

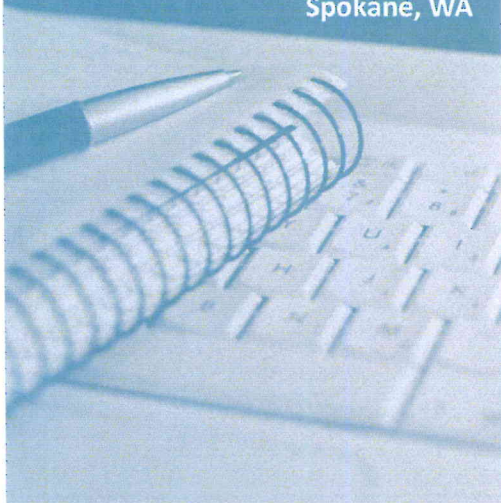
MEDIA GUIDE

BACKGROUND
INFORMATION
AND A GUIDE FOR
REPORTING ON
MENTAL ILLNESS



“Mental illness and news often collide in stories and events involving police and the courts. Such stories are often fast developing and hit with a splash. I cut my teeth on these beats and know police, prosecutors and even victims and their families are trying quickly to surmise why something happened. Mental illness is a catch-all, convenient and quick. It’s why I like the media guide. One read through it and I’ve already made notes about things to avoid.”

— John Stuke, Reporter
The Spokesman Review
Spokane, WA



PREFACE

Journalists recognize the power of the words and images they use in defining and characterizing their subjects. At least since the civil rights era of the 1960s, reporting guides and practices have encouraged reporters and editors to avoid stereotypical language and ensure careful use of images when referring to racial minorities and to people with disabilities.

The 2007 edition of the Associated Press Stylebook states, “Do not use derogatory terms... except in direct quotes, and then only when their use is an integral, essential part of the story.” The stylebook makes similar rules regarding reporting on people with disabilities. It states, “In general, do not describe an individual as disabled or handicapped unless it is clearly pertinent to the story.” It lists a number of terms referring to people with physical or developmental disabilities that should be avoided.

Unfortunately, there is no widely used guidance for journalists when their reporting includes a person with mental illness. Yet, clear evidence exists that language commonly used in news stories (as well as other mass media) as well as a persistent negative focus on violence contributes to prejudice and discrimination for people with mental illness that leads to their social isolation, difficulties finding and retaining employment and housing and reluctance to seek treatment.

The materials in this information packet include practical tips for reporting when mental illness is part of a story, background information about the relationship of mental illness and violence, and summaries of the best current studies regarding recovery and prevention.

The purpose of this guide is to raise awareness among news organizations, journalists, journalism students and professors, and news story informants on how to improve reporting on mental health issues. If you write entertainment reviews or sports stories that sometimes involve people with mental illness, this guide is relevant for you too.

CHECKLIST FOR REPORTING ON MENTAL ILLNESS

- ☒ Write with awareness that people with mental illness face prejudice and discrimination.
- ☒ Ask, "is mental illness relevant to the story?"
- ☒ Verify statements that mental illness is a factor in violent crime. A past history of mental illness is not necessarily a reliable indicator.
- ☒ Avoid using language that implies people with mental illness are violent.
- ☒ In stories on Mental illness and violence, provide context whenever possible. Most people with mental illness are no more likely to commit violent crimes than a person who has not been diagnosed with a mental illness.
- ☒ Use people first language.
- ☒ Avoid using stereotypical words or phrases when describing a person with mental illness.
- ☒ Be sensitive when using photographs for stories involving mental health issues.
- ☒ Double-check specific symptoms of diagnosis with valid mental health resources, as necessary.
- ☒ When possible, emphasize that treatment is available and effective, recovery happens and prevention works.
- ☒ When interviewing a person with a mental illness, be clear and repeat important information and give the interviewee ample time to answer the question posed.

The American Psychological Association has found that only a small subgroup of people with serious mental illness is at risk of becoming violent, and with treatment and taking medication, this group is no more violent than the general population (APA fact sheet, 1994).

“Sixty-one percent of Americans think that people with schizophrenia are likely dangerous to others.” — President’s New Freedom Commission on Mental Health (2003)

SOME BASIC (BUT NOT WIDELY KNOWN) FACTS ABOUT MENTAL HEALTH

Mental illness is widespread. About 22 percent of the U.S. adult population has one or more diagnosable mental disorders in any given year. Five to seven percent of adults have serious mental illness in any given year. The disability and economic costs of mental illness are substantial. In the U.S. and other market economies, mental illness ranks second only to heart disease in disease burden.

The vast majority of people with mental illness are not violent.

Numerous studies clearly show that the vast majority of people who are violent do not suffer from mental illness. Violent crimes committed by people with serious mental disorders are concentrated in a small fraction of the total number, and especially in those who abuse alcohol and other drugs, and among individuals having paranoid thoughts or hearing voices that command them to hurt others (called command auditory hallucinations). However, even when these factors are taken into account, mental illness still accounts for a very small percentage, at most, 3 percent, of all violence committed in the U.S. In fact, people with serious mental illness are far more likely to be victims of violence than predators.

Recovery from mental illness happens. Today’s psychosocial and pharmacological treatments for serious mental illness are highly effective. With support, between 70 and 90 percent of individuals have a significant reduction of symptoms, an improved quality of life, and find a satisfying measure of achievement and independence.

Prevention works. A significant portion of mental illness is now believed to be preventable, and research continues to identify new ways to implement prevention. Research has improved knowledge about biological and environmental factors related to mental disorders, including serious mental illness such as schizophrenic. Evidence shows that prevention efforts can be successful with disorders that are the result of both genetic and psychosocial influences.

Stigma gets in the way. Public perceptions of people with mental illness often result in social isolation, problems finding employment and housing and failure to seek needed treatment. Many people do not admit their symptoms for fear of receiving a diagnosis of mental illness. Many who have been diagnosed feel shame when their illness is disclosed to others.

EXAMPLES OF INAPPROPRIATE REPORTING INVOLVING MENTAL HEALTH IN MICHIGAN

EXAMPLE: The suspect in the murder was a pro-life supporter who appeared to have acted alone in committing the crime. Reports have claimed Roeder had a history of [mental illness](#).

COMMENT: Was mental illness a cause of this man's actions? Who is the source of the information?

A GUIDE TO REPORTING ON MENTAL HEALTH

Reporting when a story includes both violence and mental illness

News stories about violence committed by people with mental illness will continue to occur. By following few guidelines, news organizations can more accurately report about these tragic situations.

- Ask whether mental illness is important to the story. Follow Stylebook guidance for reporting on people with disabilities. Do not assume an illogical act of violence is the result of mental illness. Like people in the general population, people with mental illness are involved with violence when there is no connection between their illness and actions.
- When quoting a witness or first responder, avoid unsubstantiated attributions of the violence to mental illness. For example, the statement that a crime was committed by a person who has a “history of mental illness” is often made on-scene by a first responder who may not have direct knowledge of a subject’s history. Even if this information is accurate, it may not be relevant to the incident. Such comments should always be attributed to a reliable source with actual knowledge about a subject’s history and can speak to the relevance of this information.
- Question whether reporting someone’s history of mental illness is relevant to the news story. Mental illness is not a defining characteristic of a person. Mental illness in the past may not have relevance to behavior in the present.
- Avoid descriptions of an individual’s behavior that would contribute to the impression that all persons with that illness exhibit similar behavior. For example, terms such as “schizophrenic rage” create the impression that rages are common behaviors for people experiencing schizophrenia.
- Make a mental health expert a part of the story. Privacy laws make it difficult for mental health professionals to comment on news stories in which they are already involved. A mental health expert can, however, provide perspective on the story even if they are not directly involved.

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EXAMPLES OF INAPPROPRIATE REPORTING INVOLVING MENTAL HEALTH IN MICHIGAN

EXAMPLE: Headline: **Crazy** Cruiser Chase Case

COMMENT: An adjective or two describing the action taken would have made the story more clear here. Calling a person suffering from a mental illness crazy is never appropriate. Symptoms of his mental illness may have had no influence on the case.

- Recognize that people with mental illness who commit violent acts are not typical of others with the same or similar diagnoses. When possible, emphasize the statistical fact that mental illness contributes very little to the overall rate of violence in the general population.
- Try to convey that mental illness is treatable and recovery happens.
- Remember that for every story written about mental illness and violence there are many more that can be written about a person with a mental disorder who serves a valuable role in society. There are many people who have lived through an experience of serious mental illness who have a compelling personal story about recovery. Write human interest stories when possible. When the readers or viewers see only stories about violence and mental illness, they get a distorted view of the facts.

Eliminating Stigmatizing Language and Portrayals

- Use and encourage editors, headline writers and others to use Person First Language. Follow the guidance from the AP Stylebook for reporting on people with disabilities. Use phrases like “a person with schizophrenia” rather than describing someone as “schizophrenic.” Maintain the individuality of people rather than defining them by a condition. Person First Language emphasizes worth and abilities and puts the person before the diagnosis or the label.
- As with disparaging words related to race and ethnicity, some words should never be used in reporting, commentary or headlines. Examples include:

crazy/crazed	nuts	lunatic	schizo
deranged	psycho	wacko	
- Negative stereotypes to describe people experiencing mental disorders should be avoided. They sensationalize news stories and contribute to stigma and discrimination towards mental illness in society. Common stereotypes about mental illness pertain to dangerousness, incompetence and the portrayal of people with mental illnesses as anti-social.
- Phrases such as **afflicted with**, **crippled with**, **suffers from**, **victim of**, **stricken with** pass negative judgment on the quality of life for people with mental illnesses. “**John is afflicted with depression**” sounds more dramatic and can act to sensationalize mental illness. Instead use **Person First Language**. For example, “**John, who has depression...**”

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EXAMPLES OF INAPPROPRIATE REPORTING INVOLVING MENTAL HEALTH IN MICHIGAN

EXAMPLE: Mentally ill people are increasingly being warehoused in the state prison system.

COMMENT: People with mental illnesses are people first, so describe them that way. Describe the person first then their illness (if even applicable). Correct: Individuals suffering from a mental illness.

- Pictures are powerful. Be sensitive when using photographs with stories involving mental illness. For example, photographs that unnecessarily show people with mental illness looking disheveled or ominous perpetuate negative stereotypes.

Other tips for improving accuracy when reporting on mental illness

- Symptoms. Double-check specific symptoms and diagnoses. Be especially careful to avoid attributing behaviors to mental illnesses that are common to many people. Sadness, anger and exuberance are normal human emotions. Most of us experience periods when we want to be alone and don't want to socialize. People who experience mental illness have normal emotions that should not be misinterpreted. For a description of common symptoms of mental illness see <http://www.mentalhealthreporting.org>.
- Cause. Avoid descriptions of mental illness as having a single cause. Most mental illnesses have multiple causes. For example, mental illnesses are believed to have a genetic or biological links (such as schizophrenia or bipolar disorder) often develop within the context of disadvantaged socioeconomic conditions, trauma or drug use. Belief that illness arises from a single cause has been shown to contribute to prejudice and discrimination for both individuals and their families.
- Recovery & Prevention. Mental illness is treatable, recovery happens and prevention works. Care should be exercised to avoid creating the impression that mental illness results in hopeless prospects for individuals experiencing symptoms. News stories about the latest scientific advances featuring examples of people who are in recovery tell an important fact about mental illness that can help offset the tragic, but atypical, instances where a person with mental illness commits a violent act.

Tips for interviewing a person experiencing a mental illness

- **Setting Up an interview.** When setting up an interview with a person with a mental illness, always ask the interviewee whether special accommodations are needed, including:
 - Meeting at a specific place or time that is convenient to him or her.
 - Being accompanied by another person during the interview
- **Be frank and direct about the purpose of the interview.** To help the interviewee feel prepared and comfortable, send some questions you plan on asking ahead of time.

A WORD ABOUT THE WORD "SCHIZOPHRENIA"

The word "schizophrenia" and derivatives are very commonly misused in everyday language and news reports. A person who cannot make up his mind is called "schizoid." Changeable weather is "schizophrenic." Someone who is very worried about her safety has "schizophrenic" thoughts. Not only is such usage hurtful to people with schizophrenia, it is inaccurate.

Schizophrenia is a serious mental disorder. Three types of schizophrenia exist, each with somewhat different symptoms. Symptoms can include hallucinations, delusions, confused thinking and speech, behaviors that do not make sense, altered senses to everyday sights, sound and language, and misunderstanding feelings such as joy or anger. Others include emotional flatness, lack of expression, and a temporary inability to start and follow through with daily activities (American Psychological Association).

Instead of using schizophrenia (or its derivatives) to describe something other than the illness, find other words. A person who can't make up his mind is indecisive. A situation that keeps changing is unsettled.

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- **Allow ample time for the interview.** A person's experiences might be painful and he or she may need extra time to discuss difficult subject matter.
- **During the Interview.** If you do not know something, ask. People with mental illness appreciate that you are taking the time to become informed and will answer your questions.
- **Actively listen.** While it is important to contribute to the conversation and establish rapport, take care not to make assumptions. Also, be sure to give the interviewee time to answer and be sensitive to the fact that some interviewees may need additional time to answer, especially if the questions are deeply personal.

Tips for reporting on suicide

Copycat/Suicide Contagion is real. Research shows that the incidence of suicide increases following news coverage of suicide. The following guidelines are suggested to minimize copycat attempts:

- Refrain from using photographs of grieving relatives and friends when a suicide has occurred. Photographs might encourage someone contemplating suicide to act as a way to get attention or get back at someone, creating a dangerous copycat effect. Youth are especially vulnerable to these effects.
- Do not report the method or place of suicide in detail. Exposure to suicide methods, including photographs, can encourage imitation about vulnerable individuals.
- Do not portray suicide as a heroic or romantic result of a single event or cause. This obscures the long and painful process that results in completing suicide. More than 90 percent of suicide victims have a significant psychiatric illness at the time of their death.
- Always include information about crisis intervention services in the area and a referral phone number.
- Do not use suicide in the headlines, even when they take place in public. This unnecessarily dramatizes the event and shifts the focus from the tragic loss of life. There are exceptions, as in the term "suicide bomber" when reporting on terrorist activities.

STEREOTYPICAL IMAGES CAN SHOW UP IN ANY SECTION OF THE NEWSPAPER, SPORTS AND ENTERTAINMENT SECTION INCLUDED.

HERE'S AN EXAMPLE:

Lighting the dark corners of schizophrenia
Movie Review

Few movies probe as deeply into the souls of the mentally damaged as Lodge Kerrigan's heartbreaking new thriller, "Keane." Fewer still start right off by emphasizing the more troubling aspects of derangement. Kerrigan all but dares you to keep watching his central character during the early scenes. William Keane is introduced as a schizophrenic, the kind of out-of-control creature you'd instinctively avoid on the street.

Comment: Here is the lead from another review of the same movie that avoids negative stereotype:

Keane is the story of a man in his mid-thirties who is haunted by memories of his daughter being abducted in New York City's Port Authority bus terminal. He also struggles with mental illness that, like much of the film, is never explained to the viewer. The audience is plunged into Keane's world without the knowledge of whether his daughter was really abducted or even existed at all.

SUGGESTIONS FOR THE NEWSROOM

Editors/Assignment Editors:

If there is a major story involving someone with a mental illness committing a violent act, or having something violent happen to them, try to balance with a story containing information about recovery. This does not have to be a sidebar, nor does it have to appear the same day or on the same page, but a broad balance in the publication is helpful.

Around holidays, when media often speak about loneliness and depression, balance things with a recovery story.

If there is coverage of a "system failure," provide balance on the issue sometime during the following week with a "system success." There are many good stories to tell about how treatment and prevention works.

During legislative budget times, seek out stories about the money working well. Too often, when cuts are proposed, stories often describe a pitiable situation for individuals receiving services. There is another way to tell the story that is less likely to present the story's subject as helpless and dependent. Reporting how funding helped a person recover can make the same point when funding is in jeopardy.

Copy Editors:

You can right the mistakes of a wire service! Editorial changes do not have to be drastic to make a significant difference in how the article portrays mental illness.

Be particularly aware of entertainment reporting. A movie or play can often be described quite well **without** using stereotypical language and images.

Watch headline placement and wording. Remember, this is what people see at a glance on the newsstand or porch. Placing inaccurate mention of a mental illness in a headline could perpetuate stereotypical ties between mental illness and character traits such as dangerousness.

Substitute with **People First Language** and edit for stereotypic portrayals of mental illness.

PREVENTION WORKS

BERNA'S STORY

Community Mental Health of Ottawa County is fortunate to have Berna Welling, a certified Wellness Recovery Action Plan Facilitator, employed as a Peer Support Specialist. Along with her case management duties, she works as a trainer providing Wellness & Recovery classes, as well as, assisting people in developing their personal recovery plans.

When several stories from a local newspaper contained insensitive references to mental health problems, Berna contacted the reporter. He said he was just trying to be humorous. Then he listened while Berna enlightened him on life with mental illness and the hard work involved in recovery. He apologized and, in a future article, addressed his lack of sensitivity while writing about the stigma of mental illness.

We need a thousand more people whom, like Berna, are willing to spend time and energy educating others about mental illness. When she shares her personal story people are drawn to her message. As she talks about single parenting a son with severe developmental disabilities, then plunging into the depths of depression upon his death, anyone listening can relate. Sharing these painful memories, relaying how she found the strength - and tools - to recover and live a successful, fulfilling life provides a message of hope and encouragement everyone should hear.

SUGGESTIONS FOR THE NEWSROOM

Reporters:

Watch for Pitfalls in the Field:

Who is telling you there is a "history of mental illness?" If it is a police officer or public information officer, ask the follow-up — "Who is reporting this?" Or — "How do you know?" "Who is the expert in the field that confirmed this statement?"

If a family member or neighbor is saying the person is mentally ill, try to get more information before including their statement in your story. Sometimes neighborhood rumors get stated as fact or the speaker may have other agendas. Each time mental illness is suggested as a cause of violence or criminal behavior, whether true or not, it contributes to the public's view that people with mental illness are dangerous.

Photographers & Photo Editors:

Take care with captions. It is rare that a mental illness should be mentioned in a caption unless it is the most relevant aspect of the story it represents. Be aware that readers may take the caption as the whole story and be misled.

Placement makes a difference. An image depicting violence placed next to a headline or story containing references to mental illness leads the reader to make assumptions about or unknowingly link violence and mental illness. Take care when physically placing stories, headlines and photos and how they might relate to one another.

As always, be sensitive to your subject, particularly with those people diagnosed with a mental illness. Too often faces are grim or contorted. Readers need to see positive images of those with mental illnesses, just as we see positive images of those with physical disabilities.

RECOVERY HAPPENS

FRAN KING

This is my recovery story

I am a survivor of a broken family, crushed by abuse, divorce, abandonment and premature death. I struggled for many years with intense emotional problems and undiagnosed mental illness which I self-medicated with drugs and alcohol. Most of my young adulthood through my thirties was spent in hospitals, group homes, treatment facilities and crisis centers. It took many years for me to understand my illness and begin my journey to recovery. But I never gave up.

Today my life is meaningful; I enjoy getting up in the morning and look forward to each new day. My purpose and passion is motivational speaking. This allows me to share my story of perseverance through faith. I am so grateful for my new life. I'm enjoying happiness and humor in the new person I have become.

ACKNOWLEDGEMENTS

This media guide was adapted from its original version produced in Washington as a collaboration between The University of Washington and Harris and Smith Public Affairs. The information was comprised with help from news media and an editorial board comprised of individual consumers of mental health services, social services and mental health providers across Washington. Details and stories specific to Michigan have been included throughout where applicable.

CONTACT INFORMATION