in improving the lives of people with mental health problems.[5]

5 **It's a discrimination issue.** People with mental health problems have the highest rate of unemployment among people with disabilities.[6] 47% say they have experienced discrimination at work.[7]

6 **It's a professional responsibility.** All the major professional codes for the media, and many in-house guidelines, include strong guidance on accuracy, privacy, and non-discrimination.

7 **There are lots of unheard voices out there.** In a survey by Mental Health Media in 2001, only 6.5% of press articles contained the views and voices of mental health service users.[1]

8 **Media coverage is already changing.** The shortlist for Mind's Journalist of the Year Award for positive mental health reporting gets longer each year.

9 **But there's still a long way to go.** Words like 'loony', 'schizo' and 'nutter' still regularly appear in the press. When was the last time you used equivalent words on issues like sexuality or race?

10 **One in four – it could be you…**

> **…A quarter of adults in the UK will experience some form of mental health problem this year. That's a quarter of your readers, viewers and listeners. It's a quarter of your newsroom. It's quite possibly you. And most of us are living behind a deadly wall of stigma and silence. It takes a lot of courage to step out from behind that wall. We need people in the media who are prepared to match that courage. Not out of a sense of pity, but because they believe it's their job to tell society the truth.** ***Liz Main, journalist and media consultant, diagnosed with major depression***

WHOSE LINE IS IT ANYWAY?

Mental health and the media

You don't make the news, you only report it. But *how* you report it can make an enormous difference to people's daily lives.

Over the last ten years, media coverage of issues like race, sexuality, and disability has shifted – slowly but definitively – as public opinion has evolved. This is a subtle, complicated, process – but the impacts have been huge. Discrimination still exists, but millions more people can rely on the media to assert and reflect their rights as legitimate members of mainstream society.

But for one significant group of people, routine stigma and stereotyping is still a fact of daily life. These are people with mental health problems: up to a quarter of the population in the course of a year.[2] Of these, people with more severe conditions, such as schizophrenia, experience the hardest edge of marginalisation and mistrust – but stigma extends across the spectrum, leaving people with very common mental health problems afraid to speak out or seek help.

For the media, the time has come to examine their part in the problem, and to step forward as an important player in any solution. The fact is, subtle and not-so-subtle media bias on mental health issues is still widespread. At worst, headlines carry the kind of derogatory language ('nutter', 'maniac', 'schizo') which has been completely outlawed on issues like race. More subtly, terminology is inaccurate, the issues are marginalised relative to the scale of the problems, and there's a predominant – and unfair – association with violence and crime.

Why has this happened? Perhaps it's simply that like everyone else, people in the media find mental health problems threatening, because they really can affect any of us at any time. If this is true, people in the media need to be vigilant. Because the tendency to 'scapegoat' people who embody our own fears is magnified and reinforced by the words, images and attitudes which they are sending out.

Ian Mayes, Readers' Editor of The Guardian, has become a quiet, crusading voice on the unavoidable challenge facing the media when it comes to mental health. As he says: **"Stigma is an effect of society lying to itself. We know, but seem to want to deny, that huge numbers of us will experience mental illness at some point in our lives."** If you think it's the job of the media to tell society the truth about itself, we hope you'll find something in this guidebook that will make you stop, think and keep an open mind on mental health.

FEAR…

- 19% of the public are frightened by the thought of people with mental health problems living in residential neighbourhoods.[4]

…and the media:

- 40% of the general public associate mental illness with violence, and say that this belief is based on the media.[9]

DISCRIMINATION…

- 47% of people with mental health problems report discrimination at work
- 56% report discrimination within the family
- 51% report discrimination from friends.[7]

…and the media:

- 60% of people with mental health problems blame media coverage for discrimination they experience in their daily lives.[8]

SILENCE…

- 42% of people with mental health problems haven't told some members of their family
- 22% haven't told their partners
- 74% haven't mentioned it on application forms
- 19% haven't even told their GP.[7]

…and the media:

- In a survey by Mind in 2000, 22% of people with mental health problems said media coverage had made them feel more isolated and withdrawn. 8% said it made them feel more suicidal.[8]

SHOCK HORROR SENSATION

Violence, criminality and mental health

The following story is fictional, but is loosely based on an amalgamation of true events. Here, we have taken two 'spins' on this story, stretching them somewhat to extremes, to show the difference that your approach could make to stories involving violent incidents.

The bare facts:

- Brian Marlow, 35
- Diagnosis of schizophrenia
- Previously sectioned after two suicide attempts
- No history of violence
- Irregularly attends hospital out-patient unit
- Is prescribed antipsychotic drugs
- Verbal argument with his elderly parents, whose neighbours knew of his diagnosis
- Police called by neighbours, and an armed squad arrived
- Brian picks up a penknife and runs off to a nearby school
- Sprayed with CS gas by police in playground
- His father says his son was failed by the system.

COPS CORNER PLAYGROUND PSYCHO (1)

Nutter knifeman Brian Marlow, freed from hospital to attack, (2) was gassed by police as he rampaged through a school playground yesterday. Neighbours who knew maniac Marlow's murky past (3) heard him abusing his parents (4) and called police. Berserk Brian grabbed a knife, gave cops the slip and stormed into a local school playground where he was cornered by police. (5) Cops sprayed schizo Brian with CS gas before he could get inside the school, (6) where 350 terrified children (7) were gathered for morning assembly

(1) Psycho, nutter, maniac, berserk, schizo. Would sensational, derogatory words like these be acceptable in relation to any other issue – such as sexuality or race? (2) He had been sectioned for his own protection after attempting suicide, and had never been violent to anyone else. (3) Is a diagnosis of schizophrenia (which affects 1 in 100 people) and attempted suicide, a murky past? (4) This is an easy phrase, yet Brian and his parents had a verbal argument. (5) He was experiencing hallucinations, and did what he could to feel safe. (6) There is no evidence that he intended to enter the school. (7) Did the children even know about events outside?

What's missing? Incidents like this raise important debate about the care and treatment of people with mental health problems – none of which is covered in stories like the one on the left.

CALLS FOR PROBE AFTER MAN IS GASSED BY POLICE (1)

Brian Marlow, 35, was sprayed with CS gas yesterday by police who had been called after neighbours heard him shouting from the family home. (2) Marlow, who has been diagnosed with schizophrenia, (3) grabbed a penknife and fled his home when armed police arrived. His father, Jack Marlow, said: "Brian has never been violent. He was shouting at voices in his head and ran in terror when he saw men with guns running through our garden." (4)

Chased by police, Marlow fled to the playground of a nearby secondary school, where he was sprayed with CS gas before being apprehended. 350 pupils and their teachers were in morning assembly at the time and were unaware of what was happening outside. (5) The incident has led to calls for a full investigation, and for a review of police procedures in responding to incidents involving people with mental illness. (6)

(1) This headline centralises the debate arising from the incident. (2) Gives readers the chance to make up their own minds about why the neighbours called the police. (3) An accurate description of the man's psychiatric diagnosis. (4) Clarifies the reasons for the man's reaction. (5) Gives accurate information on the situation of the children in the school. (6) Sets out the ensuing debate.

VIOLENCE & MENTAL HEALTH: THE SHOCKING FACTS

Mental health problems are frequently associated with violence and criminality in the media. In fact:

- The public are far more at risk from young men under the influence of alcohol and drugs than they are from people with mental health problems.[10]
- People diagnosed with schizophrenia are 100 times more likely to harm themselves than anyone else.[11]
- The proportion of homicides committed by people with a psychiatric diagnosis has *fallen* steadily over the last twenty years.[12]
- In 1996, almost half of national press coverage linked mental illness to violence and criminality.[13]

Just like the reporting of violence and mental health, the portrayal of suicide requires careful thought.

SUICIDE: the numbers...

- There were 5986 suicides in the UK in 2000.[14]
- 698 of these were by young people – almost 2 every day.[15]
- On average one person dies in England every two hours as a result of suicide.[16]
- Suicide is the most common cause of death in men under 35 years of age.[17]
- The government's National Suicide Prevention Strategy aims to reduce the death rate from suicide by 20% by the year 2010.[18]

...and the impact of the media:

- A UK newspaper reported in great detail an unusual suicide where antifreeze was mixed with lemonade. In the following month there were nine reported 'copycat' suicides. Before this there was an average of two suicides a month by this method.[19]
- An episode of Casualty contained a story line about a paracetamol overdose. Research showed that self-poisoning increased by 17 per cent in the week following the broadcast and by 9 per cent in the second week. 20 per cent of patients who had seen the programme said that it had influenced their decision to attempt suicide.[20]
- A German television series began each episode with a depiction of a young man's railway suicide. During the series, railway suicides by young men increased by 175%.[21]
- Suicides on Vienna's underground system were studied to see if there was a link between an increase in cases and sensational media representation. Local media agreed voluntary guidelines on reporting suicide. There was a dramatic drop in suicides from 13 in 1986 to 3 in 1990.[22]
- A study following the death of Nirvana singer Kurt Cobain found that there was no overall increase in suicide rates in his home town of Seattle. This was believed to be because the reporting differentiated strongly between the brilliance of his achievements and the wastefulness of his death. It was also helpful that the media coverage discussed suicide risk factors and identified sources of help for those people experiencing suicidal feelings.[23]

Reporting in practice
This fictional report illustrates why a sensitive approach is needed when reporting suicide and how this could be taken.

REJECTED MOTHER OF TWO IN SUICIDE BRIDGE JUMP (1)

Emotionally unstable mother of two, Dorothy Lewis, fell to her death from the Anytown Suspension Bridge yesterday. Mrs Lewis was a depressive (2) who could not come to terms with troubles in her family life. She had tried to commit suicide (3) on previous occasions by overdosing on pain killers and then taking a cocktail of spirits. (4) Neighbours knew about Mrs Lewis's suffering but only realised how serious her intentions were after they found a note on their doorstep asking them to look after her cat. 'I'm shocked but not surprised. She had never really picked herself up after her bitter divorce,' one neighbour commented, 'and her troubles with her son didn't help. He never answered her calls.' (5) Mrs Lewis's daughter, Cathy Thomas is said to be moving to Australia with her new husband, which may have contributed to Mrs Lewis's depression.(6)

(1) A negative headline which emphasises the emotional pain of the deceased person and puts responsibility on her children. (2) A narrow and stigmatising definition. Preferable to use 'person with depression'. (3) Suicide was decriminalised in 1961 and the word 'commit' implies criminality Use 'die by suicide' or 'take one's life' instead. (4) Details of suicide methods can often cause copycat suicides. This information is not central to the story. (5) The feelings of relatives and friends should be carefully considered. Permission to use quotations must be sought and those who give their opinions in sensitive cases such as this should know whether they are going to be used in an article or not. Local pool arrangements should be promoted so that the families will only be contacted once by the media. (6) We don't know where this information came from and it may be being reported without permission from family members. It is almost certain to cause hurt and offence by guessing at reasons for the suicide and by implicating family members.

"Suicide is a legitimate subject for news reporting but the factual reporting of suicides may encourage others. Reports should avoid glamourising the story, providing simplistic explanations, or imposing on the grief of those affected. They should also avoid graphic or technical details of suicide methods particularly when the method is unusual. *BBC Producer's Guidelines*"

✓ CHECKLIST: your approach

- **Words matter.** Avoid describing suicide as 'successful' as it emphasises a positive outcome for a tragic occurrence. Similarly, avoid using 'unsuccessful' as it implies failure. Remember suicide has been decriminalised so it is inappropriate to use 'committed'. Use words such as 'attempted' or 'completed'.
- **Detail.** Evidence shows that copycat suicides can result from very precise descriptions or photographs of places such as cliffs or of substances used in suicide attempts.
- **Motive.** Usually complex and interrelated so try not to oversimplify a person's reason for taking their own life. It is rarely because of a single issue such as bankruptcy or a failed relationship.
- **Emphasis.** Emphasise that suicide is not an easy way out. Describing outcomes of non-fatal attempts, such as liver failure from paracetamol poisoning can be a powerful deterrent.
- **Angle.** Consider exploring why the suicide took place and how it may have been prevented, rather than the circumstances of how it happened.
- **Use experts.** Include factual comments about the situation provided by professionals, such as medical experts, especially if a mental health problem is an issue.
- **Expert advice.** If you are unsure about any aspect of suicide, seek expert advice. A good starting point is Samaritans Press Office (see contacts).
- **Think about the family.** Ensure you have considered the feelings of the family and have their permission to include quotations or photographs. Consider sharing interviews, quotes and photographs with your media colleagues to avoid the family having to repeat the same details over and over again.
- **Providing help.** Some of the people reading or watching your report may be in mental distress, or close to someone who is. Through your reporting could you save their life? It's a powerful thought. Simply including contact details of where further help can be sought, such as a helpline number, could make a difference.

> **In drama, unnecessary concentration on suicide methods should be avoided. Particular care should be taken in making editorial judgements about any drama that seems to exploit or glorify suicidal behaviour and actions or to overemphasise the 'positive' results of a person's suicide.** ***BBC Producer's Guidelines***

DEBUNK THE MYTHS

"Someone who talks about it won't go through with it."

Many people who have taken their own lives do give warning of their intentions in the weeks prior to their death.

"If someone is going to kill themselves there is nothing you can do about it."
Appropriate help and support can reduce the risks of a deeply unhappy person from dying by suicide.

"Suicidal people are fully intent on dying."
Many suicidal people are ambivalent about living or dying. Many callers to Samaritans do not want to die but they talk of not wanting to go on living as things are.

"If someone has a history of making 'cries for help' they won't do it for real."
Those who have attempted suicide once are 100 times more likely than the general population to do so again. Around four out of the ten people who die by suicide will have attempted suicide earlier.

"Talking about suicide encourages it."
On the contrary, giving someone a chance to explore their worst fears and feelings can create a lifeline which helps them choose life and not death.

"A good pumping out in the Casualty Department will teach those who make silly gestures a lesson."
Those at risk from suicide may choose a less painful and more certain method next time. The response of those close to a person who has attempted suicide can be important to their recovery. An attempted suicide should always be taken seriously.

"Once a person is suicidal, they are suicidal forever."
Individuals who wish to kill themselves may be suicidal for only a limited period of time. In Samaritans' experience, emotional support can help people come through a suicidal crisis. Talking and listening can make the difference between choosing to live and deciding to die.

> **For the journalist, a suicide presents a difficult dilemma. As suicide is an issue of concern to the public, it is clearly the responsibility of the reporter to present the facts as they happen, without glamourising the story or imposing on the grief of those affected.** ***Simon Armson, Samaritans Chief Executive***

WHERE'S THE STORY?

Getting more varied and positive angles

Increasingly, journalists and editors are realising that there is a role for positive stories on mental health which help to increase public understanding and raise important debates. In this section, based on a real news 'lead', we show the steps you can take to break the mould and go for a more positive, forward-looking spin on mental health.

PRESS RELEASE…PRESS RELEASE…PRESS RELEASE…PRESS RELEASE…

'PATIENT POWER' POINTS WAY FORWARD FOR MENTAL HEALTH

A new report from The Mental Health Foundation and the Sainsbury Centre for Mental Health charts the success of the 'Crisis Programme' – seven 'user-led' community services for people with severe mental health problems in need of crisis care. Managed or staffed by service users or people who themselves have experienced crisis, the Programme includes two residential houses, two out-of-hours safe houses and three phonelines in different locations around the UK. Evaluation has revealed high satisfaction among referring professionals as well as clients, with long-term improvements for people for whom hospital admission might previously have been the only option. The report shows that after overcoming serious initial problems – including professional scepticism and opposition from local residents – these "crisis alternatives" are now providing a valuable local service. Health Minister Jacqui Smith calls the report "a valuable resource for service planners, providers, users and carers".

PRESS RELEASE…PRESS RELEASE…PRESS RELEASE…PRESS RELEASE…

This release is based on a real report published in February 2002.

✓ CHECKLIST: national features and news

- **New policy?** Across the health service, initiatives such as the NHS Plan aim to offer patients more power – this story could provide a useful hook for exploring the implications of new policy approaches.
- **New practice?** The story could be used to highlight debates and options for specific services – such as the on-going review of acute wards.
- **New movements?** This story could be linked to an exploration of the emerging movement of mental health service users, who are consistently calling for more involvement in service delivery.
- **New voices?** The story offers powerful opportunities to hear the views of service users, staff, professionals and carers.
- **Overcoming opposition.** The story shows how consultation and engagement can overcome local opposition to community initiatives.

✓ CHECKLIST: local news

- **Local relevance?** The seven projects in the programme were spread across England, and highlighted important local issues – for example in Hackney, East London, where African-Caribbean service users, who are more likely to be sectioned than the public as a whole, are offered an alternative to hospital care.
- **Local resistance?** The programme highlighted public fears about local mental health facilities, as well as how they can be overcome.
- **Community benefits?** The programme shows that effective, inclusive mental health services can provide valuable community resources which, anyone might need to use.
- **New stories, new voices.** The projects offer a wide range of vivid personal stories and local spokespeople.

✓ CHECKLIST: radio and TV

- **Visible success.** Whilst privacy and calm for service users are paramount, projects like these are keen to demonstrate their success, and provide access and interviewees.
- **Compare and contrast.** The contrast between these projects and many conventional services could paint a vivid picture for radio or TV.
- **Unusual environments.** These projects demonstrate unconventional – but effective – new approaches to healthcare in a very tangible way. For instance, one service provides a therapy room offering a range of complementary treatments for people for whom the only previous option would have been heavy medication or hospitalisation.
- **Unexpected insights.** Projects like these can offer an unusual glimpse into new dynamics in healthcare: an interview between a referring psychiatrist, a service user, and a member of staff with experience of crisis would open interesting debates.

BALANCE OF POWER

Building trust with interviewees

Getting the best from interviewees is a complex juggling act. You need to retain trust and confidence, respect people's dignity, remain objective – and still get to the heart of the story. This section sets out practical tips for working with people with experience of mental distress.

✓ CHECKLIST: relationships

- **Dignity and respect** are important to us all. However, you may need to exercise a little more care when interviewing people who may be vulnerable or lack confidence in speaking up for themselves – especially where they could be misunderstood.
- You don't need to be an expert, but your own **research and basic literacy on mental health will make a real difference.**
- Consider contacting one of the **organisations** listed on page 17. Many can link you to potential interviewees, and will provide interview advice and support.
- Please recognise that people with experience of mental health problems may have **legitimate fears about working with the media** – ranging from fears of being misused, misinterpreted or misquoted to fears about coping with 'going public'.
- Tell people **why** you're doing the piece, **what** the angle is, and **how** their contribution will fit in. If possible, tell them if the story is likely to be cut, edited or delayed.
- Try to ensure that interviewees **understand the implications** of participation – public exposure, possible response from readers, impact on family and friends.
- **Don't assume that partners, family, friends, or employers will be supportive to your interviewees.** They can be concerned about media exposure as well.
- **Ask people their opinions** – try to avoid using them as a case study to illustrate the opinions of "professionals".
- If **underlying personal issues** like abuse, violence or drugs do come up, remember the specific area you are dealing with is mental health.
- The interviewee may not choose to reveal all of their story, but if they do open up, **make sure that boundaries regarding material which is on or off the record are clear.**
- Surprisingly often, journalists start to share their own experiences in interviews about mental health. **The interviewee is not there to help you deal with your own issues,** even though they may be sympathetic.
- Real life is complicated. As far as you can, **do justice to the facts** as they really happened, **and don't slip into stereotypes.**
- **Think about the long-term.** Earning people's trust can result in lasting relationships which will benefit you in future.

✓ CHECKLIST: practicalities

- **Set clear agreements and stick to them.** Will a photo be required? Will people need to use real names? Will the piece be syndicated? Explore alternatives if there are problems.
- **Where you can, try to let people know in advance the questions and issues you want to cover, and get clear permissions** for each element of your piece.
- **Use an appropriate venue** – a neutral place may be better than someone's home.
- Sometimes, people don't have the confidence to speak up if there is a mistake. Take extra care to ensure that **spellings of people's names and their personal details are accurate.**
- **Terminology can be confusing and open to debate.** Check the terms – about themselves and relevant issues – that people feel comfortable with, and where possible try to use them.
- Interviews about deeply personal experiences can be hard work for both parties. Where you can, **allow time for breaks.**
- Make sure the **photographer or camera person** knows that the interviewee might be nervous, and that they may need to work sensitively with your interviewee.
- Make sure that members of your team working on the piece are aware of the need for **confidentiality.**
- **Try to take time to check back quotes – and the full scope of the final piece** – with your interviewee. It's their life you're talking about, and they will have to live with the impacts of your piece.
- Alert interviewees to the **date of publication or transmission.** Try to s**end a copy of the piece and a thank you** when it comes out.
- If possible, **forward copies of positive comments or letters** generated by the piece so the interviewee can see it was worth their time and effort.

This section was written with input from Alison Cowan, from her direct experience of working with journalists and sharing her personal experience of mental health problems. She says:

"Working with the media can be a wonderful experience but it's sometimes very difficult. When it works I get the opportunity to raise awareness and hopefully change attitudes, and the journalist gets a great original story. But if the story is told inaccurately or without consent I feel really violated. Journalists need to remember I'm a real person, not just a case study on a piece of paper. It's vital to build trust and respect and agree the parameters of the relationship."

LOST FOR WORDS

Language and terminology: the good, the bad and the downright confusing

As you will know better than many people, words do matter. And the more contentious the issue, the louder the debates and disagreements about the language to use. Whilst it's impossible to be prescriptive about the 'right' terminology, this section briefly sets out some of the debates about language in the mental health movement.

"We stand in relation to some aspects of mental health – particularly in the way we refer to mental illness, in the language that we use and misuse – roughly where we stood in relation to race 20 or 30 years ago… The least a newspaper can do is to accept that the language it uses in reference to mental illness is important and to demonstrate this recognition in practice. ***Ian Mayes, Readers' Editor, The Guardian***"

Demented / loony madman / maniac nutter / schizo	While some of these words have their roots in specific diagnoses (e.g. schizophrenia, dementia) their use in any context is condemned by mental health professionals and the wider mental health movement as harmful, outdated and offensive.
Psycho	Especially offensive because it can lead to confusion between 'psychosis' and 'psychopath' - which is powerfully associated with violence in the public mind. In fact, **'psychopath'** is increasingly regarded as problematic and misleading by the medical profession.
Psychotic, schizophrenic, schizophrenia – used inaccurately or out of context	These are specific, psychiatrically diagnosed conditions ('psychotic' describes symptoms of psychosis). Using them haphazardly and out of context (as in "The City is suffering from economic schizophrenia") can reinforce widespread, inaccurate stereotypes about people with serious – and often distressing - mental health problems.
Patient, sufferer, victim etc.	Words which victimise or 'medicalise' people with mental health problems are increasingly contentious. More neutral terms, like 'person with a mental health problem' are preferred.
A schizophrenic, a depressive, etc.	Labelling people solely by a psychiatric diagnosis is increasingly seen as narrow and stigmatising. Terms like 'person with schizophrenia' are preferred.
People with mental health problems	Generally, this refers to people with a diagnosed condition, or for whom problems with their mental health are having a significant impact on their lives.
Mental illness	Implies a severe, diagnosed and enduring condition. Some people think the definition of 'illness' is useful, as it recognises biological factors and can reduce a sense of 'blame' around mental health problems. Others see it as too narrow, and believe it discourages us from thinking about the range of influences on a person's life. For this reason, they may prefer to talk about **mental or emotional distress.**
Mental distress / people experiencing mental distress	Not a familiar term to the general public – but an alternative to 'mental health problems' which is preferred by some people because it is more inclusive.
Disorder / mental health disorder	Some people feel these 'medicalised' terms imply a judgement on people with mental health problems.
Service users / users / mental health service users	Generally used within the mental health sector. Can be useful as a way of describing people who access mental health services.
Survivor / mental health survivor	A term preferred and used by some organisations and activists to describe and celebrate people who have 'survived' the mental health system.
Mad	Increasingly used – often with a capital 'M' – by people who want to reclaim 'madness' and transform it from a term of abuse to a positive description of a distinct and valid identity.

In general, if you don't know how to describe someone or their experiences, ask them.

"When I was a kid we had two great insults – 'You're spastic' and 'You're mental'. The media has played an important role in gaining respect for people with cerebral palsy, and it's been a long time since we saw 'spastic' in a headline. But some newspapers still use words like 'psycho' and 'nutter', killers are called 'psychotic' when the vast majority are sane, and people with mental health problems are often portrayed as intellectually inferior. If that's what the public is shown, that's what the public is going to believe. ***Liz Main, journalist and media consultant, diagnosed with major depression***"

Meeting the Guidelines?

Professional codes and guidance

Here is a selection of extracts from professional codes and in-house guidelines.

Press guidelines and codes of practice make it very clear that discrimination, distortion and inaccurate language have no place whatsoever in responsible reporting. We've made good progress in upholding those standards on all sorts of issues. But when it comes to mental health, we have a bit of catching up to do. *Jeremy Dear, General Secretary, NUJ*

The **Editors Code of Practice** is administered by the Press **Complaints Commission (PCC).** Clause 13 states:

- *The press must avoid prejudicial or pejorative reference to a person's race, colour, religion, sex or sexual orientation or to any physical **or mental illness** or disability.*

In a statement in 1998, Lord Wakeham, Chairman of the PCC, specifically reminded editors of the inclusion of the reference to individuals with mental health problems in this clause.

The **Broadcasting Standards Commission's Codes of Guidance,** clauses 36-38, state:

- *Over six million people in the UK have some form of disability or mental health problem. Programmes should seek to avoid anything which might encourage prejudice.*
- *Programmes should seek to avoid stereotypes by consulting disabled people, when appropriate, through the production process.*
- *People with mental health difficulties are also sometimes treated in similar ways* [to people with physical disabilities] *while words like 'loony', 'nutter' and 'schizo' may cause great offence. Care should be taken neither to propagate myths nor to stigmatise.*

The **ITC's Programme Code,** section 1.8, says:

- *In particular, consideration should be given to the treatment of vulnerable minorities, bearing in mind the likely effects of both misrepresentation and under-representation.*

The **BBC's Producers' Guidelines,** Chapter 9, state:

- *When describing different groups a good rule of thumb is to ask how people describe themselves: there have to be good reasons for calling them something different.*
- *People with disabilities should not be patronised. Stereotyped thinking that characterises people with disabilities as either 'brave heroes' or 'pitiable victims' often causes offence.*
- *'Crippled with', 'victim of', 'suffering from', 'afflicted by' should be avoided. 'People who have' or 'a person with' will usually be clear, factual, and inoffensive.*

THE USUAL SUSPECTS?

Tracking down new expertise and unheard voices.

In a survey by Mental Health Media in 2001, only 6.5% of articles in the press about mental health contained the voices of current or former mental health service users.[1] Here, we explore the range of people you can work with to get the best stories on mental health. Further advice and contact information is given from page 15.

- **People with personal experience of mental health problems and mental health services** are increasingly willing and empowered to speak to the media. Accessing their voices will bring alive important issues and debates, and uncover fresh, challenging and highly knowledgeable perspectives. Organisations such as Mental Health Media, and some of the larger mental health charities, provide media training and support for service users, and can link you to articulate people with powerful stories to tell.
- **Support groups** for people with particular conditions – such as the Eating Disorders Association, Manic Depressive Fellowship, or Triumph Over Phobia – are increasingly keen to work with the media, and can put you in touch with interviewees around the UK.
- **Within the medical system,** there is a much wider diversity of views and perspectives than is generally reflected in the media. Psychiatrists are the first port of call for 62% of journalists – but outreach workers, nurses, occupational therapists and/or social workers all have important perspectives too.
- **Local residents** are increasingly actively engaged with and consulted about mental health services, and many projects work with volunteers. Their views can give a refreshing alternative perspective to the NIMBY-ism often associated with local facilities.
- **Carers** can be well-placed to comment on the care system and its impact on service users. Rethink can help put you in touch, and many hospitals have carer support groups.
- **Local voluntary organisations** – working directly on mental health, or in associated areas like housing, benefits advice, employment schemes, creative projects etc. can provide useful perspectives on local concerns and specific issues.
- **Religious and community projects** can be a good source of comment about social integration and positive initiatives.

Given that one in four people will experience some kind of mental health problem, I don't think the media has yet done justice to the scale of the issues. There are a lot of stories out there still waiting to be told. *Jeremy Dear, General Secretary, NUJ*

HEALTHY HEADLINES?

Thoughts for editors and subs

Editorial policy and the content of headlines are crucial factors in the portrayal of groups of people who are vulnerable to discrimination. Here are two checklists for editors or subs who want to uphold high standards and take extra care in mental health reporting.

✓ CHECKLIST: careful context

- Are we sure that people's rights – to privacy, dignity, fair treatment etc. – have been respected in sourcing and reporting this story?
- Have we included a balanced range of views?
- Have we upheld our external or internal codes of practice?
- Does the story convey accurate messages about mental health problems?
- Have the facts, names and circumstances been checked?
- Do we have appropriate permissions for including this material?
- Is the language current and appropriate? Are medical terms used accurately?
- Are we being unnecessarily dramatic, or using stereotypes? Are we reinforcing myths – including the myth that mental health problems are always permanent or totally debilitating?
- Have we provided appropriate, accurate information about where to get advice and help?

✓ CHECKLIST: healthy headlines

- Is the headline consistent with the main theme of the story?
- Is the headline inaccurate or sensational? Does it 'label' or stereotype the people concerned?
- Does the headline make accurate links that have been confirmed?
- Have we used appropriate words?
- Is the headline respectful of rights to privacy and dignity?

CONTACTS

Useful organisations, publications, training and awards

PUBLICATIONS

Many mental health organisations produce informative booklets, leaflets and reports on mental health issues, and carry a great deal of useful information on their websites.

Contact: A Directory for Mental Health. Pocket-sized directory of organisations and local groups working on mental health issues. Available free from The Department of Health by **Fax:** 01623 724 524 or **Email:** doh@prolog.uk.com. Online version available via **Web:** www.doh.gov.uk/mentalhealthcontact

Media Guidelines – Portrayals of Suicide. An in depth look at reporting of suicide in the media. Information is based on academic research from the UK and overseas combined with the experience of Samaritans and journalists. Available free from Samaritans **Tel:** 020 8394 8300 or from **Web:** www.samaritans.org/know/media_guide.shtm

Mental Health and the Press. Research survey exploring factors affecting coverage of mental health issues and the direct voices of service users in national and regional papers. Available free from Mental Health Media **Tel:** 020 7700 8171. Online version available via **Web:** www.mediabureau.org.uk

Mindshift: A Guide to Open-minded Media Coverage of Mental Health (this booklet). Booklet with ideas, advice and practical tips for people in the media who want to ensure that their reporting on mental health problems is responsible, fair and forward-looking. Available free from **mind out for mental health Tel:** 020 7403 2230. Online version available via **Web:** www.mindout.net

Severe Mental Illness Explained: A Guide for Journalists. Booklet with information and guidance on reporting about schizophrenia, personality disorder, suicide and depression. Available free from Rethink **Tel:** 020 8547 3937.

Shock Treatment: A Guide to Better Mental Health Reporting. NUJ leaflet for journalists about stigma, representation and reporting of mental health issues. Available free from the NUJ **Tel:** 020 7278 7916.

Tell it Like it Is. Package including VHS video, discussion guide, CD Rom, leaflet and a booklet, **Talking about Disabled People.** Comprehensive exploration of how language and imagery can affect society's attitude to disabled people. Although mental health is not specifically covered, points raised are strongly applicable. £85.10 plus VAT. Available from SCOPE **Tel:** 020 7619 7341.

TRAINING

The **mind out for mental health** campaign is running workshops for trainee journalists on responsible reporting of mental health issues, including reporting of suicide. For more information, contact Amanda Duffy **Tel:** 020 7403 2230. **Email:** info@mindout.net

Presswise has a training workshop for journalists specifically on the reporting of suicide. The workshop covers suggested guidelines, as well as encouraging debate around responsible reporting. For further information, contact Mike Jempson **Tel:** 0117 941 5889. **Email:** mike@presswise.org.uk

AWARDS

Mind Bigot of the Year and **Journalist of the Year Award**, presented by Mind for the worst and best of press coverage on mental health issues each year. **Tel**: 020 8519 2122.

Mental Health Media Awards, presented by Mental Health Media for the best broadcast coverage on mental health issues each year. **Tel:** 020 7700 8171 or log on to **Web:** www.mhmedia.com for online entry forms.

ORGANISATIONS – MEDIA

The organisations listed here can provide professional advice on discrimination, accuracy, privacy and other issues relating to media coverage of mental health.

Broadcasting Standards Commission Statutory body for standards and fairness in broadcasting. Produces codes of conduct, adjudicates complaints and monitors standards. **Tel:** 020 7808 1000 **Email:** bsc@bsc.org.uk **Web:** www.bsc.org.uk

National Union of Journalists The world's largest journalists' union, with over 30,000 members across the UK. **Tel:** 020 7278 7916 (switchboard) **Ethics Hotline:** 020 7843 3702 **Email:** acorn.house@nuj.org.uk **Web:** www.nuj.org.uk)

Press Complaints Commission The independent body dealing with complaints from members of the public about the editorial content of newspapers and magazines. **Tel:** 020 7353 1248 **Email:** pcc@pcc.org.uk **Web:** www.pcc.org.uk

Presswise Provides advice, information, research and training on media ethics, including reporting of suicide. **Tel:** 0117 941 5889 **Email:** pw@presswise.org.uk **Web:** www.presswise.org.uk

Society of Editors Has nearly 500 members in national, regional and local newspapers, magazines, broadcasting, new media, journalism education and media law. It campaigns for media freedom, the wider public's right to freedom of expression, and their right to know. **Tel:** 01223 304 080 **Email:** info@societyofeditors.org **Web:** www.societyofeditors.org

ORGANISATIONS – GENERAL MENTAL HEALTH

WEBSITES: Many of the websites listed here contain specific resources for the media, ranging from online press rooms and options to receive press releases by email, as well as comprehensive guides to mental health conditions and issues.

PRESS OFFICES: The Press Offices listed here can provide advice to journalists on covering mental health issues, as well as access to information, research, comment and spokespeople. Many can link journalists to people with mental health problems who are trained and supported in working with the media.

Department of Health (DoH) Aims to improve the health and well-being of people in England, and ensure that health and social services are high quality, fast, fair and convenient. Provides information on mental health policy and service delivery. **Contact:** Lisa Ward, Media Team **Tel:** 020 7210 5375 **Email:** lisa.ward@doh.gsi.gov.uk **Web:** Up-to-date information about policy and government initiatives is available online at www.doh.gov.uk/mentalhealth

Mental After Care Association (MACA) Leading service-provider, offering support and services to people with severe and enduring mental health needs and their carers. Employees with experience of mental health problems available for interview. **Contact:** Simon Lawton-Smith, Head of Public Affairs **Tel:** 020 7061 3400 **Email:** simonlawton-smith@maca.org.uk **Web:** www.maca.org.uk

Mentality National charity dedicated to the promotion of mental health, working with the public and private sector, user / survivor groups and voluntary agencies to promote the mental health of individuals, families, organisations and communities. **Contact:** Elizabeth Gale, Policy & Development Manager **Tel:** 020 7716 6777 **Email:** elizabeth.gale@mentality.org.uk **Web:** www.mentality.org.uk

Mental Health Foundation (MHF) Leading UK charity providing research and community projects for people with mental health problems and learning disabilities. Press Office can arrange interviews with service users, family members, friends and carers. **Contact:** Celia Richardson, Head of Press **Tel:** 020 7802 0300 **Email:** celiar@mhf.org.uk **Web:** www.mentalhealth.org.uk

Mental Health Media Uses the media to promote people's voices in order to reduce the discrimination surrounding mental health and learning difficulties. Also runs a Media Bureau for mental health service users wanting to work with the media. **Contact:** Kate Summerside, Media Bureau Manager **Tel:** 020 7700 8171 **Email:** kate.summerside@mhmedia.com **Web:** www.mhmedia.com or www.mediabureau.org.uk

Mind Leading mental health charity in England and Wales, with over 220 local associations. Also runs Mindlink, a network of over 5,000 mental health service users. Press Office can arrange interviews with service users throughout the Mind network. **Contact:** Julia Macpherson **Tel:** 020 8522 1743 **Email:** j.macpherson@mind.org.uk. **Tel:** 020 8522 1743 **Web:** www.mind.org.uk

mind out for mental health An active campaign coordinated by the Department of Health to stop the stigma and discrimination surrounding mental health. Can arrange interviews with mental health service users, experts and academics, government and voluntary sector spokespeople. **Contact:** Amanda Duffy **Tel:** 020 7403 2230 **Email:** info@mindout.net **Web:** www.mindout.net

NHS online The official gateway to National Health Service organisations on the Internet. Connects people to their local NHS services and provides national information about the NHS – what it does, how it works, how to use it. Includes a searchable database with contact info for local health services. **Web:** www.nhs.uk

Rethink (formerly NSF) Major UK charity dedicated to improving the lives of everyone affected by severe mental illness. Runs a Media Volunteers Scheme, with 180 service users and carers available for interview. **Contact:** Paul Corry, Media Manager. **Tel:** 020 7330 9110 (out of hours: 07775 585 178) **Email:** paul.corry@rethink.org **Web:** www.rethink.org

Royal College of Psychiatrists (RCP) The professional and educational body for psychiatrists in the UK and Ireland. Has a database of 200 + psychiatrists willing to talk to journalists. **Contact:** Deborah Hart, Head of External Affairs **Tel:** 020 7235 2351 **Email:** dhart@rcpsych.ac.uk **Web:** www.rcpsych.ac.uk

Samaritans Provides confidential emotional support to any person who is suicidal or despairing. Samaritans also often receive enquiries from broadcasters and journalists who are concerned about how to depict the issue of suicide in a factual or dramatic context. With 50 years experience of listening to people in crisis, Samaritans is well placed to understand the many issues and to give expert advice. You can also request a copy of Samaritans' detailed media guidelines. **Contact:** Sarah Nelson **Tel:** 020 8394 8300 **Email:** s.nelson@samaritans.org.uk **Web:** www.samaritans.org

SANE Leading charity concerned with improving the lives of everyone affected by mental illness. **Contact:** Karen Winsbury, Press Team **Tel:** 020 7422 5556 **Email:** kwinsbury@saneline.org **Web:** www.sane.org.uk

ORGANISATIONS – SPECIFIC CONDITIONS

Most of the general mental health organisations listed above cover the range of mental health conditions and issues. In addition, the following organisations can provide information and advice on particular conditions.

ADDICTIONS

Alcoholics Anonymous A fellowship of recovering alcoholics who meet regularly to help each other to stay sober. **Tel:** 01904 644 026 **Web:** www.alcoholics-anonymous.org.uk

Turning Point An organisation working to enable people with serious problems related to alcohol, drugs, mental health and learning difficulties to live more independent lives as part of their communities. **Tel:** 020 7553 5500 **Email:** press@turning-point.co.uk **Web:** www.turning-point.co.uk

ANXIETY AND PHOBIAS

First Steps to Freedom Voluntary organisation offering help to those who suffer from phobias, panic attacks, general anxiety, obsessive compulsive disorders, and tranquilliser withdrawal. **Tel:** 01926 864473 **Email:** info@first-steps.org **Web:** www.first-steps.org

National Phobics Society The largest anxiety disorders association in the UK, run by sufferers and ex-sufferers and supported by a high-profile medical advisory panel. **Tel:** 0870 7700 456 **Email:** natphob.soc@good.co.uk **Web:** www.phobics-society.org.uk

DEMENTIA AND ALZHEIMER'S

The Alzheimer's Society The UK's leading care and research charity for people with all forms of dementia and their carers. **Tel:** 020 7306 0606 **Email:** enquiries@alzheimers.org.uk **Web:** www.alzheimers.org.uk

DEPRESSION (including post-natal and manic depression)

The Association for Post Natal Illness (APNI) Registered charity offering support to mothers suffering from post-natal illness. **Tel:** 0207 386 0868 **Email:** info@apni.org **Web:** www.apni.org

Depression Alliance A charity offering help to people with depression, run by people with experience of depression. **Tel:** 020 7633 0557 **Email:** information@depressionalliance.org **Web:** www.depressionalliance.org

Manic Depression Fellowship (MDF) A national user-led organisation and registered charity for people whose lives are affected by manic depression (bi-polar disorder). **Tel:** 020 7793 2600 **Email:** mdf@mdf.org.uk **Web:** www.mdf.org.uk

EATING DISORDERS

Eating Disorders Association (EDA) Provides information, help and support across the UK for people whose lives are affected by eating disorders. **Tel:** 01603 621 414 **Email:** info@edauk.com **Web:** www.edauk.com

SCHIZOPHRENIA

Mind – see GENERAL MENTAL HEALTH above.

Rethink – see GENERAL MENTAL HEALTH above.

> **… Mental illness is still widely misunderstood – and widely feared. And there is only one way to tackle public fear and misunderstanding – that is, inevitably, through the media. *Lord Wakeham, Chairman, Press Complaints Commission***

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