



Media Guidelines

Portrayal of people living with mental distress or illness in Aotearoa

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

MENTAL HEALTH FOUNDATION CHIEF EXECUTIVE, SHAUN ROBINSON



Media guidelines

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

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

**1 in 5
New Zealanders
will experience
a mental health
problem this year.**





When handled poorly, reporting can:

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



When handled well, reporting can:

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

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

PERSON WITH LIVED EXPERIENCE



Checklist

Have you considered:

Language

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

Interviews

Interviewing a person or whānau who have experienced mental distress or illness requires compassion, sensitivity and privacy considerations. Take breaks during the interview and check in as you go to ensure the person and/or whānau are doing okay.

Sources

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

Images

When choosing images for a mental health story, try to pick images that emphasise connection and hope. We have an awesome photo library at <https://mentalhealth.org.nz/photolibrary>

Balance

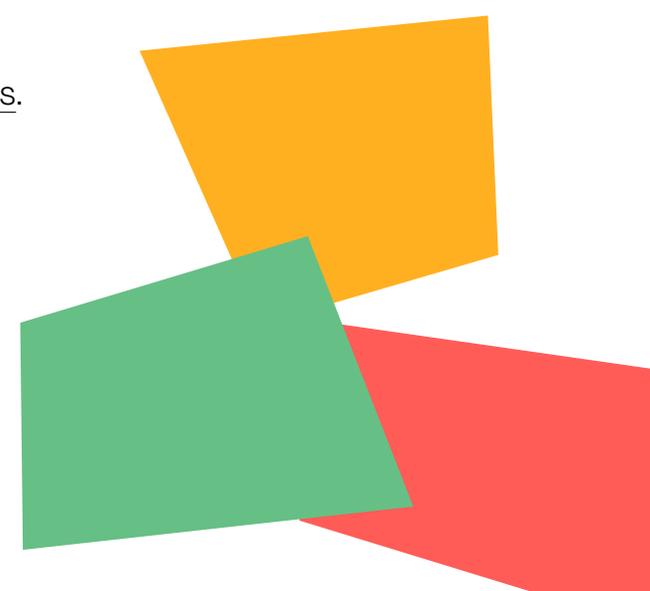
Include the voices of people who have experience of mental distress or illness and/or use mental health services, along with their whānau, support people or kaumātua where relevant. Also consider showing people as more than their illness.

Helplines

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

Cultural sensitivities

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



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

ANDRE PICARD, INTERNATIONAL HEALTH JOURNALIST





~~The person is mentally ill~~

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



The person is living with mental distress or illness

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

Language considerations

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



Scenario

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

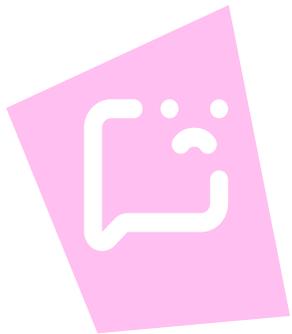


Don't say that a person is 'a schizophrenic' or 'is bipolar', 'a person is mentally ill'. Don't use sweeping phrases like 'the mentally ill'.



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

If a diagnosis is relevant, say that a person is 'living with', 'experiencing' or 'has a diagnosis of' that condition.



Scenario

Derogatory descriptions of people experiencing mental distress or mental illness.



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



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

Language considerations



Scenario

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



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

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



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



Scenario

Awareness of Māori understandings of mental health.

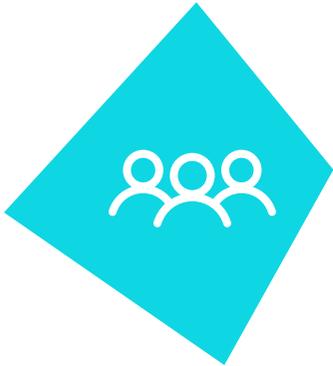


Avoid labelling people as 'mentally ill Māori', 'Māori mental patient'. Don't assume Māori illness and Western models of mental illness are the same.



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

Language considerations



Scenario

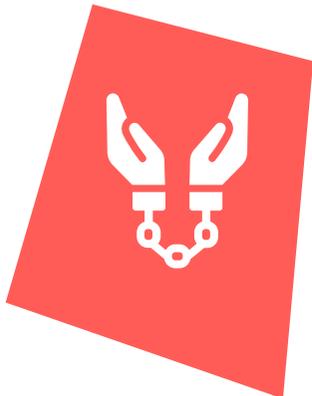
Awareness of other cultures' views on mental distress or illness.



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



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



Scenario

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



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



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

Language considerations



Scenario

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



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



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



Scenario

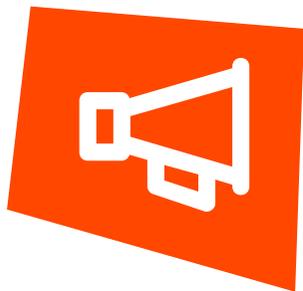
Overplaying the link between mental illness and violence.



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



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



Scenario

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



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



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

“Tū pakari, tū taha. Ko te kotahitanga o tō tātou kaupapa. Nōku te Ao.

Stand proud. Stand alongside. We are united by our purpose. This is our world.”

NŌKU TE AO: LIKE MINDS





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

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



Mental illness is not forever

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

Framing mental distress and illness in the media



Scenario

Choosing a headline.



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



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

Consider the language guide.



Scenario

Deciding who to include in the report.



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



Include the views, opinions and experiences of the person with mental distress or illness that the story concerns, or their whānau.

When covering broader mental health stories, ensure the voices of people who live with mental distress or illness are heard alongside other experts.

Framing mental distress and illness in the media



Scenario

Telling an empowering, hopeful story.



Don't portray mental illness as a defining quality unless a person identifies strongly with their mental illness diagnosis and chooses to be defined in that way.

Don't portray mental distress or illness as a hopeless situation, something someone 'suffers' with forever, and can't recover from, e.g. suggesting future employment and family life is not possible. Don't make an experience of mental distress or illness seem extremely strange, scary or sad.



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

Focus on the person and their attributes rather than their diagnosis or symptoms, i.e. a person can also be a parent, artist and manager. Consider that mental distress or illness may lead to people gaining resilience, empathy and strength.



Scenario

Ensuring stories are culturally and ethnically appropriate.



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



Include the views of Māori (e.g. kaumātua), Pasifika (e.g. matua) and other ethnicities where appropriate.

Include the perspectives of mental health experts who are knowledgeable about the cultural and ethnic factors that impact people living with a mental illness.

Framing mental distress and illness in the media



Scenario

Considering whether to include reference to mental distress or illness.



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



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

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

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

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



Consider your interviewee

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

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

TIME TO CHANGE, SCOTLAND



Images

A picture speaks a thousand words, and when it comes to portraying someone living with mental distress or illness, choosing the wrong image can do a lot of damage and undo any good work achieved in a story. We have curated a library of images that media professionals can use for free. Download the images at <https://mentalhealth.org.nz/photolibary>



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



Ask interviewees if there is a particular photograph they would like published, or use a generic image of someone being supported by friends and whānau. Consider using images of real people, showing their faces. Consider using images of people supporting each other. Where appropriate, choose images that illustrate that many people live well with a mental illness. Avoid dark or despairing images.



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



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

Images



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



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



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



Treatment and recovery is different for everyone, and not everyone with mental distress or illness is on medication.

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

PERSON WITH LIVED EXPERIENCE



Support help-seeking

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

Need to talk?

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

Lifeline

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

Youthline

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

Samaritans

0800 726 666.

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

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

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

Further guidance or information

Mental Health Foundation
communications team:

09 623 4810

media@mentalhealth.org.nz

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