Reporting on violent crime and mental illness or distress

He tangata tonu te tangata, ahakoa te aha. A person is still a person, no matter what.

Almost half of us will experience mental illness or distress in our lifetime, but very few people with mental illness or distress will carry out a crime¹. The reasons why someone carries out a crime are often complex, but mental illness is rarely the driving factor. In fact, studies show that people living with severe mental illness are 14 times more likely to be victims of a crime than its perpetrators².

Despite this, repetitive links drawn between mental illness and crime in the media can make people believe otherwise – that people with mental illness are violent, dangerous and unpredictable. These false narratives isolate people with mental illness from the rest of society, reinforcing shame and decreasing the likelihood people in distress will be supported by their whānau, friends and loved ones when they need it.

Let's change these injustices together. Read our tips below to help end mental illness discrimination when reporting on crime.

Do 🗸	Don't X	Why?
Ensure any connections made between an individual's mental illness and their crime are based on established facts and diagnoses obtained from reputable sources.	Speculate about whether a person who has carried out a crime lives with mental distress.	Crime is not a symptom of mental illness. Most people who experience mental illness are no more likely than anyone else to carry out a crime – but these misconceptions can cause people with mental illness to be feared and excluded by others. ³
Acknowledge mental illness may be a factor if you have good reason to believe it is, but ensure you present a balanced view. Remind people it is often one factor among many other causal factors.	Present mental illness as the sole driving factor behind violent behaviour or crime.	Research suggests there is little correlation between mental illness and violence. Although the relationship is multi-faceted, the major determinants of violence continue to be substance misuse, and socio-demographic and economic factors ⁴ .

Do 🗸	Don't X	Why?
Be mindful when reporting on not guilty by reason of insanity (NGRI) verdicts. Explain the implications of the verdict, e.g., the person will be securely detained within a forensic mental health unit.	Imply that a person is receiving a lighter sentence or getting off 'scot-free' because they live with certain diagnoses.	In rare cases where people with mental illness are found not guilty by reason of insanity, they will still be detained within a secure mental health unit. In most cases, people with mental illness will stand trial (or plead guilty) in the ordinary way and if convicted, will face the normal sentencing process.
Report on criminal cases that have connections with mental illness in a balanced and fact-based way.	Inspire fear or strong emotional responses by gratuitously describing violent scenes, or imagining the mental distress experiences of the defendant.	Detailing violent scenes with an explicit link to mental illness can induce fear, which people may use to 'justify' excluding or discriminating against people with mental illness for fear they might be violent.
Consider the impact of publishing names, photos and other personal details of people with mental illness who are standing trial for crime.	Automatically publish people's names and personal details in connection with a crime, especially if they haven't yet been convicted.	Being on trial for a crime is often the worst time in a person's life, especially if mental illness or distress has played a part in it. Having names, photos and other personal details published online can affect their lives forever – even if they are acquitted of the crime.

- Brekke, J. S., Prindle, C., Bae, S. W., & Long, J. D. (2001). Risks for individuals with schizophrenia who are living in the community. Psychiatric Services, 52(10), 1358–1366.
- 2 The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health. A Report from the National Advisory Committee on Health and Disability (National Health Committee). June, 1998.
- 3 McGinty, E. E., Frattaroli, S., Appelbaum, P. S., Bonnie, R. J., Grilley, A., Horwitz, J., ... Webster, D. W. (2014). Using research evidence to reframe the policy debate around mental illness and guns: Process and recommendations. American Journal of Public Health, 104(11), e22-26. https://doi.org/10.2105/AJPH.2014.302171
- 4 The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health. A Report from the National Advisory Committee on Health and Disability (National Health Committee). June, 1998.

If you have any questions or korero, or would like us to provide recent mental health-related statistics or data, give us a call or email. We're always happy to help.

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