

Sharing stories and quotes about mental distress or illness experiences



He aroha whakatō, he aroha puta mai.



If kindness is sown, then kindness will be received.

Sharing people's personal journeys with mental distress helps to end discrimination against them.

When handled well, these stories and commentary provide a hopeful example for others, but, when handled poorly, they can perpetuate stigma and reinforce harmful myths and stereotypes that fuel mental distress discrimination.

So, what's the best way to go about sharing someone's mental distress story or lived experience perspective? The below guide provides some pointers around what is best to share, how to do so, and why.

Do 	Don't 	Why?
Include perspectives from people who have experienced mental distress.	Make assumptions about mental distress experiences within your reporting without consulting someone who has had that experience.	Including mental distress voices in your reporting adds credibility to the story, human interest and relatability for others who might be experiencing something similar.
Ensure your interviewees are safe. If they are sharing a traumatic or difficult experience, ensure there is at least one year's distance between when they experienced that event and when they will publicly share their story.	Interview someone during or straight after a traumatic or difficult experience , or at a time when they don't appear well.	Sharing a lived experience story publicly can be triggering for many people. It's important to help keep them safe by ensuring they have a distanced perspective, and don't share anything they'll regret going public with later.
Ensure interviewees feel safe and supported when sharing their story , and that there's support available for them when the story is released. This might be the support of their whānau/family, friends, partner or mental health services. Ask them what support they might need.	Assume that they will be okay or unaffected.	Telling a lived experience story publicly can be empowering and provide strength to the storyteller. However, it can also trigger or bring people back to painful parts of their lives in a way they might not initially expect.

Do 	Don't 	Why?
<p>Ask your interviewee what language they would use to describe their mental distress or illness experiences and use that language when they are talked about or quoted.</p>	<p>Label their mental distress or illness experiences with terms they don't identify with – for example, labelling someone who lives with voices (but doesn't identify with a schizophrenia diagnosis) as living with schizophrenia.</p>	<p>There are both medical and non-medical ways to view mental distress and illness experiences – and all are valid.</p> <p>Some views are culturally-based, for example many Māori see mental health as about the whole, holistic person rather than just about their mental health in isolation. It's important to use the language that works for your interviewee.</p>
<p>Let each person be the hero of their own story. Acknowledge their story is true for them but might not be true for all others with similar experiences or diagnoses.</p>	<p>Simplify people's mental distress journeys or conflate one person's experiences as true for all people living with that experience or mental illness diagnosis.</p>	<p>Mental illness diagnoses can shift and change over time or fade completely. What is true for one person's experiences with mental distress will not be the same for all people with that diagnosis, or even for that same person later on in their life.</p>
<p>Be mindful of your audiences and how to keep them safe. If you are reporting on trauma, suicidal ideation or self-harm, include a trigger warning at the beginning of your story and some helplines at the end.</p>	<p>Share suicide methods, self-harm methods or end your story on a hopeless note.</p>	<p>Sharing traumatic experiences publicly can be very harmful for people reading about them. Research has demonstrated that when someone vulnerable hears about a method of suicide, they can then form the intention to use that method to take their own life.</p>
<p>Tell stories that portray people with mental distress or illness in a positive light, showing the many strengths and diverse views they bring.</p>	<p>Portray people with mental distress as either predators or victims.</p>	<p>Relying on outdated stereotypes of people hopelessly suffering or behaving erratically creates unbalanced narratives about people with mental distress or illness. These narratives are inaccurate, reinforce mental distress discrimination and can prevent people from seeking help when they most need it.</p>
<p>Be clear on what the final story and content will be, and where it may be shared. Share any drafts with your interviewees if you can.</p>	<p>Withhold any information surrounding the angle, story or final content from the interviewee, or substantially change their story without their consent.</p>	<p>Lived experience stories are deeply personal. Being upfront with the angle, format and publication of the story or content will help your interviewees to make an informed choice about whether they'd like to share.</p>

Still unsure on your approach, or need to ask for guidance on obtaining lived experience sources?

Contact: media@mentalhealth.org.nz

Read our media guidelines for more information, or download our helplines.