

Media guidelines

- ▶ Portrayal of people living with mental illness and mental health issues in Aotearoa



“Tell the whole, accurate, safe and empowering story of what mental health and wellbeing is about. Cover stories about mental health issues thoughtfully, with compassion and hope. It will help you, me and millions of other New Zealanders.”

MENTAL HEALTH FOUNDATION CHIEF EXECUTIVE, SHAUN ROBINSON



► Media guidelines





These guidelines will equip journalists with the confidence and understanding to report on mental illness and mental health issues safely, accurately and respectfully. One in five Kiwis will experience a mental health problem this year, and more than half of us will go through mental distress or mental illness at some point in our lives.

Journalists hold great power and can influence public opinion about people with mental illness in positive and negative ways. People's attitudes can reinforce stigma and lead to discrimination, which is a barrier to recovery and being able to live a full life.

“1 in 5 Kiwis will experience a mental health problem this year.”








When handled poorly, reporting can:

-  Make it less likely that people experiencing mental distress will ask for help
-  Mislead the public about what experiences of mental illness and mental health care are like
-  Reinforce misguided beliefs that people living with a mental illness are dangerous and to be feared
-  Increase feelings of shame and isolation for people experiencing distress



When handled well, reporting can:

-  Change public misconceptions
-  Challenge myths and educate people about mental health
-  Change attitudes that reinforce mental illness stigma and lead to discrimination
-  Encourage people in distress to seek help
-  Promote hope and recovery

“I’m not bitter about the fact that I live with bipolar; I accept that it’s part of my life. I accept that I must manage it and sometimes it causes some interesting experiences for me that I wouldn’t otherwise have. I don’t let it define who I am or what I can achieve.”

MENTAL HEALTH CONSUMER



▶ Checklist

Have you considered:

Language

Words can help or hurt others. Use language that promotes inclusivity and reduces stigma and discrimination. See our guide of [recommended terminology](#).

Sources

Information about mental illness, treatments and the sector are changing constantly. For reliable, accurate and up-to-date information consult widely with experts in the sector and the Mental Health Foundation.

Balance

Include the voices of people who have experience of mental illness and/or use mental health services, along with their whānau, support people, kaumātua or kuia where relevant. Also consider showing people as more than their illness.

Cultural sensitivities

Ensure different cultural worldviews on mental health and wellbeing are considered. Seek expert cultural opinion or perspective from kaumātua, kuia and Pasifika mātua.

Interviews

Interviewing a person with current or past mental illness and/or their whānau requires compassion, sensitivity and privacy considerations.

Images

Don't undermine the good work a story can achieve by using outdated, inaccurate images, e.g: headclutcher, hospital ward, pills and injections.

Helplines

Include appropriate helpline numbers such as 1737 to support [help-seeking](#). See recommended helplines.

“ Writing about mental illness in all its richness, and with all its challenges, need not cause stigma. Rather it provides us with a rare chance to bring about meaningful social change alongside a golden opportunity to better journalism.”

ANDRE PICARD, INTERNATIONAL HEALTH JOURNALIST





The person is mentally ill

✗ *Don't label a person by their mental illness or use language that implies people are their mental illness.*



The person is living with mental illness

✓ *Respect a person's own way of describing their experience including the words and terms they use.*



► Language considerations

The language you use can stigmatise people living with a mental illness and reinforce unhelpful stereotypes, as well as present inaccuracies about mental illness or mental health services.

► Scenario



Labelling a person by their mental illness or using language that implies people are their mental illness.



Don't say that a person is 'a schizophrenic' or 'is bi-polar', 'a person is mentally ill'. Don't use sweeping phrases like 'the mentally ill'.



Respect a person's own way of describing their experience including the words and terms they use. If a diagnosis is relevant, say that a person is 'living with', 'experiencing' or 'has a diagnosis of' that condition.

► Scenario



Derogatory descriptions of people experiencing mental distress or mental illness.



Don't use words such as 'crazed', 'deranged', 'psychotic', 'manic', 'lunatic', 'looney', 'madman' or 'madwoman', 'schizo', 'psycho'.



Say a person is in 'distress' or 'showing signs of distress'.

Language considerations

► Scenario



Using the names of mental illnesses to mean something other than mental illness.



Do not use mental illness diagnoses as adjectives to describe things that are not related to mental illness, e.g. 'the weather is bipolar'.

Do not describe someone's behaviour or personality using a diagnostic label e.g. calling someone 'OCD' if they are particular about something.



Try different language: the weather is 'changeable' or someone is 'pedantic' about tidiness. Only use the names of mental illnesses when actually talking about mental illnesses.

► Scenario



Awareness of Māori understandings of mental health.



Avoid labelling people as 'mentally ill Māori', 'Māori mental patient'.

Don't assume Māori illness and western models of mental illness are the same.



Be aware that understandings of mental health differ across cultures. For example, culturally, hearing voices of tūpuna can be considered a taonga/gift that requires exploration by whānau. From a mainstream perspective this person may receive a clinical diagnosis of schizophrenia or psychosis. Do include whānau in your reporting and seek to understand the differences.

Language considerations

► Scenario



Awareness of other cultures' views on mental illness.



Don't assume that you have knowledge of cultural and religious values and attitudes; these can change.

Don't push for family responses to questions about mental illness from people who are Pasifika or Chinese as it may be difficult due to perceptions of shame and stigma.



Consult with experts of that culture to ensure stories are not offensive and do not lead to further distress.

► Scenario



Portraying people living with mental illness as victims, and mental illness as a life sentence.



Avoid language like 'victim of', 'suffering from', 'afflicted with', 'crippled with' and 'stricken with'.



Use instead: a person 'lives with a mental illness', 'is experiencing mental distress', 'is being treated for' or 'has recovered'. Be precise and accurate about the duration and intensity of a mental health problem. Keep in mind that someone with a diagnosis or experience of mental illness is not always unwell, and won't always be unwell. People can and do recover.

Language considerations

► Scenario



Derogatory terms for mental health services can undermine a person's willingness to seek help.



Avoid 'mental institutions', 'shrinks', 'mental patient' and 'mental hospital'.



Use correct names and job titles, such as mental health facility, community service provider or treatment centre, psychologist, psychiatrist and Māori health worker.

► Scenario



Overplaying link between mental illness and violence.



Avoid sensationalist language such as 'crazed killer stabs neighbour' and 'armed suspect has been suicidal'.



Question the source of information that links violence to a person's mental illness; is it true, accurate, balanced and relevant to the story?

► Scenario



Reporting on people who have left or gone missing from mental health inpatient facilities.



Avoid comparing mental health facilities with prisons: 'Suspect escaped mental hospital'.



Use instead: the person left the service of their own accord, without notifying staff. People in mental health wards are patients (not prisoners), and it's not helpful to portray them as criminals.


*“Kia ara ake te herenga tangata ki
te whei ao ki te ao marama.
Success empowers positive
change, stand tall, stand proud,
stand united.”*

LIKE MINDS, LIKE MINE






Mental illness
~~is strange, scary~~
~~and sad~~

-  *Don't portray mental illness as a hopeless situation, something someone 'suffers' with forever, and can't recover from.*



Mental illness
is not forever

-  *Tell stories of hope and recovery. Include positive narratives that show people recovering and living well.*



► Framing mental health issues and mental illness in the media

► Scenario



Choosing a headline.



Don't label people as their illness, mention a diagnosis when it isn't relevant, exaggerate or sensationalise a person's experience and overplay a link between violence and mental illness.



Make a portrayal personal so people can identify with the individual, not their illness.
Consider language guide.

► Scenario



Deciding who to include in the report.



Don't leave out voices of lived experience in general mental health stories. For example, consider consumers as an important voice in a story about service provision and rates of anxiety increasing.



Include the views, opinions and experiences of the person with mental illness that the story concerns, or their whānau.
When covering broader mental health stories, ensure the voices of people who live with mental illness are heard alongside other experts.

Framing mental health issues and mental illness in the media

► Scenario



Telling an empowering, hopeful story.



Don't portray mental illness as a defining quality unless a person identifies strongly with their mental illness diagnosis and chooses to be defined in that way. Don't portray mental illness as a hopeless situation, something someone 'suffers' with forever, and can't recover from, e.g. suggesting future employment and family life is not possible. Don't make an experience of mental illness seem extremely strange, scary or sad.



Tell stories of hope and recovery. Include positive narratives that show people recovering and living well. Focus on the person and their attributes rather than their diagnosis or symptoms, i.e. A person can also be a parent, artist and manager. Consider that mental illness may lead to people gaining resilience, empathy and strength.

► Scenario



Ensuring stories are culturally and ethnically appropriate.



Don't assume how people perceive, experience and treat mental illness is uniform across cultures and ethnic communities.



Include the views of Māori (e.g. kaumātua, kuia), Pasifika (e.g. mātua) and other ethnicities where appropriate. Include the perspectives of mental health experts who are knowledgeable about the cultural and ethnic factors that impact people living with a mental illness.

Framing mental health issues and mental illness in the media

► Scenario



Considering whether to include reference to mental illness.



Don't speculate about someone's mental health or whether they have a diagnosable mental illness.



Consider whether a person's diagnosis is relevant to the story and don't speculate about whether someone has a mental illness until a diagnosis can be confirmed by the person themselves or a formal statement. It is important to note that we are all human with human foibles and sometimes we behave badly. Someone may have bipolar disorder and she may cheat on her husband. The two are not necessarily related.

*“ He aha te mea nui o te ao.
He tāngata, he tāngata,
he tāngata.*

*What is the most important
thing in the world?*

*It is people, it is people,
it is people. ”*



▶ Consider your interviewee

- ✓ Respect the language people use for themselves when describing their diagnosis, behaviour or experience.
- ✓ Consider discussing with the interviewee the potential consequences if you publicise their experience of a mental illness. Ensure they are aware of how their story will be used, and whether it will remain available online.
- ✓ Ensure interviewees are currently well, have support around them (if they wish) during and after the interview process, and let them know when the story will be made public.
- ✓ Offer anonymity: People are sometimes worried about how people will view them if they share their experience or have concerns about discrimination from future employers, landlords and others.

“The images that are used in stories can be just as damaging as the words or the headlines.”

TIME TO CHANGE, SCOTLAND.



► Images

A picture speaks a thousand words, and when it comes to portraying someone living with a mental illness, choosing the wrong image can do a lot of damage and undo any good work achieved in a story.

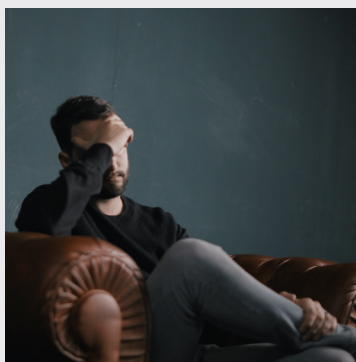


Don't use head-clutcher or dark, distressing images that reinforce unhelpful stereotypes.



Ask interviewees if there is a particular photograph they would like published, or use a generic image of someone being supported by friends and whānau.

Consider using images of real people, showing their faces. Consider using images of people supporting each other. Where appropriate, choose images that illustrate that many people live well with a mental illness. Avoid dark or despairing images.



Don't use images that show people isolated or ones that exaggerate their experience.



Use images that show people feeling supported or an accurate representation of how a person is feeling.

Images



Don't use generic hospital ward images (unless your story is about that ward) as most people who have a mental health problem get treatment and recover within their community and whānau environment and will not be in-patients.



Use images that show the interviewee is supported and involved in whānau, work or community activities (where possible and relevant).



Don't use images of pills as some people choose to not take medication and others find images of pills triggering.



Image credit: Time to Change



Treatment and recovery is different for everyone, and not everyone with a mental health problem is on medication.

“I hope that sharing my story would increase understanding of mental health and maybe inspire other people with similar problems to me.”

MENTAL HEALTH CONSUMER



► Support help-seeking

We recommend always including the core four helplines with stories about mental illness or mental health issues, so your audience knows who to contact if they need support. The core four are:

Need to talk?

Free call or text **1737** any time for support from a trained counsellor.

Youthline

0800 376 633,
free text 234, email
talk@youthline
co.nz or **online chat**.

Lifeline

0800 543 354
(0800 LIFELINE) or
free text 4357 (HELP)

Samaritans

0800 726 666.

We have a wider list of helplines, which include other numbers that may be most appropriate for your article. For example, for stories about alcohol addiction include the Alcohol and Drug Helpline, or for stories about LGBTI+ people, include OUTLine.

Please consider adding several, and contacting the MHF media team for help, but if you can only include one helpline, please choose **1737**.

We also recommend including a warning if any stories may be triggering or particularly distressing.

Further guidance or information:

Mental Health Foundation
communications team:
09 623 4810
communications@mentalhealth.org.nz

Mental Health Foundation

Mental Health Foundation of New Zealand

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