

# Style Guide: Reporting on Mental Health

*Journalists have a substantial influence on the public's attitudes about mental health. The emphasis a daily newsroom places on breaking news and crises can give people a skewed view of individuals living with mental illness, leading to misperceptions and even discrimination. This style guide notes ways in which newsrooms can present a more accurate picture of mental illness. Use it with your ASSOCIATED PRESS STYLEBOOK when you are reporting a story that touches on mental health issues.*

## The Three Questions to Ask When Covering a Mental Health-Related Story

- 1. Is mental illness relevant to the story?** If it is not meaningfully linked to the story, there is no need to mention it.
- 2. What is your source for the mental illness diagnosis?** Don't rely on hearsay. If someone's mental health condition is relevant, make sure your source knows with certainty the person's diagnosis.
- 3. What is the most accurate language to use?** Avoid using derogatory words, and be as specific as possible when describing someone living with a mental illness to help prevent stereotypes.

**balance** Over time, an emphasis on breaking news and dramatic events can lead to a distorted view of mental illness. Among ways to balance the preponderance of stories that link mental illness with violence:—Include in those pieces perspectives from mental health experts, who can provide context and data from the latest research;—Report stories of systemic issues surrounding the topic of mental illness, such as new medications, therapy treatments and the topic of health insurance parity;—Publish profiles of people with a mental illness who are part of the community, living satisfying lives with rewarding relationships.  
See **recovery**.

**cause** Mental illness rarely has a single cause, but may arise from a combination of genetic or biological links and the experience of some sort of trauma or a stressful environment. Avoid attributing someone's mental illness to a single factor.

**crazy, psycho, nuts, lunatic, deranged** This type of derogatory language contributes to the negative attitudes about mental illness that keep people from seeking treatment. If words like these are essential to the story, such as when used in a quotation, context is critical to avoid reinforcing stereotypes. For instance, rather than "crazy" or "deranged," use "people living with a mental illness."

**crime, violence** Avoid the assumption that a person committed a crime because of a mental illness. Most people with a mental illness don't commit crimes; most people who commit crimes don't have a mental illness. People with psychiatric issues are far more likely to be victims than perpetrators of violence.  
See **sourcing** and **relevance**.

**culture, ethnicity** Don't assume that how people perceive, experience and treat mental illness are uniform across cultures and ethnic communities. Include the perspectives of mental health experts who are knowledgeable about the cultural and ethnic factors that impact people living with a mental illness.

**diagnosis** Unless you have a determination by a psychiatrist or psychologist that the subject of a story has been clinically diagnosed with a mental disorder, avoid speculating about the issue. A mental illness should be described specifically, like any other illness. When a diagnosis is confirmed, specify the condition rather than referring to general "mental illness."  
See **sourcing** and **mental illness**.

**insane, incompetent** A legal, rather than diagnostic, term related to a defendant's ability to discern right from wrong when committing a crime or standing trial.

**labeling** When referring to someone who is diagnosed with a mental illness, identify him as a person with a disorder—not as the disorder.  
**Not preferred:** "She's an anorexic." **Preferred:** "She was diagnosed with anorexia nervosa."

**mental health** Mental health is considered a state of well-being in which someone can cope with common stresses and live and work productively to his or her full potential. Note that cultural differences, subjective assessments and competing professional theories all affect how mental health is defined.



### TEAM Up (Tools for Entertainment and Media)

The TEAM Up project provides resources and assistance to help journalists and the entertainment industry create accurate stories on mental health issues.

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**mental health professional** Many different types of professionals may work with individuals who are experiencing mental health challenges, including psychiatrists, psychologists, psychotherapists, social workers, marriage and family therapists and others. Any of these professionals may be qualified to comment on a particular story, though HIPAA regulations may limit the information about a patient he or she can legally share.

**mental illness, mental health disorder** Mental illness is a health condition that changes a person’s thinking, feelings or behavior and that causes the person distress and difficulty in functioning. As with many diseases, mental illness is severe in some cases and mild in others, and is not always obvious. Recognize that the terms “mental illness” and “mental health disorder” cover a wide range of conditions, and, whenever possible, the specific diagnosis for an individual should be used rather than the blanket term.

**photographs** Be sensitive when using photos with stories involving mental illness, as well as when captioning photos. Avoid perpetuating stereotypes with pictures of people looking disheveled or threatening.

**Proposition 63, Prop. 63** The Mental Health Services Act was approved by California voters in 2004 and funds community-based mental health services, including prevention and early intervention programs. **County mental health departments** administer these programs locally and jointly on a statewide basis through the **California Mental Health Services Authority (CalMHSA)**.

**recovery, treatment** Recovery from mental illness is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recognize that a diagnosis of mental illness is not forever. Mental illness is treatable and recovery is possible. Sharing stories of people who have sought treatment and recovered or are managing their condition successfully goes a long way toward reducing misconceptions.

**relevance** Do not assume that there is a link between an event that seems irrational and the mental health of someone in the story. **Not preferred:** “A man whose neighbors said he seemed depressed left his sprinklers on for days, leading to neighborhood flooding.” **Preferred:** “Sprinklers that appeared to have been left on for more than 80 hours led to damage in three nearby houses, water officials said.”

**resources** When possible include the phone numbers or websites for hotlines, or local resource centers for those who want to learn more or get help. Even quoting an expert on mental health and naming the facility she represents provides needed context and a place people can turn to.

**schizophrenic** Avoid using “schizophrenic” as an adjective, but rather refer to a person as “diagnosed with schizophrenia” or “living with schizophrenia.” Also avoid using the term for nonpsychiatric conditions, such as a rapidly changing situation or an indecisive person.

Similar guidelines apply to words like “psychotic,” “bipolar,” “anorexic” and “OCD” (obsessive-compulsive disorder).

**sourcing** Don’t rely on hearsay when determining someone’s mental condition. If a public official cites mental illness, ask: “How do you know?” If a clinical diagnosis was made by a psychiatrist or psychologist, and reporting determines that the diagnosis is related to the event, then you may decide it belongs in the story. **Not preferred (without more context):** “His sister said he was bipolar.” **Preferred:** “Court records show he was treated at a local health or mental health clinic for bipolar disorder.”

**substance abuse** Addictions may very well play into stories relating to mental illness, but addictions are complicated. It is inaccurate to solely refer to substance abuse, as there are two types of addictions, substance (drugs, alcohol, etc.) and behavioral (gambling, sex, etc.). Also, the research is not definitive about what constitutes substance abuse. Some studies have shown that addictions may trigger a mental illness, while other experts define an addiction as a chronic neurological disorder involving many brain functions.

**suicide** Evidence suggests that certain types of media reporting are tied to an increase in suicides (also known as **suicide contagion**).

When not handled carefully, each of the following elements has been shown to raise the risk of suicide for people tempted to imitate the publicized behavior:

—**Placement** If you determine the story is newsworthy, don’t dramatize the event by placing it on the front page—or by placing “suicide” in the headline. (In headlines, “dies” is appropriate.)

—**Details** Avoid exact details on locations and methods.

—**Photos/videos** Avoid photos or videos of the location or method of death, as well as dramatic images of grieving family and friends or memorial services.

—**Language** The words “committed,” “succeeded” or “failed” are inaccurate. Appropriate wording is that someone died by suicide, took his life or killed herself.

—**Don’t oversimplify** Suicide is complex and often has many factors. It is almost certainly inaccurate to cite a single cause as, for example, “recent money woes” or “a fight with a spouse.” Suicides usually result when a confluence of events and circumstances makes life temporarily unbearable. Mental health disorders and/or substance abuse are associated with 90 percent of suicides. Often, even family and friends do not recognize the warning signs or the underlying mental health problems leading to a suicide.

**symptoms** Don’t assume or attribute that everything someone with a mental illness does or the emotions displayed are the results of the disorder. Understand the symptoms associated with a particular disorder, and realize that emotional reactions to particular events may be a response many people would experience.

**victim, suffering from, afflicted with** Don’t make an assumption about how someone with a mental illness is handling his or her life. Use value-neutral terms. **Not preferred:** “She suffers from anxiety.” **Preferred:** “She’s being treated for an anxiety disorder”; or “She is diagnosed with an anxiety disorder.”

*This publication is developed through a project administered by the California Mental Health Services Authority (CalMHSA) and based on the most recent research as of September 2012. CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Proposition 63), which provides the funding and framework needed to expand mental health services to previously underserved populations and all of California’s diverse communities.*

