



MENTAL HEALTH IN THE MEDIA
Style Guide

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TOP THREE QUESTIONS FOR MENTAL HEALTH COVERAGE

1. Is it relevant?

Is listing a mental health condition like substance use disorder an integral part of the story? If it is not essential, don't include it. Otherwise, you may perpetuate the myth that having a mental illness links someone to unusual acts or behavior.

2. Have you confirmed the diagnosis?

Who is your source? Make sure your source is, or is citing, a mental health professional's clinical diagnosis and is authorized to share accurate personal information. It is also important to state how recently a person's diagnosis has been confirmed, since mental health conditions can change over time. If your source is stating the subject's self-diagnosis, use attribution. If the source is only stating a presumed diagnosis, consider omitting it as any uninstigated fact. As with most stories, individual circumstances have more direct impact on events and behavior than whether someone has a mental health condition. Citing a diagnosis can lead audiences to incorrectly assume a health condition caused an incident.

3. Are you using accurate language?

Are you using "person-first" language? People are not the conditions they live with. As with any medical diagnosis, refer to people as "someone who has [specific diagnosis]." For substance use disorders, refer to "substance use" — not "substance abuse," "substance misuse." It is best to be specific.

*Note: Try to replace "substance" with the name of a specific substance when that detail is relevant. Avoid referring to substances as "drugs."

THE EVOLVING LANGUAGE OF MENTAL HEALTH

Many people with mental illnesses face discrimination, prejudice and biases based on misinformation and stereotypes. The language you use can help audiences better understand people with mental health conditions and the illnesses they have. Language can also help people understand that care, support and culturally appropriate treatment can improve well-being. Avoid using biased language in reporting; even use in direct quotes should be examined carefully for potential impact on the subject and audience.

Use person-first descriptions, as with any medical diagnosis

Call people, people. A person's diagnosis is not their identity. Avoid using the name of someone's illness as a personal label or identifier. If you do, you minimize their identity to a health condition.

PERSON-FIRST PHRASES	SIMILAR TO ALL HEALTH CONDITIONS
"they/she/he have schizophrenia"	"they/she/he have high blood pressure"
"they/she/he live with bipolar"	"they/she/he live with diabetes"
"they/she/he are recovering from substance use disorder*"	"they/she/he are recovering from a broken leg"

*Note: Try to replace "substance" with the name of a specific substance when that detail is relevant. Avoid referring to substances as "drugs." e.g. fact: about twice as many Americans die from alcohol use disorder as from opioid use disorder each year.

DO NOT REFERENCE DIAGNOSIS AS IDENTITY	HEALTH CONDITIONS ARE NEGATIVE LABELS
"they/she/he are schizophrenic"	"they/she/he are cancerous"

When talking about a person's depression, anxiety or other mental health condition, try to add a time value or context

Everyone has mental health, and every person's mental well-being changes over time. Some mental illnesses may be chronic, but people often deal with symptoms that can change under temporary or situational circumstances due to life events, brain chemistry, trauma, genetics, etc.

EX: "they/she/he are depressed after the death of their spouse"; "they/she/he are anxious when dealing with unknown situations"

Avoid labels, similes and metaphorical speech

Slang terms are often discriminatory or derogatory against people with health conditions.

DO NOT USE words like crazy, insane, lunatic, nuts, loony, wacko, bananas, junkie, addict, alcoholic, drug abuser, etc. (Avoid using direct quotes with labels that perpetuate discrimination, unless they are essential context for understanding the piece.)

DO THIS	AVOID THIS
Use “discrimination,” “prejudice” or “bias”	Avoid “stigma”
Use “mental health,” “mental health condition” or “mental illness”	Avoid “behavioral health”
Use “mental health facility” or “psychiatric hospital”	Do not use “asylum”
Use “substance use”	Do not use “substance abuse” or “drug abuse*”

Addressing suicide

Suicide is an important public health issue. It should be covered like one. Avoid graphic details of suicide methods, unless deemed necessary in reporting.

If graphic details are mentioned, they should be preceded by a content warning. Immediately following any graphic descriptions, suicide prevention options should be presented, such as the [Crisis Text Line](#): text TALK to 741741 and/or the [National Suicide Prevention Lifeline](#): call 800-273-TALK (8255).

Best practice would also include a graphic, hyperlink, back-announce for the Crisis Text Line and National Suicide Prevention Lifeline after content about suicide.

From [ReportingOnSuicide.org](#):

More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration, and prominence of coverage.

Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death. Suicide Contagion, or “Copycat Suicide,” occurs when one or more suicides are reported in a way that contributes to another suicide.

More in section: WHEN REPORTING ON VIOLENCE AND SUICIDE, pp. 10-12

REPORT MENTAL HEALTH FACTS

Updated from The Carter Center's [Journalism Resource Guide on Behavioral Health](#) (2015)

- Scientific research into the causes and treatments of mental health conditions has led to important recent discoveries worth examining closely. Science has not found a specific singular cause for many mental health conditions, a complex interplay of genetic, neurobiological, behavioral and environmental factors often contribute to these conditions.
- Substance use disorders are diseases of the brain that cause substance seeking and use, despite harmful consequences.
- Mental illnesses, including substance use and co-occurring disorders, are a major public health issue—mental health conditions will surpass all physical diseases as a major cause of disability worldwide by 2020.
- The number of Americans who die by suicide is more than double the number who die by homicide. There can be a linkage between mental and substance use conditions and suicide.
- Mental health conditions are an economic concern. The estimated cost of substance use (including alcohol, tobacco, illicit and non-medical prescription drug use) in the United States totals more than \$600 billion each year, and other mental health issues result in an estimated \$94 billion in lost productivity each year.
- In the United States, an estimated 10 million American adults aged 18 or older (approximately 4.2 percent of all adults) experienced a serious mental illness last year, and research has found that people with these conditions die eight years earlier than the general population.
- Mental and substance use disorders affect all age, gender, ethnic and socioeconomic groups.
- Traumatic experiences are strongly associated with mental and substance use disorders.

DISCUSS PREVENTION AND EARLY INTERVENTION

Updated from The Carter Center's [Journalism Resource Guide on Behavioral Health](#) (2015)

- Reinforce that mental and substance use disorders are serious, but are often preventable, similar to diabetes or hypertension.
- Emphasize that prevention, early diagnosis and intervention matter. The younger a person first tries alcohol, the more likely they are to develop a substance use disorder.
- Recognize that addressing environmental and familial or social factors related to adverse childhood experiences, violence, abuse and other traumatic experiences can play a critical role in prevention efforts.
- Describe the signs and symptoms to raise awareness about mental health conditions and opportunities for prevention and early intervention, which reduces the risk of adverse health consequences and the need for later treatment. It is important to remember that everyone may exhibit symptoms from time to time such as difficulty sleeping, but the persistence over a certain period of time is important for diagnosis. Refer to the “Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition” for more information. These signs include:

Mental illness—Prolonged depression; excessive fears, worries and anxieties; social withdrawal; psychosis; disordered thinking; disrupted sleep; and inability to cope with daily problems and activities.

Substance use disorders—Intoxication; hangover; feelings of fear, anxiety or paranoia; sudden lack of motivation; financial problems; deteriorating relationships with friends and family; legal troubles; and change in physical appearance and health.

INCLUDE TREATMENT OPTIONS

Updated from The Carter Center's [Journalism Resource Guide on Behavioral Health](#) (2015)

Consider reporting the following facts to help minimize barriers to treatment:

Treatment is effective

- Between 70 and 90 percent of individuals with a mental health condition experience a significant reduction in symptoms and improvement in quality of life after receiving treatment. Research also proves that substance use treatment, including medication, can help patients stop using drugs, avoid relapse and successfully recover.
- Medications for opioid addiction, like fentanyl, buprenorphine and methadone, do not simply replace one opioid for another. These medications help to stabilize individuals, allowing for treatment of their medical, psychological and other problems.

Treatment is supposed to be accessible and affordable

- Provisions under the Mental Health Parity and Addictions Equity Act (MHPAEA) and the Affordable Care Act improve access to and increase coverage of treatment for mental and substance use disorders. Treatment options include behavioral treatment (such as cognitive behavioral therapy), medication treatment and recovery support services.

People are supportive of those in treatment

- Fewer than one-fifth of Americans say they would think less of a friend or relative in recovery from an addiction. Americans believe treatment works; more than two-thirds agree that treatment and support can help people with mental health issues lead quality lives.

Treatment is available

- The Mental Health Facility Locator, online at mentalhealth.gov, provides information on more than 8,000 treatment facilities for people with mental health conditions.
- There are approximately 14,500 specialized drug treatment facilities that provide counseling, behavioral therapy, medication, case management and other types of services to people with substance use disorders.

HIGHLIGHT RECOVERY

Updated from The Carter Center's [Journalism Resource Guide on Behavioral Health](#) (2015)

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.

To help the public understand that people can and do recover, when possible:

- Tell the story to let people know that recovery is possible.
- Suggest that recovery supports are often critical, and may include support from friends and family, access to housing and meaningful activities such as a job or school, as well as medication, talk therapy, self-help and mutual aid, psychosocial rehabilitation, meditation, exercise, cultural practices and other treatment options, often in combination. The path to recovery is unique for each individual.
- Feature individuals in long-term recovery to show that recovery is possible.
- Mention support systems, such as therapy, mutual self-help and peer support, which are important to help people achieve and sustain recovery.

WHEN REPORTING ON VIOLENCE AND SUICIDE

Updated from The Carter Center's [Journalism Resource Guide on Behavioral Health](#) (2015) and additional resources

Most people with serious mental illnesses, such as schizophrenia, bipolar disorder and major depression, are not violent and are actually more than four times more likely to be victims of violent crime than the general population. Only 3–5 percent of violent crimes are attributable to people who have been diagnosed with a serious mental illness even though approximately 1 in 5 Americans aged 18 or older experienced a mental illness last year. Several guides are available for reporting on suicide, traumatic events and violence. It is recommended that journalists refer to these guides, especially when violence is a part of breaking news, to produce the most accurate reporting.

[Tragedies and Journalists](#) **The Dart Center for Journalism and Trauma**

The guide includes tips for interviewing victims, self-care during a crisis and special points for photojournalists and editors.

[Recommendations for Reporting on Mass Shootings](#) **ReportingOnMassShootings.org**

This website from a coalition of organizations provides best practices for reporting on mass shootings, including recommendations, examples, research and experts.

[Recommendations from a National Workshop](#) **U.S. Centers for Disease Control and Prevention Suicide Contagion and the Reporting of Suicide**

These recommendations were created to help reduce the possibility of media-related suicide contagion.

- [Tip Sheet for Reporting on Suicide](#) **The Dart Center for Journalism and Trauma**
The tip sheet offers information about warning signs, avoiding misinformation and offering hope, and special suggestions for social media and bloggers.
- [Recommendations for Reporting on Suicide](#) **ReportingOnSuicide.org**
This website from a coalition of organizations provides best practices for reporting on suicide, including recommendations, examples, research and experts.

From [ReportingOnSuicide.org](#): Suicide is a public health issue. Mass and social media coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion, or positively by encouraging help-seeking.

More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.

Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death. Suicide contagion, or “copycat suicide,” occurs when one or more suicides are reported in a way that contributes to another suicide.

Do's and don'ts of reporting on suicide

AVOID using certain language

RESOURCE [ReportingOnSuicide.org](https://www.reportingonsuicide.org)

Important to preventing contagion or copycat behavior are these key recommendations:

- AVOID** Showing or describing suicide details, particularly methods or locations.
- AVOID** Sharing the contents of a suicide note.
- INSTEAD** Share that a note was found, but exclude further details.
- AVOID** Referring to suicide as “successful,” “unsuccessful,” a “failed attempt,” “commit/committed.”
- INSTEAD** Describe as “died by suicide,” “completed” or “killed themselves, him/herself.”

DO THIS	AVOID THESE
Inform the audience without sensationalizing the suicide and minimize prominence (e.g., “Kurt Cobain Dead at 27”).	Showing or describing suicide methods or locations in your post. Big or sensationalist headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Commit Suicide”).
Use school/work or family photo; include hotline logo or local crisis phone numbers.	Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher.”	Describing recent suicides as an “epidemic,” “skyrocketing” or other hyperbolic terms.
Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning signs” and “What to do” sidebar in your article if possible.	Describing a suicide as inexplicable or “without warning.”
“A note from the deceased was found and is being reviewed by the medical examiner.” Avoid describing the contents of the suicide letter.	“John Doe left a suicide note saying...”
Report on suicide as a public health issue.	Investigating and reporting on suicide similarly to reporting on crimes.
Seek advice from suicide prevention experts.	Quoting/interviewing police or first responders about the causes of suicide.
Describe as “died by suicide,” “completed” or “killed him/herself.”	Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”

Try to include a sidebar of warning signs

Use discretion about including a sidebar. It is best used when reporting/referencing suicide generally, as in a trend piece. Use caution not to survivor-blame, when reporting on a specific death by suicide.

RESOURCE [ReportingOnSuicide.org](https://www.reportingonsuicide.org)

Warning signs of suicide

The more of these signs a person shows, the greater the risk.

Warning signs are associated with suicide, but may not be what causes a suicide.

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or reckless
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

What to do if someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, substances or sharp objects that could be used in a suicide attempt
- Text TALK to the Crisis Text Line at 741741
or call the National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

REFERENCE CREDIBLE RESOURCES

Latest data on mental and substance use disorders and co-occurring disorders:

- National Survey on Drug Use and Health
<http://www.samhsa.gov/data/population-data-nsduh>
- State and Metro Reports
<https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2017>
- Monitoring the Future, an annual survey of drug and alcohol use and attitudes among 8th, 10th, and 12th graders
<http://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future>
- Resources to talk about mental health and get help
<http://www.mentalhealth.gov>
- National Institute of Mental Health's mental health information and educational resources
<http://www.nimh.nih.gov/health/index.shtml>
- CDC's mental health website
<http://www.cdc.gov/mentalhealth>
- Substance use disorder signs and symptoms
http://www.helpguide.org/mental/drug_substance_abuse_addiction_signs_effects_treatment.htm
- Comorbidity: addiction and other mental illnesses
<http://www.drugabuse.gov/publications/term/90/Comorbidity>
- Health insurance information and resources
<http://www.healthcare.gov>
- National, state and local mental health service organizations
<http://www.samhsa.gov/treatment>
- Reporting recommendations from the Entertainment Industries Council
 - Depiction suggestions
<http://www.eiconline.org/topic-areas/drugs-alcohol-tobacco/drugs/depiction-suggestions>
 - Reporting on suicide
<http://www.eiconline.org/topic-areas/mental-health>
 - TEAM Up Style Guide
<http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>
 - TEAM Up social media guidelines
<http://www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf>
- Association of Recovery Community Organizations
<http://www.facesandvoicesofrecovery.org/who/arco>
- Resources to get help for substance abuse
<http://www.drugabuse.gov/patients-families>

CALL TO MIND ATTRIBUTION IN MENTAL HEALTH CONTENT

Call to Mind is American Public Media's initiative to foster new conversations about mental health.

*When producing content primarily for audiences in Minnesota, substitute "Minnesota Public Radio" in place of "American Public Media."

EX: The Hilarious World of Depression > use American Public Media;
MPR News > use Minnesota Public Radio

For print and digital publication

This reporting is part of Call to Mind, American Public Media's initiative to foster new conversations about mental health. Learn more at calltomindnow.org.

Broadcast tag, back announce

This story/conversation is part of Call to Mind, American Public Media's initiative to foster new conversations about mental health. Learn more at Call to Mind Now dot Org (calltomindnow.org).

For a host-two way

This conversation is part of Call to Mind, American Public Media's mental health initiative. Learn more at Call to Mind Now dot Org (calltomindnow.org).

Optional content adjacency tag

... And for more stories like this one, check out Call to Mind, American Public Media's initiative to foster new conversations about mental health. Learn more at Call to Mind Now dot Org (calltomindnow.org).

The Call to Mind Style Guide was developed and updated from The Carter Center Mental Health Program's 2015 [Journalism Resource Guide on Behavioral Health](#). The Carter Center's document also contains additional style recommendations and valuable links to data. The Carter Center granted Call to Mind permission to reference and modify material from its resource guide in the development of this style guide to accommodate evolving mental health language and sensibilities on the topic.

NOTE: "[Behavioral health](#)" was a term designed to be inclusive of mental illnesses and substance use disorder, but "behavioral" has fallen out of favor for implying a choice in action. Call to Mind, along with leading mental health agencies and organizations, takes the position that the topic of mental health is inclusive of substance use disorders.

ADDITIONAL RESOURCES

Updated from AP Stylebook: [Mental illness](#)

Do not describe an individual as having a mental illness unless it is clearly pertinent to a story and the diagnosis is properly sourced.

When used, identify the source for the diagnosis. Seek firsthand knowledge; ask how the source knows. Don't rely on hearsay or speculate on a diagnosis. Specify the time frame for the diagnosis and ask about treatment. A person's condition can change over time, so a diagnosis of mental illness might not apply anymore. Avoid anonymous sources. On-the-record sources may be family members, mental health professionals, medical authorities, law enforcement officials or court records. Be sure they have accurate information to make the diagnosis. Provide examples of symptoms.

"Mental health condition" and "mental illness" are general terms, but should not be used as a catch-all.

Specific conditions are disorders and should be used whenever possible: "He was diagnosed with schizophrenia, according to court documents." "She was diagnosed with anorexia, according to her parents." "They were treated for depression." If there is no confirmable diagnosis, it is best to avoid mentioning.

Some commonly referenced mental disorders (they are lowercase), according to the National Institute of Mental Health:

- Autism spectrum disorder.
*Note: Many experts consider autism a developmental disorder, not a mental illness.
- Bipolar disorder (formerly manic-depressive illness)
- Depression
- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Schizophrenia

Here is a link from the NIMH that can be used as a reference: nimh.nih.gov/

Do not use derogatory terms, such as insane, crazy/crazed, deranged, nuts, psycho, or OCD, unless they are part of a quotation that is essential to the story. In general, avoid using slang terms with mental health connotations; instead try to use more interesting language: e.g., bizarre, absurd, ridiculous, odd, wild, eccentric, outrageous or other words.

DO THIS	INSTEAD OF THIS
That's wild, bizarre, odd, eccentric	That's crazy, psycho, insane, nuts

News you can use: Mental health reporting resources

Mental Health Journalism Online Resources from the Mental Health Journalism Fellowship program at the The Carter Center

https://www.cartercenter.org/health/mental_health/fellowships/journalism_resources.html

From The Carter Center Mental Health Program's 2015

[Journalism Resource Guide on Behavioral Health](#)

Substance Use and Recovery language guides from Substance Abuse and Mental Health Services Administration (SAMHSA)

https://www.samhsa.gov/sites/default/files/programs_campaigns/02_webcast_1_resources-508.pdf

Words Matter: Reporting on Mental Health Conditions from the American Psychiatric Association

<https://www.psychiatry.org/newsroom/reporting-on-mental-health-conditions>

CDC Public Health data

<https://wonder.cdc.gov/>

From American Psychiatric Association

People with mental illnesses are no more likely to be violent than those without a mental health disorder. In fact, those with mental health conditions are 10 times more likely to be the victims of violent crime.

Do not assume that mental illnesses are a factor in a violent crime, and avoid unsubstantiated statements by witnesses or first responders attributing violence to mental illnesses.

Studies have shown that the vast majority of people with mental illnesses are not violent, and experts say most people who are violent are not mentally ill.

Nevertheless, a first responder often is quoted as saying, without direct knowledge, that a crime was committed by a person with a “history of mental illness.” If used, such comments must be attributed to law enforcement authorities, medical professionals, family members or others who have knowledge of the history and can authoritatively speak to its relevance. In the absence of definitive information, there should be a disclaimer that a link had yet to be established.

Avoid descriptions that connote pity—afflicted with, suffers from, struggles with or victim of—unless in direct quotes. Rather, say they have/live with/cope with [diagnosis].

Double-check specific symptoms and diagnoses. Avoid interpreting behavior common to many people as symptoms of mental illnesses. Sadness, anger, exuberance and the occasional desire to be alone are normal emotions experienced by people who have mental illnesses as well as those who don't.

When practical, let people with mental disorders describe their own diagnoses.

Avoid using mental health terms to describe non-health issues. For example, don't say an awards show was schizophrenic.

Use the term mental or psychiatric hospital, not asylum.

See [disabled, handicapped](#); [phobia](#); [post-traumatic stress disorder](#).