

**time to change**

let's end mental health discrimination



# Media Guidelines

## News



Funded by the Department of Health



# About Time to Change

**Time to Change is England's most ambitious programme to end the discrimination faced by people with mental health problems. It is led by the mental health charities Mind and Rethink Mental Illness, and funded the Department of Health and Comic Relief.**

**We work with the media to encourage realistic and sensitive portrayals of people with mental health problems.**

## Why read these guidelines?

Mental illness will affect one in four of us in any one year - with such a high proportion of your audience being affected by the issues, it's worth taking the time to get it right.

When done well, news stories can be a tremendous tool. Well written news stories about mental health can raise awareness, challenge attitudes and help to dispel myths.

Responsible news reporting can give people with experience of mental health problems a platform and can offer an audience great insight into issues they may have known little about.

However sensationalist journalism and overplaying a risk of violence can promote fear and mistrust. It also widens the gap of understanding about mental health issues.

**"It's good when the media brings mental health to public attention, as this encourages people to discuss what is often a taboo which people feel uncomfortable discussing."**

Time to Change Facebook user

# Reporting tips

If you are tasked with covering a story involving somebody who you believe may have a mental health problem, here are a few things to consider:

- Is it relevant to the story that the featured person has a mental illness?
- Don't speculate about someone's mental health being a factor in the story unless you know this to be 100% true.
- Don't provide an 'on air' diagnosis or encourage 'experts' to do so.
- Is it appropriate for the person's mental illness to be mentioned in the headline or lead?
- Who are your sources? Can you rely on eyewitnesses or neighbours to provide facts or has an assumption been made about someone's mental health status?
- Include contextualising facts. Remember people with severe mental illnesses are more likely to be victims - rather than perpetrators - of violent crime
- Consider consulting people with mental health problems as part of your research, not just as case studies. They are experts on their own conditions.

**One study found that more than one in four people with a severe mental illness had been a victim of crime in one year.**



# Language

Choosing the right language to describe people with mental health problems is important. Using inaccurate terms can reinforce stereotypes and stigma. Here are the most common misused words, as well as some alternative suggestions.

Avoid using	Instead try	Why?
'unhinged' 'maniac' 'loony' or 'mad'.	'a person with a mental health problem'.	These words are usually linked to dangerousness or strange behaviour.
'a Psycho' or 'a schizo'.	A person who has experienced psychosis or 'a person with schizophrenia'.	Linked to popular culture and dangerousness.
'a schizophrenic' or 'a depressive'.	Someone who 'has a diagnosis of', 'currently experiencing', or 'is being treated for...'	People are more than their illness, it doesn't define them.
'the mentally ill' a 'victim' 'the afflicted' 'a person suffering from' 'a sufferer'.	'people with mental health problems'.	Many people with mental health problems live full lives and many also recover.
'prisoners' or 'inmates' (in a psychiatric hospital).	'mental health patients'; 'patients', 'service users' or 'clients'.	People are treated in hospital not locked away in prison.
'released' (from a hospital).	'discharged'.	Same as someone with a physical health problem.
'happy pills'.	'antidepressants' 'medication' or 'prescription drugs'.	Undermines the possible impact of depression suggests a 'quick fix'.

## Other common language mistakes

- 'Schizophrenic' or 'bipolar' should not be used to mean 'two minds' or a 'split personality' OR be used metaphorically to describe something with two different sides.
- Somebody who is angry is not 'psychotic'.
- A person who is down or unhappy is not the same as someone experiencing clinical depression.

# Working with case studies

If you are writing about mental health problems, you should always attempt to include the voice of somebody with experience of a mental health condition. After all, adding a 'human element' can make your story more interesting!

When you are interviewing someone with mental health problems as part of your piece, you should consider the following points:

- Is the person genuinely prepared to be interviewed?
- Think about where to hold the interview. Meeting in a busy, public café can be daunting and may not encourage them to open up.
- Give them an idea of the questions you are going to ask beforehand so they can consider the best way to share their personal experiences.
- When it comes to writing up the interview, use the person's own words wherever possible to represent their experiences.
- Let the person know about the editing processes your story is likely to go through before it is published or broadcast. Warn them if it is likely to be dropped completely.
- If you intend to emphasise a particular angle or sensationalise (in a headline for example) then tell the person if you can.
- Can you give your case study copy approval or read back approval?

## Contact us to find out more

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# Final tips

Remember you have the power to help improve understanding and attitudes towards mental illness by:

- Providing accurate information about mental health problems.
- Encouraging people in distress to seek help, for instance by providing helpline numbers.
- Breaking down myths about mental illness, encouraging openness and including the voices of people who have experienced mental health problems.
- Remembering that anyone can get a mental health problem. They are not 'someone else' - it could be you, a friend, a relative or a colleague.
- Taking care over how you report suicide. Studies say that this can prevent copycat suicides and save lives.
- Breaking the link between violence and mental health by not jumping to conclusions and including some context to news stories.

# What can we do for you?

We can offer a variety of support, from advice on the correct use of language and tone, to in-depth consultation on stories. Some of the services we offer are:

- Consultation and advice for news stories and documentaries including fact-checking and research.
- Putting you in touch with media volunteers who have direct experience of mental health problems.
- Signposting you towards information or other relevant organisations.
- Hosting a series of events aimed at inspiring and informing different sections of the media.
- Providing online information and guidance on best practice for anyone working in the media.