

Mental Health Foundation: Literature review to support the update of media guidelines on mental health and mental illness

Janet Peters, 30 April 2018

A. Executive summary

Like Minds seeks to create: A socially inclusive New Zealand that is free of stigma and discrimination towards people with mental illness.¹

Key messages:

- In all countries, it appears that media reporting on mental health issues and mental illness is improving gradually compared to early reporting.
- The New Zealand survey of journalists showed that the Mental Health Foundation (MHF) is the 'go-to' organisation for media when reporting on mental health issues.

The MHF documents the author has viewed appear to cover all bases compared to international, state, or organisational media guidelines reviewed.

- The content of the *Mindframe* document *Reporting suicide and mental illness: A Mindframe guide for media professionals* is a good example of media guidelines – however, our culture and context in New Zealand is obviously different and must be taken into account.
- Most media guidelines focus on adults. There is a need in New Zealand for good information on the mental health and mental illnesses that affect youth and children.

Overall general key points:

B. Background

The media is an important source of information about mental illness, for both the general population and for people with a mental illness themselves. Reporting inaccurate information about mental illness (e.g. linking mental illness and violence or using language which purports mental illness to be a 'life sentence') can reinforce myths about mental illness within the wider community and contribute to stigma.²

¹ <https://www.mentalhealth.org.nz/assets/Uploads/like-minds-like-mine-national-plan-2014-2019-may14.pdf> P.15

² http://www.mindframe-media.info/_data/assets/pdf_file/0011/10217/140519_MindFrame-for-Media_PDF.pdf

Starting in 1997, New Zealand was one of the first countries to begin a comprehensive national programme (Like Minds Like Mine – LMLM) to decrease stigma and discrimination against people with experience of mental illness/distress.³

In doing so, we have a rich history of research evaluation from LMLM work **and** information about the media related to mental illness/distress **and** comment from people with lived experience who have much experience in thinking about (and working with) the media and public health experts **and** ideas from the media themselves. We also have growing knowledge of media issues for Māori and Pasifika peoples.

As noted in the Strategic Plan,⁴ the key principles for the LMLM work are:

- social model of disability and human rights is the foundation of the programme
- public contact with people with mental illness has equalising effect
- programme activity highlights socially inclusive behaviours
- leadership and coordination is strong and includes people with mental illness
- strong, shared purpose responds to a changing environment
- multi-level approaches are used.

Priority audiences are:

- people with severe mental illness
- Māori and Pasifika
- people under 25.

The media guidelines are a critical part of LMLM work in New Zealand, as in other countries with national anti-discrimination/stigma campaigns.

Pirkis and Francis in 2012 did an extensive review of media and concluded:

The news and entertainment media often present a distorted and inaccurate picture of mental health and illness. Because these media sources are influential, this can have the effect of perpetuating stigma about mental illness. Explicit efforts to use the media to influence community knowledge, attitudes and behaviours relating to mental illness in positive ways have demonstrated some success. Mental health experts and media professionals should collaborate to reduce negative portrayals of mental illness, and increase positive and informative representations of mental health issues.⁵

- C. Change is possible. The British have been conducting a national campaign called ‘Time to Change’ since 2008 to reduce the stigma of mental illness. The British Department of Health has pledged its support for this effort, which is now in its eighth year. The campaign has seen 3.4 million people with improved attitudes towards mental health and stigma (an 8.3% improvement) from 2008 to 2014.⁶

³ Cunningham et al. 2017 https://link.springer.com/chapter/10.1007%2F978-3-319-27839-1_15

⁴ <https://www.likeminds.org.nz/assets/National-Plans/like-minds-like-mine-national-plan-2014-2019-may14.pdf>
<http://depts.washington.edu/mhreport/docs/GuideforReportingMentalHealth.pdf>

⁵ <http://www.mindframe-media.info/for-media/reporting-mental-illness/evidence-and-research/evidence-about-mental-illness-in-the-media?a=6322> p.3

⁶ <http://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3631>

D. Aim of this report

Mental illness is treatable, recovery happens and prevention works.⁷

This report aims to quickly review research and international guidelines on what might constitute useful media guidelines. Adults are the group catered for. In general, this report focuses on information published after 2000, because earlier information is referenced in later documents from then on. However, many documents are undated.

In reality, research *evidence* is unlikely to be found; rather, other countries' examples of media guidelines and opinion and comment will be found. The new MHF media guidelines will focus only on mental illness/distress rather than suicide and addiction issues. MHF will develop guidelines for these two areas later.

Where a national media guideline is viewed and it is in complete agreement with the Foundation's draft media guideline,⁸ it will be noted in a reference list at the back of the document (see Appendix 1). For example, a comprehensive media guideline is Mindframe's *Reporting suicide and mental illness: A Mindframe resource for media professionals* and *Reporting Mental Illness a quick guide for the media*.⁹

Indeed, Mindframe has a host of resources available for many groups and purposes.¹⁰ However, all these documents have an Australian flavour and language that does not always sit comfortably in the New Zealand context.

It is also important to remember that the mental health/mental distress landscape can be hard to understand (even for those of us who use services or work in it!). For journalists, it must be very challenging to come to terms with the topic, as it can be culturally, politically, spiritually, socially, historically, and systemically complex!

However, we do need to change such statistics as the following from Canada: researchers collected and analysed more than 11,000 French and English language newspaper articles from 2005 to 2011 and found that '40% of Canadian newspaper articles negatively associated crime, violence, and danger with mental illness' (p.22).¹¹ Ongoing work with the media in Canada aims to dramatically reduce such statistics and appears to be making progress.

⁷ <http://depts.washington.edu/mhreport/docs/GuideforReportingMentalHealth.pdf> p.5

⁸ <https://www.mentalhealth.org.nz/assets/LMLM-Reporting-and-portrayal-of-mental-illness-WEB-media.pdf>

⁹ http://www.mindframe-media.info/_data/assets/pdf_file/0003/10011/Mindframementalillnessqrc.pdf

¹⁰ <http://www.mindframe-media.info/home/resource-downloads/media-resources>

¹¹ https://www.mentalhealthcommission.ca/sites/default/files/2016-05/opening_minds_interim_report.pdf

E. Information obtained

The news media, social media, and stories in the form of television, film and books both shape and reflect social norms surrounding mental illness and have huge reach and influence on public attitudes and resulting behaviours.¹²

Information was obtained:

- through the MHF's website
- through photocopied information from the MHF (note: *excluding* all that talked about suicide)
- by website searches of key national or state agencies that work in this area
- by other documents that arose through the above searches.

In summary, information was a mixture of media guidelines based on best thinking/practice, some research, and opinion from the media, academics, and cultural, clinical, and consumer communities.

F. Research on media guidelines

Change is possible. Stigma can be significantly reduced. People with mental health problems and mental illnesses can be treated respectfully and equally.¹³

Effectiveness of guidelines

As expected, research on the effectiveness of general mental health media guidelines is very limited. Some findings:

Skehan et al. in 2006¹⁴ give background to this area:

Many countries have developed guidelines and resources for media reporting to encourage responsible and sensitive coverage. However, there has been little international evaluation of the extent to which journalists have embraced and followed media guidelines. In Australia, the Mindframe Media and Mental Health Project has implemented a national dissemination strategy that supports media professionals in their understanding and use of the guidelines. This has been achieved by face-to-face briefings, further resource development, promotional activities and work with peak bodies to implement changes in codes of practice. This paper examines the effectiveness of an active dissemination strategy, highlighting both quantitative and qualitative evaluation data that indicates substantial reach, awareness of, support for and uptake of these resources by media professionals in Australia.

Skehan found:

- *Evaluations indicate that direct strategies (such as briefings and drop-in visits) are effective in promoting awareness and use of the project resources, with retention even 12 to 24 months after a visit.*
- *Encouragingly, other indirect strategies to promote the resources (such as mail-outs, email alerts, conference involvement and work with peak bodies) may be*

¹² <https://www.mentalhealth.org.nz/assets/Uploads/like-minds-like-mine-national-plan-2014-2019-may14.pdf> p.16

¹³ <https://www.mentalhealthcommission.ca/English/focus-areas/stigma-and-discrimination>

¹⁴ http://www.mindframe-media.info/_data/assets/pdf_file/0015/11715/Reach-Awareness-and-Uptake-of-Media-Guidelines-for-Reporting-Suicide-and-Mental-Illness-An-Australian-Perspective.pdf

having an impact, given that in 30% of organisations that had not had any direct contact with the project, a staff member was still aware of the resources when assessed in 2005.

- *Interviews with key informants indicated that the briefing session strategy was viewed in a very positive light, which lends great support to the continuation of this strategy.*

From the Dartmouth research base:

The study suggests that the guidelines' meaning is generally understood. Interpreting the more nuanced recommendations is not always straightforward. Future revisions to Reporting Suicide and Mental Illness may need to consider opportunities to clarify them and to test this with journalists.¹⁵

In other words, keep it simple.

'Television coverage of mental illness' by Whitley and Wang in Canada: 2013–2015, published in 2017, aimed to assess television news coverage of mental illness in Canadian media and to show change over time. Trend analysis indicated a significant linear increase for positively oriented coverage.

In 2013, less than 10% of clips had a positive overall tone, whereas this figure reached over 40% in 2015. Articles linking mental illness to violence significantly decreased, though these remain over 50%. 'Improvement may be due to educational initiatives targeted at journalists.'¹⁶

Similar results in social media platforms (such as Twitter and Facebook) showed that readers are less likely to share mental health-related stories about crime and violence than stories with a positive or neutral tone. One 2016 study found that articles about recovery and treatment are shared 700 more times than other mental-health related stories.

Adamson said he does not know why the data turned up this way. A limit of the study is that he did not survey news readers about why they share what they share online. But he speculates that readers are more likely to share recovery and treatment stories because many of them are directly affected by mental illness:

It's something that everyone cares about. They aren't particularly inclined to be excited by bad news about people in distress and in acute phases of their mental illness where something horrible might happen, but they are interested in sharing stories that communicate their sympathy about their own situations, about their family's situations, about their friends' situations. That is my hunch.

Suicide guidelines

There is more evidence of the effectiveness of suicide guidelines (even though this is not this report's topic, I have included three examples for interest).

In 2015, Finucane¹⁷ looked at how responsible reporting can be achieved. He found that suicide guidelines had basically been the same internationally for a decade (see

¹⁵ http://dart.jrn.columbia.edu/articles/results?search_string=Mental+illness&commit=Search

¹⁶ <https://www.ncbi.nlm.nih.gov/pubmed/28013327>

¹⁷ <http://www.nzlii.org/nz/journals/NZLawStuJl/2015/6.html>

Appendix 4 for the seven points and for an interesting discussion on New Zealand's activities – or lack of):

The strong implication is that whether the guidelines are successful depends more on how aware the media are of the guidelines, and less on the content of the guidelines or the circumstances of their creation. As suggested by the Law Commission, inspiration can be drawn from the Australian Mindframe Initiative, which is highly proactive in developing and disseminating advisory resources in cooperation with the media. The Initiative receives funding by the Australian Government through their National Suicide Prevention Program, and is linked to the SANE Media Centre, an expert advisory program specifically created for aiding media professionals in preparing stories on mental health and suicide. Subsequent reviews of Mindframe have found significant improvements in certain areas of media reporting: in the six year period following its inception the number of individual articles on suicide doubled, but reporting of the method of suicide fell from 49.6 per cent to 14 per cent of articles. Finucane suggests that lack of government support and wide dissemination of resources would assist New Zealand.

WHO mhGAP:

There is an extreme lack of research demonstrating the impacts of media guidelines on the reduction of suicide or suicide attempts. Development and implementation of media guidelines are largely based on anecdotal knowledge and are not systematically analyzed.¹⁸

WHO looked at media guidelines for suicide and their effect and found some evidence, stating:

At the population level, responsible reporting of suicide (such as avoiding language which sensationalizes or normalizes suicide or presents it as a solution to a problem, avoiding pictures and explicit description of the method used, and providing information about where to seek help) is recommended for the reduction of suicidal behaviours. The health sector should assist and encourage the media to follow responsible reporting practices related to suicidal behaviour.

Creed and Whitley, who aimed to assess fidelity to Mindset recommendations in Canadian newspaper reports of a recent celebrity suicide, found similar results. They found that 'The news articles generally follow the evidence-based guidelines regarding the reporting of suicide set out in Mindset. This is a welcome development.'¹⁹

Mental health in general

Kenez et al. examined how mental health is portrayed as a holistic construct (wellbeing and illness) in three major Australian daily newspapers. Data were collected from hard copies of *The Age*, *The Australian*, and *Herald Sun* newspapers and their weekend counterparts over 12 weeks in 2012.

Kenez et al. found that the portrayal of mental illness appears to be improving. Because this was the first study after the Mindframe resource was published, they concluded that it may have been helpful in influencing responsible news reporting.²⁰

Mental Health Foundation survey

¹⁸ http://www.who.int/mental_health/mhgap/evidence/resource/suicide_q9.pdf

¹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5459225/>

²⁰ <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12441>

The 2018 survey by the MHF showed that the MHF is the 'go-to' agency for information in New Zealand.

The survey feedback had some great ideas – for example, the need for all information in one place:

- good stock images
- consumer voices willing to speak
- mental health subject 'experts' and academics
- a comprehensive library of resources: facts, statistics, and videos.

Journalists saw suicide information as very important. Similarities and differences were similar to other media guidelines (for example, Mindframe in Australia).

Good reporting ideas

From a Master's thesis: Eleven award winning journalists' experiences of preparing their award-winning stories offer lessons for how reporting on mental illness can be improved and can be used to inform mental-health media guides:

- share the purpose of the story with sources
- discuss the implications of being the source/interviewee for self, family/whanau, friends, and work colleagues
- consider interviewing sources more than once to obtain the full story
- keep sources informed about a story's progress
- tell sources how they will be represented in the story
- explain to sources more than once that their participation is voluntary and that they may withdraw at any time
- respect an individual's decision to not participate in an interview, to withdraw from an interview, or to participate anonymously
- interview individuals with mental illness only if they are lucid and coherent, and understand what participation will involve
- consider asking individuals with mental illness to describe the signs and symptoms of their disease to give readers a tangible understanding.²¹

Language

The Corpus of Historical American English (COHA) compiled by Brigham Young University contains 400 million words, compiled from 115,000 selected text sources from 1810 to 2009. We searched COHA for 21 common words related to mental health – such as *anxiety*, *therapy*, and *phobia* – and charted their frequency in COHA since 1810. The change in words over time are shown in graphs from 1810 to 2009 – for example, the word 'neurosis' is fading from our vocabulary – interesting reading!

Of interest is that some research articles on reducing stigma still use the language that we are trying to decrease. For example, a primary care study said that 'We sought to determine the program's impact on primary care providers' stigma and their perceived confidence and comfort in providing care for **mentally ill patients**.'²² This was talking about people who had experiences of depression or anxiety.

Stigma

²¹ <http://oaktrust.library.tamu.edu/bitstream/handle/1969.1/ETD-TAMU-2011-12-10475/SUBRAMANIAN-THESIS.pdf?sequence=2&isAllowed=y> P.89

²² <https://www.ncbi.nlm.nih.gov/pubmed/28095259>

In 2016, Ma found that media still portray mental illnesses negatively in general, which contributes to the ongoing stigmatisation of mental illness. Nonetheless, discussions of mental illnesses in direct-to-consumer advertisements and social media tend to be more objective and informative. These objective portrayals could help improve mental health literacy and reduce stigma.

More importantly, media can also reduce stigma if used strategically. Research has found that entertainment-education programs and web-based media have strong potential in reducing mental illness stigma.²³

We have baseline results from the 2015 New Zealand Mental Health Monitor looking at knowledge, attitudes, and intended behaviour towards people with experience of mental distress. Most respondents gave positive views of people with experience of mental distress, with those identifying as Pacific or Asian peoples and older respondents expressing more negative views.²⁴ The latter groups may need targeted work in the future.

In 2017, in 'Creating media entertainment from mental distress', Rose looked at television and concluded:

*Debates circulating within the survivor movement and public mental health arena must feed into anti-stigma media strategies. There is an important wider political context concerning the ongoing struggle over-medicalisation, treatment and recovery. These perspectives might provide a productive alternative vein of storytelling that could broaden our understanding of the social meaning of suffering and thus help to challenge stigma.*²⁵

Violence

There is still disproportionate reporting of violence and mental illness – for example, a 19-year study of media in United States showed that:

*...the news media's continued emphasis on interpersonal violence is highly disproportionate to actual rates of violence among those with mental illnesses. Research suggests that this focus may exacerbate social stigma and decrease support for public policies that benefit people with mental illnesses.*²⁶

Chen and Lawrie from Scotland repeated a survey they did 15 years ago using the same methods. Nine United Kingdom daily newspapers were surveyed over a four-week period and coded with a schema to analyse the reporting of mental health compared with physical health.

In total, 963 articles – 200 on mental health and 763 on physical health – were identified. Over half of the articles on mental health were negative in tone: 18.5% indicated an association with violence, compared with 0.3% of articles on physical health. However, there were more quotes from patients with mental disorders than physical disorders (22.5% v. 19.7%) and an equal mention of treatment and rehabilitation.

²³ <https://www.emeraldinsight.com/doi/abs/10.1108/HE-01-2016-0004>

²⁴ https://www.hpa.org.nz/sites/default/files/717221_6%20MLM%20Report%20MHS%202015%205%20July.pdf

²⁵ <https://www.tandfonline.com/doi/full/10.1080/09581596.2017.1309007>

²⁶ <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.0011>

In 2017, the authors concluded that mental health in print media remains tainted by themes of violence. However, some improvement in reporting in recent years is evident – in particular, by providing a voice for people with mental illness.²⁷

Television

Henderson conducted interviews with television industry professionals and story consultants in the United Kingdom. She found:

Mental distress in television drama is a thorny issue and reflects the complicated socio-cultural positioning of what it means to be 'mentally ill'. The stigma of mental illness on television, unlike other health issues such as immunisation or healthy eating where audiences can be directed towards or away from certain practices, there are no simple prescriptive measures for modeling a 'good' or 'positive' mental distress story. Public mental health debates concerning labeling, treatment, medicalisation and recovery are complex and appear to be largely absent in the negotiations between media and health professionals.

Storylines tend to emphasise the certain benefits of medication and marginalise self-management of conditions. Television industry professionals recognise their anti-stigma public service role and are receptive to working with programme consultants to help create authentic characters. Perceptions of the nature of drama as requiring resolution may help to explain the principal focus on biomedical conceptualisations of mental distress. Medication provides a relatively simple on-screen solution to resolve complex stories. Entertainment television operates within limited ideological frames. Mental distress and stigma are addressed at an individual, not collective level. Debates within the survivor movement and public mental health concerning medication, treatment and recovery tend to be obscured. These might provide a productive alternative vein of storytelling that could broaden our understanding of the social meaning of suffering and thus help challenge stigma.

Working effectively with journalists

Leask et al.²⁸ interviewed 16 Australian journalists and found that doctors were the most respected health professionals and that improved public health advocacy will result from the following recommendations for public health professionals and others involved with the media, particularly:

Timing. *For soliciting a journalist's interest in an issue, a morning phone call during peak story sourcing time is best. Avoid the late afternoon with newspaper and evening news reporters. Large news organisations may be a more efficient way to broadly distribute stories (e.g. Reuters, AAP).*

Be available. *Being readily accessible is necessary for journalists to gain background, interview or film you and to check stories. This means ready telephone contact, timely return of calls, and a willingness to drop other things.*

Provide pre-prepared resources. *Depending on the topic, this may include fact sheets, visual aids, and soundbite quotes. Anticipate lack of technical familiarity and provide definitions and distinctions (e.g. an antiviral is not the same as a vaccine).*

²⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5709678/>

²⁸ <https://bmcpublikealth.biomedcentral.com/articles/10.1186/1471-2458-10-535> p.6

Find a personal touch. To make a story compelling to the ordinary citizen, journalists will seek individuals who can provide a personal account of the impact of the health issue on them. Providing an average 'Joe Blow' angle will help the issue get media attention.

Stay networked. Find and cultivate specialist medical reporters, be willing to provide them with background, and help supply them with stories if available.

Appeal to ethical values. Journalists prioritise the reporting of information over almost all other considerations. However, they are also sensitive about the potential negative impacts of media coverage of public health issues. It is therefore worth making an explicit appeal to a journalist's values and making a case for covering, or not covering, a particular issue or taking a particular angle (always understanding that the journalist needs to exercise his or her own autonomy and judgment in the end). Senior and specialist reporters have power to advocate for how a story is reported and may be willing to make changes if a suitable rationale is given.

Like Minds Like Mine Research

*Stories of Success*²⁹ adds to previous reports published by the Mental Health Foundation, including *Respect Costs Nothing* (2004), *I Haven't Told Them, They Haven't Asked* (2007), *Fighting Shadows* (2008), and *Walk a Mile in Our Shoes* (2010), which provide an in-depth look at the parts of our society that need to be challenged and changed.

Stories of Success focuses on the stories and experiences of services users who have experienced social inclusion, using them as a platform to further challenge stigma and discrimination. The people with lived experience who were participants in this project have described their starting place for social inclusion as a feeling or perception that it is a genuine possibility and told of their increased sense of personal power and improved contribution to their relationships and communities.

G. The Mental Health Foundation draft guidelines

*We are journalists, not psychologists.*³⁰

The current draft guidelines from the MHF has seven sections:

1. Headlines
2. Story narrative/angle
3. Whose voice is heard
4. Interviews
5. Language
6. Imagery
7. Include appropriate helplines

MHF staff consider that:

*What is 'best practice' from a NZ perspective is a judgement call, not an objective fact.*³¹

²⁹ <https://www.mentalhealth.org.nz/assets/Uploads/Stories-of-Success-26-05-14.pdf>

³⁰ <http://www.mindframe-media.info/home/papers-and-presentations/presentations>

³¹ Moira Clunie, email communication via Sophie Lowery, 4th April 2018.

For each of the seven areas above, there will be (where available) a summary of:

- a) what is said in international guidelines (including lived experience ones)
- b) if there is any specific research on the impact of sections 1 to 7 on discriminatory attitudes or self-stigma
- c) if there is any specific research about Māori and Pacific (and other cultures') ways of talking about mental health that are helpful/unhelpful for stigma and discrimination
- d) what kinds of points could be covered in each section and what the options/tensions might be (that is, what do different guidelines disagree on, or what are some of the different possible ways of wording things).

1 **Headlines**

Authentic storytelling changes the conversation and reduces stigma and discrimination.

We encourage you to be a part of the 'art of making a difference'.³²

Back in 2008, the WHO said 'Word headlines carefully'³³ in its guide for media professionals. This is still relevant today, as noted in the MHF guidelines and in all guidelines reviewed.

A 2017 study by Frankham³⁴ was the first to examine media stigmatisation of persons with mental illness killed by police as well as to explore stigmatisation of 'suicide by cop'. This research noted that not using people-first language was detrimental. A quote from a family member of an individual killed by police highlights why it is important to use people first language:

Headline: *51-year-old suicidal man*

'A person shouldn't be labelled by the last hour of their life – that was my son.'

The same research showed that headlines construct the identity of persons with mental illness as being primarily characterised by violent and dangerous behaviour. Examples include headlines such as:

Police: Tarboro shooter had been treated for mental health issues

Armed suspect shot by Jacksonville police had been suicidal, wanted to go out 'Waco-style'

By describing the mental health status of these individuals after priming readers to think about violence, readers will associate violence with mental illness.

³² <http://www.eiconline.org/wp-content/uploads/Depiction-Suggestions-2015.pdf> p.3

³³ http://www.who.int/mental_health/prevention/suicide/resource_media.pdf

³⁴ [file:///Users/janetpeters/Downloads/Stigma%20SoxArxiv%20\(1\).pdf](file:///Users/janetpeters/Downloads/Stigma%20SoxArxiv%20(1).pdf)

2 Story narrative/angle

Writing about mental illness in all its richness, and with all its challenges, need not cause stigma. Rather it provides us with rare chance to bring about meaningful social change alongside a golden opportunity to better journalism.³⁵

Key points:

- A key issue from all guidelines is the need for journalists to access **up-to-date** and **easy-to-find** New Zealand information and statistics. The statistics on the MHF website could be updated from the recent Mental Health Commission report.
- The author noted that, while some countries talk about '1 in 4' people possibly experiencing mental health problems (for example, the United Kingdom), others talk about '1 in 5' (for example, Canada, New Zealand, and the United States).
- *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.³⁶*
- *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. Sharing stories of people who have sought treatment and recovered or are managing their condition successfully goes a long way toward reducing misconceptions.³⁷*
- The phrase '...has a history of mental illness' can be very concerning if it is not true or if it is associated with a crime, a suicide, or other negative associations. One guideline from the United States notes:³⁸

Who is telling you there is a 'history of mental illness?' If it is a police officer or a 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.

- A breaking story where events move swiftly and are the focus of national attention can increase pressure on journalists to produce speedy reports, which may increase the potential for error or inappropriate coverage. Journalists need to check their organisation's in-house guidelines or codes of practice on reporting the mental health issue before going live.
- Recently in New Zealand, as in other countries (for example, Australia, Canada, England, Scotland, and the United States), there is a move to include information

³⁵ Mindset, https://drive.google.com/file/d/0B3-1ym_i6kJBzA0Nzd1UXFiMVk/view p.5

³⁶ <http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>

³⁷ Ibid, p.2

³⁸ <http://depts.washington.edu/mhreport/docs/GuideforReportingMentalHealth.pdf> p.9

on ‘Adverse Childhood Experiences’ (ACEs) research and subsequent inclusion of trauma in conversations about mental distress: terminology, language, and facts. This is noted in the TEAM Up (Tools for Entertainment and Media) resources in the United States in 2018.³⁹ The MHF may consider including this in up-to-date information for journalists.

- In addition to the above, the ‘Power Threat Meaning’⁴⁰ work by the British Psychological Society has implications for a new way of looking at mental health problems that moves away from medical paradigms.
- Mental health story ideas from TEAM Up. One document gives interesting scenarios and ideas for journalists to build positive novel news stories. One example:

Does your school district have a psychologist or provide mental health counseling to students? According to the National Institute of Mental Health, ‘unlike most disabling physical diseases, mental illnesses begin very early in life. Half of all lifetime cases begin by age 14; three-quarters have begun by age 24.’

Thus interviewing a school psychologist or therapist would provide your audience with some understanding of the mental health concerns children in their communities are experiencing. If there is no full-time or part-time staff, what does your school district do to assist students with ongoing mental health challenges? If government cutbacks have reduced the help available, is there any correlation with an increase in mental health problems escalating into more serious problems for the school district?⁴¹

- Years ago, when the author worked at the Mason Clinic, it was clear that the common public misperception that a person found ‘Not guilty by reason of insanity’ gets off ‘scot free’. It is a challenge to convey the correct message: that is, that such a finding in law can mean a person can potentially be held for life as a ‘Special Patient’ (rather than serving a finite prison term). Work coming out of the Mason Clinic suggests that such people do serve longer sentences.⁴²

3 Whose voice is heard

‘What we need is access, access, access’ to people with stories to tell.

The voice of consumers is often absent from media depictions. Again, the Canadian research found that, of 11,000 newspaper articles from 2005 to 2011, ‘only 17% of articles included the voice of someone living with a mental illness’.⁴³

Assisting those in recovery to speak in their own voices, through an interview with a journalist, can be a powerful way to tell their stories and promote accuracy and understanding:

We feel that mental health should be put in the broader context of health. If we see it as a part of health, then we understand that we have to have health policy that addresses

³⁹ https://rtdna.org/content/team_up

⁴⁰ <https://www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework>

⁴¹ <http://www.eiconline.org/teamup/wp-content/files/teamup-toolkit-story-ideas.pdf>

⁴² Vicki Burnett, email communication, April 2018.

⁴³ https://www.mentalhealthcommission.ca/sites/default/files/2016-05/opening_minds_interim_report.pdf p.22

wellness, physical, mental, psychological, and emotional health. All of the things we talked about fall under that, in terms of the need for cultural competency. Not only in the delivery of mental healthcare, but also in how it's reported. – Daramola Cabral Ibrahim, JFK University⁴⁴

An interesting publication came out of a community meeting in San Francisco in 2013 in which multiple voices were heard in the outcome:

Consumers, stakeholders, journalists (print, TV online), local government, NGOs, mental health services and advocates met to create an atmosphere of understanding and partnership. This forum, held at the KTVU studio, encourages a change in the conversation about mental health by changing how stories are told about the people living with mental health. Storytelling is powerful. Accurate portrayals provide readers with a deeper understanding of their fellow Californians, which can lead to compassion and an interest in supporting those living with mental health challenges.⁴⁵

The meeting had speakers, a facilitated panel of media, and facilitated table discussions.

What came out of this was an extraordinary publication of a community in change called: *Picture This: Mental Health in the San Francisco Bay Area*.⁴⁶ There is a description of the local community, statistics about health and mental health, consumers stating what they want to see in the media, minority groups, diverse community groups, cultural groups, clinicians, academics, media discussing what they want and need, and media guidelines for that community, as well as a list of key mental health agencies, community groups, and media outlets.

Ideas from this work:

- Try to emphasise successful treatment and management of mental health conditions rather than merely illustrating the negative aspects of the condition. Treatment options include a mix of medications, psychosocial approaches, peer support, and recovery supports.
- Consider using storylines related to mental health, including the ongoing recovery process and impact on friends and family, that span multiple episodes to meaningfully portray the many facets of living with a mental health condition.
- Whenever possible, depict characters with a mental illness as nonviolent.
- Consider emphasising that people with a mental illness are 10 times more likely to be victims of a violent crime than the general population. Only 3–5% of violent crimes are attributable to people who have been diagnosed with a serious mental illness, even though 43.8 million adults in America have a mental illness.
- Where appropriate, emphasise the importance of supportive social networks, such as online support groups, mutual aid groups or peer-operated services, and friends and family, in the ongoing treatment of a mental health condition.⁴⁷

⁴⁴ [http://www.eiconline.org/teamup/wp-content/files/SF%20Pub%20Final%20\(2\).pdf](http://www.eiconline.org/teamup/wp-content/files/SF%20Pub%20Final%20(2).pdf)

⁴⁵ Ibid, p.4.

⁴⁶ Ibid.

⁴⁷ <http://www.eiconline.org/wp-content/uploads/Depiction-Suggestions-2015.pdf> p.2

4 **Interviews**

Many of us have carried a message of hope on a one-to-one basis; this new recovery movement calls upon us to carry that message of hope to whole communities and the whole culture. It is time we stepped forward to shape this history with our stories, our time and our talents.⁴⁸

A key consideration is interviewing a person who may have experience of mental distress. The process is all about being respectful. A summary of this from Scotland is:

Interviewing a person with a past or current mental illness

Interviewing vulnerable people can be a challenging experience for both the interviewee and the journalist. However, if you follow sensible, good practice, adhere to codes of conduct like the NUJ's code, plan your interview with care, ask thoughtful questions, are honest with your interviewee and behave sensitively and with discretion then it should be a successful experience for both you and your interviewee.

Remember that although many people with a past or current mental illness may be willing to speak to the media, talking publicly about a deeply personal issue can be difficult and distressing.

Planning the interview is important and you are likely to get a better interview if you are able to help your interviewee be more at ease. Be sure that the person is genuinely prepared to be interviewed and negotiate the location where the interview will take place. It might also be helpful to ask them if they want to have a friend present during the interview as this may help them to be more comfortable. An advocacy organisation may also be able to help to source and support the person through the interview process.

Only identify the person by name in the story if they have given you permission to do so. They may be prepared to discuss their condition but do not want people to know their identity so to name them could be detrimental. Also, seek agreement beforehand on the use of photos and video, and whether the person will be identified.

Providing your interviewee with the questions you want to ask prior to the interview might help them relax and will give them time to consider what they want to say about their personal experience. Most people are anxious before an interview with the media.

Wherever possible, use the person's own words to represent their experiences. If the person has a different view of their illness to family or doctors, try to include the person's understanding of their experience.⁴⁹

Additional issues for other cultures from the United States:⁵⁰

If the interviewee or their family is from a different culture and/or English is not their first language, arrange for a skilled cultural broker and interpreter and/or ask the interviewee if they would like a cultural broker or interpreter present.

⁴⁸[file:///Users/janetpeters/Downloads/7.13.15%20FINAL%20Recovery%20Community%20Organization%20Toolkit%20\(1\).pdf](file:///Users/janetpeters/Downloads/7.13.15%20FINAL%20Recovery%20Community%20Organization%20Toolkit%20(1).pdf)

⁴⁹ NUJ, op. cit., 29.

⁵⁰ <http://www.clackamas.us/behavioralhealth/documents/mediatoolkit.pdf>

It is important to consider the interviewee's cultural values, beliefs and background; consider asking the interviewee for a cultural broker of their choosing to be present to support accuracy and understanding.

Attitudes, values, levels of acceptance and understanding about mental illness and suicide may significantly vary; prior research and consultation is recommended.

Have information about helplines available should a person need follow-up support.

5 Language

When used indiscriminately, words can create barriers, misconceptions, stereotypes and labels that are difficult to overcome. Labels can promote separateness and isolation while promoting hierarchical power differentials.⁵¹

The language of stigma and discrimination – some mental health and disability people argue for more precise terms such as ‘prejudice’, ‘discrimination’, ‘bias’, and ‘social exclusion’ to describe the negative attitudes and behaviours faced by people living with mental or substance use disorders.

Most agencies (as with the MHF) have a page describing the facts about violence and mental illness:

- *Time To Change: a ‘Myth Buster Quiz’⁵²*
- *Mental Health Myths and Facts from the US⁵³*
- *Mental health reporting.⁵⁴*

An example of language dos and don'ts from Australia is outlined below that shows the difference in preferred language use between the two countries – Australia being more medically focused:⁵⁵

Dimension	Problematic	Preferred
Negative stereotype*	‘violent’, ‘unable to recover’, ‘mental illnesses are all the same’, differ in appearance (dishevelled), head clutcher	No stereotype
Sensationalisation*	‘mental patient’, ‘nutter’, ‘lunatic’, ‘psycho’, ‘schizo’, ‘deranged’, ‘mad’	‘a person is living with’, ‘has a diagnosis of’ a mental illness
Negative terminology*	‘victim’, ‘suffering from’, ‘afflicted with’	‘a person is being treated for’ or ‘someone with a mental illness’
Labelling*	‘schizophrenic’, ‘anorexic’	‘has a diagnosis of’ or ‘is being treated for’ schizophrenia
Description of behaviour that implies mental illness or is inaccurate*	‘crazed’, ‘deranged’, ‘mad’, ‘psychotic’	‘the person’s behaviour was unusual, or erratic’
Colloquialism*	‘happy pills’, ‘shrinks’, ‘mental institution’	antidepressants, psychiatrists, etc

⁵¹ [http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30042-7/abstract](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30042-7/abstract)

⁵² <http://www.maryseacolehouse.com/downloads/53/Myth%20Buster%20Quiz%20-%20With%20Answers.pdf>

⁵³ <https://www.mentalhealth.gov/basics/mental-health-myths-facts>

⁵⁴ http://depts.washington.edu/mhreport/facts_violence.php

⁵⁵ http://www.mindframe-media.info/data/assets/pdf_file/0012/13170/RUOK_Full_report_Final.pdf p.4

Other common mistakes, as noted by MIND:

- 'schizophrenic' or 'bipolar' should not be used as an *adjective* to mean 'two minds' or a 'split personality'
- somebody who is angry is not 'psychotic'
- a person who is down or unhappy is not the same as someone experiencing clinical depression.⁵⁶

We all have emotions. Avoid interpreting behaviour common to many people as symptoms of mental illness. Sadness, anger, exuberance, and the occasional desire to be alone are reactions to life events/emotions experienced by people who have mental illness as well as those who don't.⁵⁷

*Stamp out stigma*⁵⁸ suggests:

Conditions and disorders should not be capitalised. For example, major depression, unless used in a headline, should be lowercase.

Exception: Capitalise any portion of a disorder name, which is a proper noun, such as Tourette's syndrome or Asperger's syndrome.

It is important to specify the time frame for the diagnosis and ask about treatment. A person's condition will change over time, so a diagnosis of mental illness might not apply anymore.⁵⁹

6 Imagery

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

'Picture This'

Research in Australia surveyed 5000 media consumers about images of mental illness. This study showed there is more work to be done in challenging visual representations of mental illness. The researchers came up with five recommendations:

- **Hidden adversity**

Provide more images depicting people from diverse backgrounds, doing 'everyday' things, while also illustrating a hidden experience of adversity.

- **Human experience**

Emphasise the human experience of mental illness rather than featuring abstract depictions.

- **Non-violent**

Do not tag or associate images depicting violence (blood, knives, etc) with mental illness. There are still some images of violence in online collections that are tagged with words related to mental illness (such as schizophrenia) even though these images aren't often used to portray mental illness.

⁵⁶ <https://www.time-to-change.org.uk/media-centre/responsible-reporting/mind-your-language>

⁵⁷ <https://writingexplained.org/ap-style/ap-style-mental-illness>

⁵⁸ <http://stampoutstigma.com/get-educated.html>

⁵⁹ <https://writingexplained.org/ap-style/ap-style-mental-illness>

- **Search words**

Tag images reflecting the survey's results with diagnostic terms (such as 'depression', 'bipolar') or emotions (such as 'sadness' and 'loneliness') to make them easier to locate through online searches.

- **Diversity of experience**

Use images that represent isolation or pain (such as those with people in the dark, in a corner or holding their head in their hands) with other types of images to show the diversity of experience of mental illness. While many identify with this type of image, others do not.⁶⁰

Other guidelines note:

In terms of imagery, with a photo of person with mental distress:

- seek the family's consent for a photo by involving them
- give them some control over the story by interviewing them
- use the information they give you in the context that you have said you would use it.

Digital media reporting probably calls for greater vigilance because it is instantaneous. As a result, an explicit and insensitive image could increase stigma/discrimination.⁶¹

Time to Change says that 'The images that are used in stories can be just as damaging as the words or the headlines' (and it appears that all agencies with media guidelines agree).

Often, the pictures accompanying stories about mental health are generic stock images showing people isolated, dishevelled or different, and in distress. In fact, people with mental health problems come from all walks of life and will have much more going on than simply their mental health problem.

More worryingly, images that accompany stories about people with mental health problems are also commonly taken from films that perpetuate outdated stereotypes of mental illness.

Images showing people in acute distress may actually increase the stigma and discrimination faced by people with mental health problems and increases the stereotype of people 'losing their minds'. Some images may even trigger certain behaviour.

Some really strong stories that may include great content and have educational value can be weakened by the use of an inappropriate image:

- Most people with mental health problems will never be in-patients because of their condition, so using shots of a hospital ward can be misleading.

⁶⁰ https://www.sane.org/images/PDFs/2765_01_SANE_PictureThis_12-FINAL-WEB.pdf

⁶¹ https://pure.strath.ac.uk/portal/files/39925163/nuj_guidelines_for_reporting_mental_health_and_death_by_suicide_1.pdf

- Many people who have mental health problems don't take medication, so showing pills is not always appropriate or accurate.
- In the same way you may show a range of people or crowd shots to illustrate a story about the general population, you can do the same with a story about mental illness, after all 1 in 4 of us has a mental health problem.
- If you are using a photo or footage of a case study, then ensure that the person understands how it will be used. Check they are prepared to be identified in the story this way.
- Avoid using any images that could be considered 'triggering' for people. Images that show *how* people self-harm may lead to the imitation of self-harming behaviour by other people at risk.
- Repeatedly using an image from an event that happened years ago and that included violence (for example, Steven Anderson in his white overalls) is unhelpful to say the least.
- Using stills from films such as *Psycho*, *The Shining*, or *One Flew Over The Cuckoo's Nest* to illustrate mental health problems is inaccurate and may contribute to outdated stereotypes of 'mad, bad, and dangerous'.

Avoiding the 'headclutcher' image

As many agencies (including the MHF) note, we often see an image of a person holding their head in their hands. All manner of mental health stories – about anything from talking treatments to scientific research – are illustrated by a 'headclutcher' photo. But what alternatives to the 'headclutcher' and other stigmatising images do picture editors have?

In the United Kingdom, Rethink Mental Illness has access to a free 'bank' of images that illustrate mental illness on: <https://www.newscastimages.com/>. Time to Change does too.

Of note is that Time to Change held a competition to get appropriate photos from people to enhance mental health stories:

*We're launching our Get the Picture campaign with a **wide range of images**, that are free to download from our own page on the **Newscast website**. They are hi-res and suitable to be published alongside news stories and features. We want picture editors to have a real choice of realistic and relevant photos to bring reports about mental health to life.*

A similar competition could be something the MHF explores to get both national publicity for the issue and useful photos for a photo library.

7 Include appropriate helplines

*Don't ask what's wrong with me, ask what's happened to me.*⁶²

⁶² <https://livrepository.liverpool.ac.uk/3007765/1/mind%20your%20language%20v6.pdf> p.10

This appears to be a given now, as all guidelines reviewed include this idea. The MHF is clear about which are most useful depending on the topic.

We recommend always promoting the core four helplines with stories about suicide or mental distress so your audience knows who to contact if they need support. The core four are:

1. [Need to talk?](#) Free call or text 1737 any time for support from a trained counsellor.
2. [Lifeline](#) – 0800 543 354 (0800 LIFELINE).
3. [Youthline](#) – 0800 376 633, free text 234 or email talk@youthline.co.nz or [online chat](#).
4. [Samaritans](#) – 0800 726 666.

We have a wider list of [helplines](#) which include other numbers that may be appropriate for your article. Please consider adding several, but if you can only include one helpline, please choose [1737](#).⁶³

Other points:

A. Māori

*Kia ara ake te herenga tangata ki te whei ao ki te ao mārama.
Success empowers positive change. Stand tall, stand proud, stand united.⁶⁴*

There is little information about Māori and the media. Te Puni Kōkiri has some general health information.⁶⁵

One example of looking at Māori issues (not mental health related):

The representation of Māori in Māori television/channel is a very different outlook to the way the New Zealand media perceives them. The reasoning of Māori perceiving themselves in a more constructive way is, for example if you were to perceive yourself in the media to an audience you would prefer to display the favorable belongings you obtain, rather than the negatives. In view of the fact that you would like to give the audience a positive impression to uphold, in order for them to think highly of you. This is exactly what the Māori are portraying on their channel. The Māori channel only consisted of sophisticated possessions, producing a positive influenced on the audience to think highly of them, rather than what the New Zealand media portray, which only consist of them participating in reckless behavior (e.g. Police 10/7), and making them appear unintelligent. Resulting in them typically being looked down upon, and being classed as the lower citizens of New Zealand.⁶⁶

The MHF could explore a project on this. Key agencies could be:

- Māori Media Network <http://www.Māori media.co.nz/>
- Mana Māori Media <http://www.manaonline.co.nz/site/mana-Māori -media/>
- Māori Television <http://www.Māori television.com/>

⁶³ <https://www.mentalhealth.org.nz/get-help/media/>

⁶⁴ <https://www.likeminds.org.nz/assets/National-Plans/1plan-2007-2013.pdf>

⁶⁵ <https://www.tpk.govt.nz/en/search?q=mental+health>

⁶⁶ <https://prezi.com/ktnhxn0emuyv/media-representation-of-Māori-in-new-zealand-media/>

- academic institutions:
 - University of Waikato <https://www.waikato.ac.nz/study/subjects/Māori-media-and-communication>
 - AUT <https://www.aut.ac.nz/study/study-options/Māori-and-indigenous-development/courses/bachelor-of-Māori-development-Māori-media>
 - TPK Use of Broadcasting and e-Media, Māori Language and Culture <https://www.tpk.govt.nz/en/a-matou-mohiotanga/broadcasting/use-of-broadcasting-and-e-media-o-language-and/online/1>

In 1997, Durie said:

A Māori view of health is holistic and centred on whānau health and well-being rather than on the health of the individual alone. Māori health perspectives and the relevance of culture to health emphasise the importance of taha wairua (spiritual health), taha hinengaro (emotional/mental health), taha tinana (physical health), and taha whānau (family health). Health is also contextualised within te whenua (land providing a sense of identity and belonging), te reo (the language of communication), te ao turoa (environment), and whanaungatanga (extended family and relations).⁶⁷

Of importance to mental health is the new dictionary: *Te Reo Hapai (The Language of Enrichment): A Māori language glossary for us in mental health, addiction and disability sectors* by Keri Opai.⁶⁸

Examples:

Mental health = Hauora Hinengaro
Mental health issues = Ngā Take Hauora Hinengaro
Mentally ill = Porangi.

This could be useful as part of the MHF's media guidelines.

Matua Heemi Witehira and Dr Terryann Clark stated:

The media tend to allude to Māori and Pacific communities in a negative manner. For example, descriptions of perpetrators as 'Māori or Pacific Islanders' reinforce negative stereotypes particularly around violent behaviours. When a Pakeha/NZ European is a perpetrator of violence, ethnicity tends to be excluded demonstrating significant dominant culture bias.

What these stories also fail to highlight is the socio-economic biases of many of the violence related cases. Geographic areas with lower socio-economic groups are significantly more likely to be exposed to, and experience violent acts. This is an international phenomenon, yet in New Zealand ethnicity seems to be a proxy for reporting of socio-economic inequities. An example of this is how the media describes certain suburbs of crimes that are stigmatised to Māori or Pacific e.g. Manurewa, Otara or South Auckland when really these are areas of significant socioeconomic hardship.

⁶⁷ <http://www.hdc.org.nz/media/4688/mental-health-commissioners-monitoring-and-advocacy-report-2018.pdf>

⁶⁸ <https://www.tepou.co.nz/uploads/files/Te%20Reo%20Hapai%20booklet.pdf> p.28

We would like to note that Māori might be more likely to listen to Māori media, Māori TV to develop and gain their perspectives on suicide.⁶⁹

B. Pasifika

Open your heart so you can open your doors.⁷⁰

There is little information about Pasifika communities and the media. The MHF could explore a project on this with Le Va.

Key agencies might be:

- Pacific Media <http://pacificmedia.co.nz/>
- Pacific Media Network <https://www.pacificmedianetwork.com/>
- Asia Pacific Report <http://asiapacificreport.nz/author/pacific-media-centre/>
- Pacific Scoop <http://pacific.scoop.co.nz/tag/pacific-media-network/>

Kingi-Ulu'ave noted:

Identity, culture, and spirituality are vital to the well-being of Pacific peoples. Engaging effectively with Pacific peoples involves appropriate pre-engagement and engagement processes in order to create a safe space. It can also involve more indirect methods of communication, including the use of allegory and metaphor, as direct questioning can be considered rude.⁷¹

Le Va's national Pasifika suicide prevention programme, called *FLO: Pasifika for Life*, incorporates a multi-faceted approach to addressing this disturbing social dilemma and has welcomed the opportunity to ignite communities and create change through best-practice journalism. We know our Pasifika media can play a key role in leading safe messaging in reporting suicide to our Pasifika communities, so the suicide guidelines were produced.⁷²

Reporting of Suicide in New Zealand Media highlighted the following points about the Pacific population in relation to suicide:⁷³

- One of the concerns about reporting Pasifika suicide is that it is a sensitive and tapu topic to discuss, as there is often stigma attached to the act.
- Family is traditionally a core cultural value, and family members should always be taken into account. Family involved may feel blamed and guilty, and the level of shame increased because of sensitivities and tapu issues.
- It is important for the media to make sure their facts are correct and to consult with a family member, community elder, or family spokesperson before publishing stories of suicide in the newspapers – that is, ensure the family and the community are always included.

⁶⁹ <https://www.tepou.co.nz/uploads/files/resource-assets/Reporting-of-Suicide-in-New-Zealand-Media-Content-and-Case-Study-Analysis.pdf> P. 141

⁷⁰ <https://wellington.govt.nz/~media/events/event-planning-and-support/files/openingdoors.pdf>

⁷¹ <http://www.hdc.org.nz/media/4688/mental-health-commissioners-monitoring-and-advocacy-report-2018.pdf> P.84

⁷² <https://www.leva.co.nz/resources/pasifika-media-guidelines-for-reporting-suicide-in-new-zealand>

⁷³ Ibid.

- The shame factor and feeling of rejection, grief, sadness, and lack of self-worth contribute a lot to suicide.
- It is important that media include the person and the positive aspects of the person, and not only focus on the horrific events of the suicide.
- Media need to be careful that what is reported does not lead to copycat suicides. For example, 'threw himself in front of an express train', 'fatal drug overdose', 'suffered head and neck injuries, apparently self-inflicted', 'found hanging from his bunk' are quite explicit, and there is a potential for others to re-enact these methods.

Another relevant Le Va document is the *Words matter: Disability*⁷⁴ document that has been translated into Samoan, Tongan, Cook Island, Māori, Fijian, Niuean, and Tokelauan language guides. This includes *Person who uses mental health or addiction services*.

Monique Faleafa, CEO of Le Va, noted that she isn't aware of any media guidelines on mental health.⁷⁵ She noted that Fa'afafine Association in Samoa was to issue a media guide for their group in 2017, but this was not online. A search did not reveal any.

In 2010, Dr Jemaima Tiatia et al. stated:

The role of culture is a complex one, because it not only relates to ethnic cultures, but also to other social constructs. Cultural frameworks provide a frame to demarcate what a topic/an image should convey and what it does not. However, it is important to bear in mind that culture is not static but one that constantly changes. The term 'Pacific people' is a pan-pacific term that conceptualises a group of heterogeneous people as homogenous. Whilst there are some similarities between Pacific groups, there are also major differences that shape each group and their interactions with others. Furthermore, the Pacific population has sub-cultures within (e.g. New-Zealand born youth, Island-born migrants etc) which adds to the complexity of using a pan-pacific term for a diverse group (Anae M, Coxon E, Mara D, and Wendt-Samu, 2001). These different perspectives have bearings on the way media is utilised, viewed or accessed.

*For most of the older Pacific generation it is suggested that the most preferred medium is through ethnic-specific language newspapers or television and/or radio broadcasts; whereas for the younger Pacific population language is not an issue and therefore mainstream media would be the most likely medium for receiving news.*⁷⁶

What we do know is that Pacific people carry a higher burden of mental disorder than New Zealanders in general, with a 12-month prevalence of 25.0% compared with 20.7% of the total New Zealand population. Even if their disorder is serious, Pacific people are much less likely to access mental health services (25.0% compared with 58.0% of New Zealanders overall).⁷⁷

C. Other Indigenous peoples

⁷⁴ <https://www.leva.co.nz/resources/your-guide-to-disability-support-services>

⁷⁵ Monique Faleafa, email, 23/4/18.

⁷⁶ <https://www.tepou.co.nz/uploads/files/resource-assets/Reporting-of-Suicide-in-New-Zealand-Media-Content-and-Case-Study-Analysis.pdf> P.142, 3

⁷⁷ MOH, PACIFIC PEOPLES AND MENTAL HEALTH, P.VII.

Recognise the importance of traditional cultures to self-determination and emotional resilience.⁷⁸

The Native American Journalists Association's 'BINGO'

In 2018, the Native American Journalists Association (NAJA) produced a page called 'BINGO'. It has 25 boxes with a concept in each (for example, 'sexual assault', 'alcohol', 'dying language').

This was developed by NAJA in partnership with High Country News to bring attention to clichés and stereotypes that often appear in stories focused on tribal affairs in the United States. While bingo is generally a game of chance, the Reporting in Indian Country Edition is designed to catch overused and hackneyed ideas employed by newsrooms.

Bingo tiles include words, phrases, and ideas such as 'Alcohol' and 'Poverty' as well as 'Vanishing Culture' and 'Dying Language'. Like regular Bingo, every time one of these idea tiles appears in your story, you can mark your board. More marks may signal lazy storytelling or a lack of experience reporting in Indian Country.

According to the bingo board's instructions, 'If you score a "Bingo," consider killing your story and contact a consultant at the Native American Journalists Association for advice on ways to improve your storytelling in Indigenous communities.'

While the NAJA/High Country News bingo board is intended to be playful, it underlines serious issues in the journalism industry: a heavy reliance of stereotypes and a lack of sustained interest in covering Indian Country.⁷⁹

Reporting and Indigenous Terminology checklist

The NAJA also has this checklist, which is designed to provide accurate phrasing on indigenous issues,⁸⁰ and a style guide: 'NAJA supports all newsrooms in maintaining the highest ethical standards when reporting on Native people, communities and tribes, and offers these style guides for use in tribal and mainstream newsrooms'.⁸¹

In Canada, Mindset has outlined good practice for the media in writing about local indigenous peoples. They note that, while there are indigenous communities and tribes with very high rates of mental illness and suicide, there are others with extraordinary high rates of mental health and wellbeing – so generalisation is not appropriate.

D. Other cultures

I like to think of myself as someone with experience of mental wellness who has had some hard times to deal with. Having a mental illness is not my whole story. Like everyone, I have good times and bad times.⁸²

⁷⁸ https://drive.google.com/file/d/0B3-1ym_i6k|BWWFFVLV9UaFc2WmM/view p.11

⁷⁹ <https://www.naja.com/resources/bingo-reporting-in-indian-country-edition/>

⁸⁰ <https://www.naja.com/reporter-s-indigenous-terminology-guide/>

⁸¹ https://www.naja.com/sites/naja/uploads/images/2017/NAJA_Style_Guide.pdf

⁸² https://wellington.govt.nz/~/_media/events/event-planning-and-support/files/openingdoors.pdf

The MHF has done work with Chinese communities in the LMLM space. A leaflet outlining key issues has been published.

The Kai Xin Xing Dong programme works with four Asian communities in New Zealand, producing a Chinese–English bilingual website and other resources to raise awareness of how to be inclusive.⁸³

The programme is focused on Filipino, Indian, and Korean communities, as well as Chinese. We are currently working with Filipino, Indian, and Korean people to ask what information and activities are needed to address stigma and discrimination in their communities.

A range of videos featuring Chinese and other people talking about stigma is available.

E. Other points of interest

Publication and commentary on social media carries similar obligations to any other kind of organization publication or commentary.⁸⁴

Social media

In the United States, ‘Social media is being defined as any online publication and commentary outside of website and e-newsletters. This includes blogs, wikis, and social networking sites such as Facebook, Twitter, Instagram, LinkedIn, Snapchat, YouTube, etc.’⁸⁵

Is social media ‘good’ or ‘bad’?⁸⁶ There is a huge literature on this question:

- It’s clear that, in many areas, not enough is known yet to draw many strong conclusions. However, the evidence does point one way: social media affects people differently, depending on pre-existing conditions and personality traits. As with food, gambling, and many other temptations of the modern age, excessive use for some individuals is probably inadvisable. But at the same time, it would be wrong to say social media is a universally bad thing, because clearly it brings myriad benefits to our lives.⁸⁷
- Several studies have found an association between social media use and depression, anxiety, sleep problems, eating issues, and increased suicide risk, warn researchers from the University of Melbourne’s National Centre of Excellence in Youth Mental Health, in an article on *The Conversation*.
- A survey of young people conducted by the London-based Royal Society for Public Health found that social media sites such as Instagram, which primarily focus on people’s physical appearance, are ‘contributing to a generation of young people with body image and body confidence issues’.

⁸³ <https://www.mentalhealth.org.nz/home/our-work/category/14/kai-xin-xing-dong>

⁸⁴ <https://www.samhsa.gov/children/awareness-day/resources/sample-social-media-policy>

⁸⁵ Ibid.

⁸⁶ <http://www.theweek.co.uk/checked-out/90557/is-social-media-bad-for-your-mental-health>

⁸⁷ <http://www.bbc.com/future/story/20180104-is-social-media-bad-for-you-the-evidence-and-the-unknowns>

- A study published in the [American Journal of Preventative Medicine](#) in July examined whether young people's use of 11 social media sites – Twitter, Google+, YouTube, LinkedIn, Instagram, Pinterest, Tumblr, Vine, Snapchat, Facebook and Reddit – correlated with their 'perceived social isolation'.
- 'Unsurprisingly, it turned out that the more time people spent on these sites, the more socially isolated they perceived themselves to be. And perceived social isolation is one of the worst things for us, mentally and physically,' says [Forbes](#).
- The same University of Missouri study that found a link between Facebook use and depression also found that people who use the platform primarily to connect with others do not experience the negative effects. 'In fact, when not triggering feelings of envy, the study shows, Facebook could be a good resource and have positive effects on well-being,' [Psychology Today](#) reports.
- There is also compelling evidence that social media can benefit people already dealing with mental health issues by helping them build online communities that provide a source of emotional support. The United Kingdom [Mental Health Foundation](#) says it is 'undeniable' that online technologies can be used to reach the most vulnerable in society, as well as helping to reduce the stigma attached to seeking treatment.
- Social media is 'invaluable for people with health conditions to know that they are not alone, that there are other people who have gone through this and got better', [says](#) Professor John Powell, a public health researcher at Oxford University, who has researched how social media can be used to support people with chronic illnesses.
- Matthew Oransky, an assistant professor of adolescent psychiatry at New York's Mount Sinai Hospital, also says many patients make social connections online that they could not find elsewhere, reports [USA Today](#). This is particularly true of marginalised teens, such as kids in foster homes and LGBT adolescents, Oransky says.

Mental illness and guns and violence

- An interesting presentation and discussion of this is on the Dart Center website.⁸⁸
- We know that people who experience mental distress are more likely to be victims of violence than perpetrators.
- Mindframe⁸⁹ notes:
 - Many violent people have no history of mental disorder, and most (90%) people with mental illness have no history of violence.

⁸⁸ <https://dartcenter.org/resources/mental-illness-and-guns>

⁸⁹ http://www.mindframe-media.info/_data/assets/pdf_file/0010/6004/MHS-Book.pdf P.72

- Only a small proportion of violence in society is attributable to mental illness (studies suggest up to 10%).
- The use of drugs or alcohol has a stronger association with violence than does mental illness.
- A small proportion of people with a psychotic illness may show violent behaviour, usually in the context of ineffective treatment, drug or alcohol use, or in relation to distressing hallucinations or delusions.

Trigger warnings: Research

- Though research into the effectiveness of trigger warnings is meagre, there is more research available on content and advisory warnings. All three warnings are used for different reasons but generally contain very similar messages. Information about one may be applicable to others.
- The Wurtzel and Surlin (1977) survey also found evidence of the ‘forbidden fruit’ effect: Of the respondents who reported being influenced by television programming content warnings, 24% reported tuning in with ‘increased interest’.
- Studies reviewing the effects of advisory warnings suggest they may also have the opposite of their intended effect, especially when directed at young people. Bushman and Stack (1996) found that high school students who were exposed to advisories before a film had an increased interest in violent films. Cantor and Harrison (1997) found preteen boys were more attracted to movies rated PG-13 and R when compared with those rated PG and G. They also found preteens were more attracted to television programs with a ‘parental discretion advised’ warning than programs without the warning.
- The research suggests that, although trigger warnings may help individuals avoid symptoms of PTSD, similar warnings may also encourage some populations to pay closer attention to disturbing content. For this reason, it may be important for journalists to consider their target audience and medium when deciding whether to include trigger warnings.⁹⁰

Education of journalists: Scotland

- Teaching in, for example, news values or news ethics in journalism schools has been found to be useful in educating journalists especially if the presentation is targeted to the specific curricula/academic context and includes print broadcast and social media.⁹¹
- All education must include the voice of lived experience.

Media awards

- Media awards have been found to be a useful way of getting buy-in from journalists. There are many examples from different countries – for example, the THEMHS Media Awards for text journalism and sound/visual journalism,⁹²

⁹⁰ <https://dartcenter.org/resources/%E2%80%9Ctrigger-warnings%E2%80%9D-media>

⁹¹ Report Assessing Headline’s Performance of its Media Monitoring, Media Response, and Media Education Functions.

<https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/headline-report.pdf>

⁹² <https://www.themhs.org/pages/media-awards.html>

Mental Health America's annual media awards,⁹³ and the Mind Media Awards in the United Kingdom.⁹⁴

- In the United States, the national 'Voice Awards' event honours recovery champions and educates the entertainment industry, behavioural health community, and public about behavioural health. The awards are for consumers/peers, young adults, film, television, among others:⁹⁵

The Voice Awards program honors people in recovery and their family members who are improving the lives of people with mental illnesses and substance use disorders in communities across the country. These consumer, peer, and family leaders play a vital role in raising awareness and understanding of behavioral health issues. They are sharing their stories of resilience to demonstrate that recovery is real and possible through treatment and recovery supports.

- *US-based print journalists who had won awards for stories about mental illness were interviewed to determine how the coverage of mental illness might be improved. Respondents indicated that a mixture of organizational and personal factors such as editorial support, considerable journalism experience, personal exposure to mental illness, as well as empathy, helped them to produce quality stories. Also noteworthy were respondents' opinions on suggestions in reporting guides about imitation suicides, sensitive language, and positive mental illness news.*⁹⁶
- The Native American Journalists Association will recognise members' coverage of Indian Country during the 2018 NAJA National Native Media Awards. The annual competition recognises excellence in reporting by Native and non-Native journalists throughout the United States and Canada.⁹⁷

Guidelines to help people formally complain about stigma in the media: Australia

- SANE in Australia have good examples of what to do and for whom.⁹⁸
- Citing the code or guidelines that shows a breach is important.

Health literacy: Australia

- There has been an increase in government and/or state agencies building health literacy in the public.
- Several studies have now conclusively shown that improvements in mental health language improve community recognition of mental illness as well as knowledge, attitude, and intended behaviours toward people having mental illness.⁹⁹
- One example is 'Building a health literate Tasmania'.¹⁰⁰

Guidelines for reporting on mental illness/health

⁹³ <http://www.mentalhealthamerica.net/2018-conference-awards>

⁹⁴ <https://www.mind.org.uk/news-campaigns/mind-media-awards/>

⁹⁵ <https://www.samhsa.gov/voice-awards/award-winners>

⁹⁶ <http://oaktrust.library.tamu.edu/bitstream/handle/1969.1/ETD-TAMU-2011-12-10475/SUBRAMANIAN-THESIS.pdf?sequence=2&isAllowed=y>

⁹⁷ <https://www.naja.com/news/m.blog/509/naja-calls-for-2018-national-native-media-award-entries>

⁹⁸ <https://www.sane.org/images/PDFs/SANE-Guide-to-Reducing-Stigma.pdf>

⁹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4932246/>

¹⁰⁰ http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0017/234215/News_Health_Literacy_Network_20161108.pdf

- It is interesting to note that some help-providing agencies have guidelines for suicide reporting but not for reporting on mental illness/mental health.
- An example is the Samaritans from the United Kingdom,¹⁰¹ and another surprising example is the BBC's Editorial Guidelines,¹⁰² which cover suicide but not mental illness.

'Addictionary'

While addiction is not the focus here, a novel dictionary has been developed by the Recovery Research Institute to destigmatise words associated with it: "The words we use matter. Caution needs to be taken, especially when the disorders concerned are heavily stigmatized as in substance use disorders."

<https://www.recoveryanswers.org/addiction-ary/>

Immigration and immigrants

Information in the United States from the Dart Center for Journalism and Trauma describes dos and don'ts for this group in the community.¹⁰³ For example:

I stay away from using labels, words like 'illegal' or 'undocumented'. Instead, I describe the situation. For instance, I would say 'John Smith, who is currently in the country illegally.' Or 'Jane Smith came to the U.S. legally and overstayed her visa. She is now living in the country illegally.'

Vicarious trauma: United Kingdom

- A guide for journalists has been published in the United Kingdom: *Journalism and Vicarious Trauma: A Guide for Journalists, Editors and News organisations*.¹⁰⁴
- What it doesn't note is that most people have experienced at least one 'Adverse Childhood Experience' (ACE), so journalists may be more at risk than known in terms of vicarious trauma to some extent.

Encourage journalists to look after themselves and show them where to go

A guideline is intended to add to journalists' knowledge of mental illness, suicide, and the reporting of issues about these topics.

We are not Teflon.

*Equally, we hope it will encourage you to look after your own mental health. If you work in a newsroom, are up against tight deadlines, have to report on death and disaster, you will be no stranger to stress. Worse, if there is also a culture of bullying at your workplace then your mental health is in jeopardy. Various workplace surveys discovered that the major causes of stress are:- bullying and victimisation, working long hours, high workloads, lack of appreciation and only negative criticism shown by bosses. Personal experience of members has also suggested workplace issues appear to have contributed to mental illness and suicide among journalists.*¹⁰⁵

Information for the public and therefore to journalists will be on the MHF's website. It might be good to point out self-care for journalists/media as a point of interest. A tip sheet from the Dart Centre for Journalism and Trauma is here.¹⁰⁶ A useful video from

¹⁰¹ <https://www.samaritans.org/media-centre>

¹⁰² <http://www.bbc.co.uk/guidelines/editorialguidelines/assets/guidelinedocs/Producersguidelines.pdf>

¹⁰³ <https://dartcenter.org/content/covering-immigrants-immigration-tips-from-experts>

¹⁰⁴ <https://firstdraftnews.org/wp-content/uploads/2017/04/vicarioustrauma.pdf>

¹⁰⁵ NUJ, op. cit., p.33.

¹⁰⁶ <https://dartcenter.org/content/staying-sane-managing-stress-and-trauma-on-investigative-projects>

Canada (called Pauls/Wall) is on the Mindset website – and it notes that often journalists have their own traumatic background and can be re-traumatised themselves by news events.¹⁰⁷

F. Further useful information or videos and links

*Many of us sometimes do irrational, bizarre or self-destructive things.
Politicians are particularly good at it.¹⁰⁸*

The complexity of mental distress means that there are thousands of articles discussing it and some research. Some particularly helpful articles or videos are found in Appendix 2.

¹⁰⁷ <https://sites.google.com/a/journalismforum.ca/mindset-mediaguide-ca/journalist-self-care/m28>

¹⁰⁸ <https://livrepository.liverpool.ac.uk/3007765/1/mind%20your%20language%20v6.pdf>

Appendix 1 List of national/state media guidelines

Mindframe

The Australian Government's Mindframe National Media Initiative (Mindframe) aims to encourage responsible, accurate, and sensitive representation of mental illness and suicide in the Australian mass media. The initiative involves building a collaborative relationship with the media and other sectors that influence the media (such as key sources for news stories). Target sectors are: news media, mental health and suicide prevention sector, universities (journalism and PR), Australian film, television, and theatre, and police.

The guidelines are available in a 42-page booklet:

http://www.mindframe-media.info/_data/assets/pdf_file/0011/9983/Mindframe-for-media-book.pdf

And in a two-page guide:

http://www.mindframe-media.info/_data/assets/pdf_file/0003/10011/Mindframementalillnessqrc.pdf

Mind your Language: A guide to language about mental health and psychological wellbeing in the media and creative arts

University of Liverpool, United Kingdom

<https://livrepository.liverpool.ac.uk/3007765/1/mind%20your%20language%20v6.pdf>

Cited by MIND – In the United Kingdom, the Press Complaints Commission code of practice states that:

1. The press must avoid prejudicial or pejorative reference to an individual's race, colour, religion, gender, sexual orientation, or to any physical or mental illness or disability.
2. Details of an individual's race, colour, religion, sexual orientation, or physical or mental illness or disability must be avoided unless genuinely relevant to the story.
<https://www.mind.org.uk/news-campaigns/minds-media-office/how-to-report-on-mental-health/>

SANE Australia

SANE has several resources that complement the Australian Government's Mindframe National Media Initiative and that aims to guide representation of issues related to mental illness and suicide, encouraging accurate and sensitive portrayals in Australian media. SANE also runs StigmaWatch, which is:

- informed by the Mindframe principles
- provided with feedback when a report stigmatises mental illness or inadvertently promotes self-harm or suicide
- contacted when a 'good news' report has been submitted, to encourage similar reporting in future.

<https://www.sane.org/media-centre/230-working-with-the-media>

<https://www.sane.org/mental-health-and-illness/facts-and-guides>

Suggested Guidelines for Media Reporting on Mental Health

Canadian Mental Health Association

Manitoba Psychological Society
The Manitoba Schizophrenia Society
<http://www.mss.mb.ca/docs/Media%20GuideSept2013.pdf>

Communicating with the public about health risks

Scotland

<http://www.hps.scot.nhs.uk/resourcedocument.aspx?id=5936>

Guardian Style Guide

Mental health

Take care using language about mental health issues. In addition to such clearly offensive and unacceptable expressions as loony, maniac, nutter, psycho, and schizo, terms to avoid – because they stereotype and stigmatise – include victim of, suffering from, and afflicted by; ‘a person with’ is clear, accurate, and preferable to ‘a person suffering from’. Terms such as schizophrenic and psychotic should be used only in a medical context – for example, never use schizophrenic to mean ‘in two minds’. Avoid writing ‘the mentally ill’ – say mentally ill people, mental health patients, or people with mental health problems. If relevant, include helpline information at the end of articles or other content.

<https://www.theguardian.com/guardian-observer-style-guide-m>

Media Field kit for Veterans and Families and the Media

This is a 36-page documents aimed at getting positive stories out about veterans in the United States. It has sections for:

- military who want to tell their story
- media – very similar to other guidelines – for example, ‘Do not publish sensational headlines’ (such as ‘Police get help with vets who are ticking bombs’)
- editors
- agencies who work with veterans.

<https://www.samhsa.gov/sites/default/files/veterans-dialogue.pdf>

Media and Mental Health Toolkit

Clackamas County Health, Housing and Human Services, 2017
United States

<http://www.clackamas.us/behavioralhealth/documents/mediatoolkit.pdf>

Media guidelines

Time to change

Our charity partner Mind also runs a helpful [Media Advisory Service](#):

- [Media guidelines](#)
- [Mind your language](#)
- [Using imagery](#)
- [Making a documentary](#)
- [Soaps and drama](#)
- [Reporting suicide and self harm](#)
- [Violence and mental health problems](#)
- [Reporting eating disorders](#)

<https://www.time-to-change.org.uk/media-centre/responsible-reporting>

Time to change: News

[https://www.time-to-change.org.uk/sites/default/files/imce_uploads/TtC%20Media%20Leaflet%20NEWS%20\(2\).pdf](https://www.time-to-change.org.uk/sites/default/files/imce_uploads/TtC%20Media%20Leaflet%20NEWS%20(2).pdf)

Media Guide: BACKGROUND INFORMATION AND A GUIDE FOR REPORTING ON MENTAL ILLNESS

University of Washington, United States

<http://depts.washington.edu/mhreport/docs/GuideforReportingMentalHealth.pdf>

MINDSET: Reporting on mental health (2nd Ed.)

Canadian Journalism Forum on Violence and Trauma, 2017

Supported by the MHCC

Canada

https://drive.google.com/file/d/0B3-1ym_i6kIBXzA0Nzd1UXFiMVk/view

Responsible reporting on mental health, mental illness, and death by suicide

National Union of Journalists and The Scottish Government

https://pure.strath.ac.uk/portal/files/39925163/nuj_guidelines_for_reporting_mental_health_and_death_by_suicide_1.pdf

Social Media Guidelines for Mental Health Promotion and Suicide Prevention

<http://www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf>

And

Style Guide: Reporting on Mental Health

<http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>

Both from:

TEAM Up (Tools for entertainment and media)

California Mental Health Services Authority, United States

TEAM Up (Tools for Entertainment and Media)

Among the resources available are:

- a style guide focusing on mental health, mental illness, and suicide
- a reporter's toolkit with detailed information about story ideas
- interview tips for talking to people with mental illness and their families
- sample stories that give concrete examples of techniques and pitfalls
- the project website also includes roundtable discussions of coverage issues, podcasts, and detailed publications about covering specific topics including post-traumatic stress disorder, depression, bipolar disorder, suicide prevention, and attention deficit hyperactivity disorder
- Social Media Guidelines for Mental Health Promotion and Suicide Prevention
- a new book featuring the TEAM Up guidelines for reporting on mental health issues is available free online:

<http://www.eiconline.org/wp-content/uploads/Depiction-Suggestions-2015.pdf>

Overall resources:

https://rtdna.org/content/team_up

Journalism Resource Guide on Behavioral Health

The Carter Centre, United States

https://www.cartercenter.org/resources/pdfs/health/mental_health/2015-journalism-resource-guide-on-behavioral-health.pdf

Appendix 2 Useful information

Aye Mind

Mental Health Foundation, United Kingdom

Has produced a suite of digital resources aimed at boosting young people's mental health, and support and development resources for youth-related workers and agencies.

Young people are active participants in this work, using 'co-design' and 'coproduction' approaches. The project has been branded as 'Aye Mind' and will provide a platform for encouraging positive approaches to youth wellbeing as the work progresses.

<https://www.mentalhealth.org.uk/projects/aye-mind-toolkit>

Throughout the process, a wide-ranging set of learning, recommendations, and prototype ideas have been developed. Young people have been at the centre of this innovative project, which includes:

- a workers' toolkit <http://ayemind.com/toolkit/>
- youth-facing material (including animated gif work generated by young people) <http://ayemind.com/latest-aye-mind-gifs/> and <http://ayemind.com/support-squared-gifs/> (and see blog section for lots of 'making of' methodology material)
- a comprehensive digital assets database (curating over 60 resources) <http://ayemind.com/resource-map/>
- a dedicated Aye Mind youth mental wellbeing platform hosted by Young Scot <http://young.scot/aye-mind/>

To find out more, please visit the site to explore how social media and digital approaches can support positive mental wellbeing. <http://ayemind.com/>

Brother You're on My Mind

For black American men – depression document.

https://www.nimhd.nih.gov/docs/byomm_fulltoolkit.pdf

Measurement of national progress on stigma

The Mental Health Commission of Canada has a dashboard of indicators for assessing progress over several dimensions in mental health. The indicators for stigma are:

Stigma

- DISCRIMINATION AMONG PEOPLE WITH MENTAL HEALTH CONDITIONS
- MENTAL HEALTH FIRST AID TRAINING
- UNMET NEED FOR GENERAL HEALTH CARE AMONG PEOPLE WITH COMMON MENTAL HEALTH CONDITIONS
- WILLINGNESS TO SEEK HELP FROM A MENTAL HEALTH PROFESSIONAL – COLLEGE & UNIVERSITY STUDENTS

<https://www.mentalhealthcommission.ca/English/focus-areas/mental-health-indicators-canada>

Mental Health Matters

California's Mental Health Movement, United States

Handout: 'Say this not that'

<https://emmresourcecenter.org/system/files/2018-03/Say%20This%20Not%20That%20tip%20sheet.pdf>

Support Guide – two pages

<https://emmresourcecenter.org/system/files/2018-03/Mental%20Health%20Support%20Guide%20-%20low%20res.pdf>

Cunningham, Peters and Collings, 'Like Minds, Like Mine: Seventeen Years of Countering Stigma and Discrimination Against People with Experience of Mental Distress in New Zealand', in *The Stigma of Mental Illness – End of the Story?*, pp.263-287.

Mental Health Media Charter (note the whole Charter is shown in Appendix 3)

Founded by Natasha Devon, a celebrity, it is a grass roots Charter that 'has not had much traction in the UK as it is not evidence based'.¹⁰⁹

<https://www.tes.com/news/we-need-talk-about-mental-health-responsibly>

Mental Health Fact Sheet

Council of State Governments, United States

This is an interesting document because it describes mental health and mental illness and services available in depth. It also talks about how to get positive media exposure for services. It also outlines every state service in the country.

<http://www.csg.org/knowledgecenter/docs/ToolKit05MentalHealth.pdf>

Videos:

SANE Australia, video on media and stigma.

<https://youtu.be/8WWKXyIXZX0>

The Australian Broadcasting Corporation and the Dart Centre for Journalism and Trauma collaborated to create this video on the importance of peer support.

<https://www.youtube.com/watch?v=V3czuTfOnHY&feature=youtu.be>

¹⁰⁹ Email communication from Marc Bryant from Mindframe, 9/4/18

Appendix 3 The Mental Health Media Charter

From the United Kingdom. Created in collaboration with Mental Health First Aid England, the Samaritans and Beat. Endorsed by Girlguiding, the Coalition for Men and Boys, and the Labour Campaign for Mental Health.

Mission Statement

In endorsing the Mental Health Media Charter you are signaling that you are committed to discussing mental health responsibly, helpfully and in a way that takes into account the needs of the most vulnerable members of the population. You are acknowledging the power of language and imagery in shaping social attitudes and declaring your intention to genuinely educate and to reduce stigma about mental illness.

If work in a high-pressure, high-turnover press office, it is understood that occasionally headlines or pictures will 'slip through the net'. However, by signing up to the charter you are confirming you will do your best not to:

1. Use the phrase 'commit suicide' or 'successful suicide'.

The term 'commit' suggests criminality and blame. We now understand that suicide happens when pain exceeds resources for coping with pain. It is not a criminal act in the United Kingdom and has not been since 1961.

'Successful suicide' contravenes what we now understand about the act – most people who take their own life are ambivalent, in that part of them wants to live.

Better alternatives: 'Attempted/completed suicide', 'took/ended their own life', or even 'killed themselves'.

2. Show 'before' images in eating disorder stories or pictures that could be triggering to people who self-harm.

For people who are in a healthy mindset, seeing 'before' pictures of people in the grips of anorexia or who have self-harmed can act as a deterrent. However, for people who are either experiencing or in recovery from eating disorders or self-harm, we now understand that these pictures can become something to 'aspire to'.

3. Use the term 'anorexics', 'bulimics', 'depressives' or 'schizophrenics'.

It is important to understand that a person is distinct from their illness. To label someone an 'anorexic', for example, suggests that they are defined by their eating disorder. This is not only unhelpful in terms of the way they are perceived by others but it might also hinder their recovery process.

Better alternative: 'people experiencing anorexia/bulimia/depression/psychosis'.

4. Avoid giving too much detail on suicide/self-harm or eating disorder methodology.

We now understand that giving a lot of detail about how people have harmed themselves can inspire imitational behaviour – there is a delicate balance to be struck with your responsibility to report the facts of the case. Try to avoid going into too much detail, which will ensure the report is safe for all audiences.

As a general rule, stories should focus on 'whys', not 'hows'.

5. Avoid using generic terms like 'mental health issues' when describing terrorists and other violent criminals.

Ninety-nine per cent of people with mental illnesses are more likely to harm themselves than others. In establishing a link between generic poor mental health and terrorism/violent crime, stigma and fear is increased.

Instead be specific – which mental health ‘issue’ did the perpetrator have? Was it, in fact, a personality disorder (being a psychopath or a sociopath is not technically a ‘mental illness’)?

You might also add a disclaimer along the lines of ‘note that most people with mental health ‘issues’/personality disorders would not commit a crime of this nature, which occur as a result of a rare combination of circumstances’.

6. Understand the difference between mental health and mental ill health.

Everyone with a brain has a mental health, just as everyone with a body has a physical health. By using the term ‘mental health’ to describe mental illness, an important discussion which impacts 100 per cent of the population is effectively confined to one quarter of it.

Instead of ‘battles with mental health’ it is therefore much more helpful to say ‘issues with mental ill health’ so that the public can understand the distinction.

7. Include links to good quality sources of support if content might trigger need for help in a reader.

The best charities and support organisations ensure that their web forums are monitored for triggering content (ie, users sharing self-harm or suicide techniques). They do not promote one form of therapy for financial gain but instead describe various treatment methods. They base their content on reliable evidence and have good links with research institutions.

Charities that have this ethos and you may wish to signpost to include: Young Minds (www.youngminds.org.uk), The Samaritans (www.samaritans.org), CALM (www.thecalmzone.net), The Mix (www.themix.org.uk), The Self-Harm Network (www.nshn.co.uk), B-eat (www.beateatingdisorders.org.uk), Mind (www.mind.org.uk) <https://www.tes.com/news/we-need-talk-about-mental-health-responsibly>

Appendix 4 Finucane (2015)

A comprehensive 2006 study examined nine leading guidelines for suicide from nations including New Zealand, Australia, the UK, the US, Canada and Hong Kong. They found that the guidelines were all 'remarkably similar', sharing (but not being limited to) seven fundamental points:

- (i) Avoid sensationalising or glamorising suicide.*
- (ii) Avoid giving undue prominence to stories on the subject.*
- (iii) Avoid providing specific detail about the method or location of the death.*
- (iv) Consider the importance and influence of role models and celebrities.*
- (v) Take the opportunity to educate the public*
- (vi) Provide help and support to vulnerable readers.*
- (vii) All guidelines besides the Canadian set (described as 'briefer than most') urged media professionals to consider the aftermath of suicide and privacy of the bereaved.*

Since then, several further guidelines have been published overseas. The World Health Organisation 2008 resource shares all 7 points, as do the 2013 Samaritans guidelines for the UK media, and the Australian 2014 Mindframe Initiative resource. Shared new developments in these guidelines include the advice that media avoid 'simplistic explanations' of suicide, and consider the emotional effects of suicide reporting on journalists themselves. The indication is that despite differences in consultation, resources and cultural context, the core recommendations of media guidelines are shared across the world.

New Zealand guidelines

In 2011 the most recent set of guidelines for the New Zealand media was released by the Ministry of Health, following a 'roundtable' consultation with leading media bodies. Reviews of effectiveness had criticised the previous 1999 guidelines for failing to consult the media, and attributed their failure to a lack of media 'ownership'. The new media-friendly guidelines were more successful in being adopted by both the Media Freedom Committee and the Newspaper Publishers Association.

Though they received criticism from health experts for downplaying the evidence of harm, the new guidelines otherwise retained the basic structure of the general international body discussed above. The resource shared only six of the seven 'fundamental' guidelines, failing to refer to the importance of care around influential role models and celebrities, but included additional guidance on cultural appropriateness and social networking. Despite the initial appearance of acceptance, anecdotal evidence suggests that these guidelines have also largely been ignored by the media.

The strong implication is that whether the guidelines are successful depends more on how aware the media are of the guidelines, and less on the content of the guidelines or the circumstances of their creation. As suggested by the Law Commission, inspiration can be drawn from the Australian Mindframe Initiative, which is highly proactive in developing and disseminating advisory resources in cooperation with the media. The Initiative receives funding by the Australian Government through their National Suicide Prevention Program, and is linked to the SANE Media Centre, an expert advisory program specifically created for aiding media professionals in preparing stories on mental health and suicide. Subsequent reviews of Mindframe have found significant improvements in certain areas of media reporting: in the six year period following its inception the number of individual articles on suicide doubled, but reporting of the method of suicide fell from 49.6 per cent to 14 per cent of articles.

The New Zealand guidelines have not seen this level of ongoing support from the Government or regulatory bodies. While a major focus of the government funded Suicide Prevention Action Plan 2008 – 2012 was ensuring safe reporting of suicide by the media, the recommended systems for ongoing support and education for journalists do not appear to have materialised. The current Suicide Prevention Action Plan 2013 – 2016 is focused on other objectives and makes next to no mention of the media. Perhaps most disappointing is the failure of the Press Council or Broadcasting Standards Authority to incorporate the guidelines, or otherwise adopt a comprehensive policy in relation to suicide and mental health reporting. The attitude of these self-regulatory bodies will undoubtedly have an influence on what the media considers to be responsible reporting.

The Broadcasting Standards Authority provides under principle 2(e) of the Free-to-Air code that 'programmes should not glorify suicide and should not give detailed descriptions around methods of suicide', but does not appear to have heard any complaints addressed to this standard. The Press Council standards make no reference to suicide, but have heard multiple complaints on the subject. In one disappointing case the body bluntly stated that a breach of the 1999 guidelines could not be a valid ground on which to uphold a complaint. In a later case however, the Press Council developed its position in directing that on a major topic such as suicide a newspaper must commit all its resources to reporting responsibly, including reference to the 1999 guidelines. While the current position is therefore not one of total neglect, it falls short of the educative and supportive role required of these bodies in this matter.

It is imperative that, alongside changes to the restrictions and guidelines, a set of comprehensive standards be developed by all relevant regulatory bodies to inform journalists on what constitutes responsible reporting on this matter.

<http://www.nzlii.org/nz/journals/NZLawStuJl/2015/6.html>