

The reporting of mental health and suicide by the media

A practical guide for journalists

NUJ
NATIONAL UNION
OF
JOURNALISTS

Standfirst...

WE in the media carry an enormous responsibility to deal with certain issues in a sensitive and thoughtful way.

The NUJ in Scotland has conducted a series of surveys on health issues in the workplace, topics such as bullying, long hours and the consequences they can have on people's mental health. Well-respected NUJ member Derek Masterton's powerful and eloquent first-person account of the toll depression can take, and how indiscriminate it can be, is a lesson we should take on board.

There is no excuse for ignorance when the information in this guide is before you. Here it is. It is the nature of the environment in which we work that we can sometimes be numbed to the desperate circumstances people find themselves in and the implications that the language we use can have on those affected.

The NUJ is committed to the highest professional and ethical reporting standards, particularly in regard to the most vulnerable and exposed members of society. Indeed it is at the core of our Code of Conduct. It is not political correctness or censorship, it is about maintaining journalistic standards but also a matter of basic humanity.

Media workers in their presentation of events can make a difference. This guide will hopefully make it for the better.

The NUJ Scotland would like to thank the Scottish Executive's National Programme for Improving Mental Health and Well-Being for supporting the development and production of this guide.

PAUL HOLLERAN

NUJ Scottish organiser



SCOTTISH EXECUTIVE



Intro...

These guidelines are not an exercise in so-called political correctness. Nor are they intended to hector or constrain you as a journalist. They have been put together to assist you in your pursuit of fair and accurate reporting. And they concern those things writers and broadcasters hold dear: language and imagery.

Mental health problems can affect anyone – and that includes you and your colleagues. Your mental health is precious, so look after it as assiduously as you would your physical health. If you are putting together a piece on any aspect of mental health (it is a rich source of feature material), before you even begin your research, stop for a minute and think. Think about your own mental health; think about people you know who have experienced mental health problems. Think about your readers, viewers or listeners who have mental health problems. One in four adults experience mental health problems at some stage in their lives: that's a sizeable chunk of your audience.

If you think of these things before you begin your story then the likelihood of you inadvertently offending people – and worse, far worse, deepening their distress and hampering their recovery – will be reduced considerably. This resource has been put together to help you extend your knowledge of the subject and provide a comprehensive selection of contacts that can help you with your story. Or, if you are feeling emotionally vulnerable, or know someone who is, they will help you too.

All comment on this guide is welcomed.

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GLASGOW G1 3QQ

Tel: 0141 248 6648
www.nuj.org.uk

First person: Journalist Derek Masterton writes...

I HAVE SUFFERED FROM A MENTAL ILLNESS.

It's not something to boast about. It's not something to wear like a badge of honour. But it's certainly NOT something to be ashamed of.

Even in these allegedly enlightened times, mental illness carries a stigma. Too often it's regarded as a character defect, a weakness to be despised. Or the person is written off as a hopeless case, incapable of coherent thought or of leading a normal, useful life.

Well, forget the stereotypical picture of a dribbling idiot who should be banged up in a rubber-walled room in some dark, Victorian institution.

I am a 49-year-old national newspaper journalist with more than 30 years' experience. I am happily married with three healthy grown-up children and I live in a very comfortable home in a West of Scotland seaside town. I am now back at work and recovering nicely, thank you.

That's not the typical profile of someone who suffers mental illness – because there is no typical profile. The simple fact is that mental ill-health can visit anyone. Government figures show that one in four people will suffer from mental ill-health at some time in their lives.

Who knows where, who knows when? And above all, who knows WHO?

The first time I visited a psychiatrist, I told her: "I never thought of myself as the type of person this would happen to."

She replied: "And what sort of person do you think it should happen to?" My face was shut.

My problem was a depressive illness – I shan't go into the causes. I visited all the dark places that most people don't even realise exist. I contemplated suicide. But with the love and support of my family and close friends, I survived and grew stronger. The proper medication and psychiatric and psychological treatment were vital for the next stage – the long climb back to feeling good again.

The hardest thing was admitting to myself that I had a mental illness. Telling others was out of the question. It was all about stigma – what other people would think of me. I suppose I was a victim of my own prejudice. Until that point, I had probably been as liable as anyone to pigeonhole and stereotype people as loonies or wimps who shouldn't probably be in the job in the first place.

So I lied. People I met while out walking found it odd that I wasn't at work. Was I all right? Of course, I just had a few days off. But as time wore on, the lie became unsustainable. So I withdrew. I didn't want to meet people. I didn't want to have to admit that I was ill. Mentally.

Prejudice is born of ignorance or fear of something we don't understand. I doubt if anyone who hasn't experienced mental illness can really understand it. The causes are many and varied. We all have our triggers which, when pulled hard enough or often enough, can cause mental devastation.

Psychiatrists, psychologists, GPs, nurses, social workers, counsellors and medication all have vital roles to play in helping sufferers of mental ill-health to recover. But every one of us can make a contribution. The only qualifications required are concern, humanity and compassion. Do not judge others. Don't write off colleagues as lost causes just because they are going through a bad patch that you can't understand. Offer support. A few kind words can be just as efficacious as a pill.

I'm lucky. My friends and colleagues and the National Union of Journalists have been wonderfully supportive



throughout my 15-month ordeal. I no longer feel stigmatised. In fact, I'm probably the only one in the newsroom with a letter proving I'm not off my head.

Will you be as lucky? I just pray you don't have to learn the lesson the hard way.



Did you know...?

Media portrayals of people with mental health problems are seen as negative by 44% of Scots, compared with 16% who think they are more positive than negative?

ABOUT MENTAL HEALTH PROBLEMS...

Well, like physical ones, mental health problems (or mental distress as it is sometimes referred to) range from the mild to the severe. They frequently develop in response to a traumatic event, or series of traumatic events, like redundancy, relationship breakdown, bereavement, bullying, debt, poverty and homelessness. When we cannot fully deal with this emotional distress, it can lead to psychological symptoms that are recognised as mental health problems.

The jury is still out regarding the nature versus nurture debate on whether we are born with a genetic predisposition towards mental health problems or that our environment causes them. Depression, anxiety, post traumatic stress disorder, post natal depression, anorexia, bulimia and stress are all mental health problems. Manic depression, proper name: bi-polar disorder and schizophrenia are too.

Fact: schizophrenia does not mean a 'split personality'. We have the likes of Dr Jekyll and Mr Hyde and the film Psycho to thank for that misunderstanding. To describe say, a contradictory economic policy as 'schizophrenic' is not only deeply offensive; it is an inaccurate use of language.

Equally, depression is not about feeling down or having an 'off' day. It is a living torture to those experiencing it and it can be fatal – in the form of suicide risk. It is impossible for a depressed person to 'pull themselves together'. If you have never experienced it yourself, talk to someone who has.

Besides drugs and talking therapies, the response of friends and colleagues and society at large is a crucial

factor in how, if and when someone with a mental health problem makes a recovery. Many people who have experienced mental distress say the discrimination they faced was worse than the mental health problem itself. How damning is that? You, as a journalist, are well aware of the role the print and broadcast media has in shaping people's attitudes – and of the responsibility you carry because of that.

“Prejudice against people with mental health problems is common. This is largely due to ignorance of the facts about mental ill-health; a situation made worse by misleading stereotyping throughout the media.”

see me...

CHOOSE YOUR WORDS...

As writers we place accuracy pretty high on our priority list, if not at the top. Selecting just the right word to convey meaning is always at the forefront of the journalistic mind, even when the deadline is pressing. Language is all – as you know. So here are some signposts on the use of terminology when reporting on mental health matters. Obviously, no intelligent, responsible journalist would use words like 'loony', 'nutter', 'madman', 'maniac' or 'schizo' to describe someone with mental health problems. But there are a few more subtle (and not so subtle) traps for the unwary.

For example, people are discharged from psychiatric hospitals, not 'released'. They have not been in jail. They are sent to hospital for treatment not punishment.

In the rare instances where someone with a mental health problem commits a crime, it is important to recognise that the mental health problem will have played a major role in their offence. A civilised society should not punish people for being mentally distressed.

Avoid defining people by their mental health problem as in 'he's a depressive' or 'she's a schizophrenic'. The mental



health problem is only an element of that person's life and this kind of reductionism is regarded as narrow and stigmatising. If you want to learn more about any specific mental health problem, see the list of contacts at the back of this guide or look up www.wellontheweb.net

The biggest baddie of the lot has got to be the indiscriminate use of the word 'psycho'. The problem here is that, besides being an offensive term in its own right, it leads to confusion between 'psychosis' and 'psychopath'. The latter is frequently associated with violence in the public mind and anyway is outdated. Just avoid it.

If in doubt, contact the see me... campaign listed at the back of this guide, they will keep you right.



Mental health problems and violence

(OR THE MAD AXEMAN SYNDROME)

There is a popular misconception that links mental health problems with violence in the minds of the general populace. Think Jack Nicholson in *The Shining*. The facts however do not bear out these lurid imaginings. People with mental health problems are overwhelmingly more likely to harm themselves than others. For instance, people diagnosed with schizophrenia are 100 times more dangerous to themselves than to others.

You are thirteen times more likely to be killed by a stranger *without* mental health problems than by someone who has mental health problems. Over 600 people commit suicide in Scotland every year (with a further 200 deaths of undetermined cause), the highest rate in the UK. People with a diagnosis of schizophrenia have a ten-year reduction in their life expectancy. On average, a woman who is affected with bi-polar disorder has her life expectancy reduced by nine years and loses 14 years of normal professional and family life.

Using an audience sample, research has shown that the majority (63%) believed that mental ill-health was associated with violence. More worryingly, two thirds of them quoted the media as the source of their beliefs. Even the interviewees who knew people with mental health problems and knew them not to be violent believed the negative media portrayals rather than the evidence of their own eyes. Think about that.

"I find it really frustrating the way that the media links crime, especially violent crime, to mental ill-health. This misleads the public into thinking that most people with mental health problems are dangerous, which is just not true. When you've got mental health problems yourself, this can be really hurtful."

see me...



Reporting suicide

For the journalist, a suicide presents a difficult dilemma. As suicide is an issue of concern to the public, it is clearly the responsibility of the reporter to present the facts as they happen, without glamourising the story or imposing on the grief of those affected. Indeed there can be a positive aspect to reporting suicide, as debate may help to destigmatise the subject. However, some research shows that inappropriate reporting or depiction can lead to “copycat suicides”.

Samaritans

On top of the 600 people who die by suicide in Scotland each year, another 7000 a year are treated in hospital for deliberate self-harm. The suicide rate among young Scottish men is of particular concern, higher than the rate for the UK as a whole, with the rate of increase in Scotland over recent decades among the highest in Europe.

The chances are that at some time in your career you will have to report on a death by suicide. Sadly, the chances in your lifetime of someone you know dying by suicide – or trying to – are frighteningly high. Reporting suicide requires sensitivity and compassion. Evidence shows that copycat suicides can result from detailed descriptions of method. Be wary. And watch your language. Don't describe a completed suicide as 'successful' or 'unsuccessful' if it doesn't result in death. Remember suicide has been decriminalised so it is inaccurate to use the word 'committed'.

Never print details of drugs used or their dosages.

There are now sites on the Internet which detail methods and means for people who wish to take their own lives. There are suicide chatrooms too. You would assume no paper would print the addresses of these. You would be wrong. Don't do it.

The following recommendations on phraseology are reproduced with the kind permission of the Samaritans from their publication *Media Guidelines – Portrayals of Suicide*. If you are doing a story on suicide, do obtain a copy of this and speak to the Samaritans very helpful press office (details back page).

Use phrases like: a suicide, die by suicide, a suicide attempt, a completed suicide, person at risk of suicide, help prevent suicide.

Encourage public understanding of the complexity of suicide. People do not decide to take their own life in response to a single event, however painful that event might be. Nor can social conditions alone explain suicide. The causes of an individual suicide are manifold and suicide should not be portrayed as the inevitable outcome of serious personal problems.

Seek expert advice. The Samaritans' Press Office can help put you in contact with acknowledged experts on suicide and offer advice about depiction based on an overview of previous cases. Alternatively, contact the 'Choose Life' team listed at the back of the guide.

Debunk the common myths about suicide. There is an opportunity to educate the public by challenging these.

Encourage explanation of the risk factors of suicide.

Encourage discussion by health experts on the possible contributory causes of suicide.

Consider the timing. The coincidental deaths by suicide of two or more people makes the story more topical and newsworthy, but additional care is required in the reporting of "another suicide, just days after...", which might imply a connection. There are 17 suicides every day, most of which go unreported.

Include details of further sources of information and advice. Listing appropriate sources of help or support at the end of an article or a programme shows the person

who might be feeling suicidal that they are not alone and that they have the opportunity to make positive choices.

Remember the effect on survivors of suicide – either those who have attempted it or who have been bereaved. It might be helpful to be able to offer interviewees some form of support such as information about The Samaritans, or for those who are bereaved by suicide, information about The Compassionate Friends or Cruse.

Look after yourself. Reporting suicide can be very distressing in itself, even for the most hardened news reporter, especially if the subject touches something in your own experience. Talk it over with colleagues, friends, family or the Samaritans.

For information and statistics contact the 'Choose Life' team listed at the back. 'Choose Life' is the Scottish Executive's national strategy and action plan to prevent suicide in Scotland. Its aim is to reduce the rate of suicide in Scotland by 20% by 2013.

Outro...

This guide is intended to add to your knowledge of mental health and the reporting of issues surrounding it. 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 a culture of bullying at your workplace then your mental health is in jeopardy.

The NUJ carried out a three-year study of work place health and discovered that bullying and victimisation were the main problems affecting those members found to be suffering from stress. Other causes included long hours, high workloads, lack of appreciation and only negative criticism shown by bosses.

In response, the NUJ has developed a dignity at work policy and is demanding it be implemented in every workplace in Scotland.

If you are having difficulty at work, contact your union representative. Now.



Contacts...

These national organisations can provide you with information and statistics or put you onto others who can. They may also be able to put you in touch with people who have experienced mental health problems.

see me...

9–13 Maritime Street

Edinburgh

EH6 6SB

Tel: 0131 624 8945

Fax: 0131 624 8901

Email: info@seemescotland.org

Website: www.seemescotland.org

(see me... is the national anti-stigma campaign in Scotland)

Penumbra

Norton Park

57 Albion Road

Edinburgh

EH7 5QY

Tel: 0131 475 2380

Fax: 0131 475 2391

Email: enquiries@penumbra.org.uk

Website: www.penumbra.org.uk

Samaritans

The Upper Mill

Kingston Road

Surrey

KT17 2AF

Tel: 020 8394 8300

Fax: 020 8394 8301

Email: admin@samaritans.org

Website: www.samaritans.org

National telephone line: 08457 90 90 90

The Scottish Association for Mental Health

Cumbræ House
15 Carlton Court
Glasgow
G5 9JP
Tel: 0141 568 7000
Fax: 0141 568 7001
Email: enquire@samh.org.uk
Website: www.samh.org.uk

Manic Depression Fellowship Scotland

Studio 1016
Mile End Mill
Abbey Mill Business Centre
Seedhill Road
Paisley
PA1 1TJ
Tel: 0141 560 2050

National Schizophrenia Fellowship Scotland

Claremont House
130 East Claremont Street
Edinburgh
EH7 4LB
Tel: 0131 557 8969
Fax: 0131 557 8968
Email: info@nsfscot.org.uk
Website: www.nsfscot.org.uk

Royal College of Psychiatrists (Scotland)

9 Queen Street
Edinburgh
EH12 1JQ
Tel: 0131 220 2910
Fax: 0131 220 2915
Website: www.rcpsych.ac.uk

Depression Alliance Scotland

3 Grosvenor Gardens
Edinburgh
EH12 5JU
Tel: 0131 467 3050

Saneline (national telephone line)
Tel: 08457 67 80 00

Association for Post Natal Illness
145 Dawes Road
Fulham
London
SW6 7EB
Tel: 020 7386 0868
Email: info@apni.org
Website: www.apni.org

Alzheimer Scotland
22 Drumsheugh Gardens
Edinburgh
EH3 7RN
TEL: 0131 243 1453
Fax: 0131 243 1450
Email: Alzheimer@alzscot.org
Website: www.alzscot.org
Dementia Helpline: 0808 808 3000 (24 hr freephone)

Some helpful websites...

www.openuptoolkit.net
Launched by **Mental Health Media**, it includes facts about mental health discrimination, legal rights, ideas and resources.

www.hebs.scot.nhs.uk
NHS Health Scotland site, strong on facts, figures, mental health promotion

www.mentalhealth.org.uk
Website of the **Mental Health Foundation**

www.bbc.co.uk/health/mental
Good starting point for background research and links.

www.mhmedia.com

www.youngminds.org.uk
Children's mental health charity, information on young people and mental health issues.

"When one in four Scots are at some point affected by mental health problems it is vitally important that as broadcast journalists we are fully aware of mental health issues. With the stigma and discrimination that has been associated with mental health problems in the past we have a responsibility to report in a sensitive and informed manner. That's certainly what we aim for at Scottish TV. We will continue to work with a range of mental health organisations to ensure we get our reporting right and we welcome any initiatives enabling the media to improve our understanding of mental health issues."

*Paul McKinney, Head of News and Current Affairs,
Scottish TV*

"I welcome anything that helps destigmatise mental health problems. Tired old clichés, especially in the headlines, dehumanise our readers and bury the real story. Scottish newspapers have moved on in the last ten years. And while I can't endorse every dot and comma in this guide, I would urge every journalist to read it, debate it and think again."

*Allan Rennie, Deputy Chairman,
Editors' Committee,
Scottish Daily Newspaper Society*