

## How the news media can help destigmatize mental illness

As a news media professional, your actions have a powerful impact. What you choose to report on — and how you report it — shapes public perception. You can help save lives by responsibly reporting on mental illness and, when necessary, suicide.

Mental Health Awareness Month is a great time to review the latest professional recommendations for reporting on these important topics. We hope this document will be a useful reference both this month and all year.

### Reporting on 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. Seek firsthand knowledge derived from a medical examination; 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. When practical, let people with mental disorders talk about their own diagnoses.
- Avoid anonymous sources. On-the-record sources may be family members, mental health professionals, medical authorities, law enforcement officials or court records.
- Double-check specific symptoms and diagnoses. Avoid interpreting behavior common to many people as symptoms of mental illness. Sadness, anger, exuberance and the occasional desire to be alone are normal emotions experienced by people who have mental illness and those who don't.

### Unlinking violence and mental illness

- Do not assume that mental illness is a factor in a violent crime and avoid unsubstantiated statements by witnesses or first responders attributing violence to mental illness. Studies have shown that the vast majority of people with mental illnesses are not violent, and experts say most people who are violent do not have mental illnesses. Yet, it's a popular belief that these are linked, and as a news media professional, you can avoid these harmful stereotypes.
- Nationally, we've seen instances when first responders are quoted as saying, without direct knowledge, that a crime was committed by a person with a "history of mental illness." If used, such comments should 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. Without definitive information, there should be a disclaimer that a link had yet to be established.

### Mental illness terminology

- Mental illness is a general term. Specific conditions are disorders and should be used whenever possible. Further guidelines for reporting on specific mental disorders can be found in the AP Stylebook.

- When reporting on mental illness, identify the source for the diagnosis. Instead of saying “He is a schizophrenic” or “She was anorexic,” say “He was diagnosed with schizophrenia, according to court documents” or “She was diagnosed with anorexia, according to her parents.”
- Avoid descriptions that connote pity or use derogatory terms. Instead of saying “They suffer from depression,” “She is afflicted with bipolar disorder” or “He’s crazy,” say “They said they’re being treated for depression” or “She said she’s managing her bipolar disorder.”
- Avoid terms that dehumanize people who experience mental illness. Instead of saying “the mentally ill,” say “people with mental illness.” We recommend always using person-first language. They are a person first and foremost, and their diagnosis is something they are experiencing.

## Media plays an important role in preventing suicide

Covering suicide carefully can change perceptions, dispel myths and inform the public on the complexities of the issue. Media reports can result in help-seeking when they include helpful resources and messages of hope and recovery.

### Reporting on suicide

- Avoid describing or depicting the method and location of the suicide. Graphic details and images of suicide methods may increase risk of suicide attempt or death for individuals who are vulnerable.
- Avoid using the phrase “committed suicide.” Alternate phrases include “took her own life” or “died by suicide.” The verb “commit” with suicide can imply a criminal act. Do not refer to an “unsuccessful suicide attempt.” Instead, refer to an “attempted suicide.”
- Avoid describing intimate details about the person who died. Sharing personal information can lead some to over-identify with the person who died.
- Avoid presenting suicide as a common or acceptable response to hardship. Suicide is not a common reaction to adversity or mental illness. Instead, report that coping skills, support and treatment work for most people who have thought about suicide. We recommend also including the National Suicide Prevention Lifeline: 988 after July 2022 or 1-800-273-8255 before then.
- Avoid sensationalizing details in the headline or story. Instead, report on the death using facts and languages that are sensitive to a grieving family.
- Avoid overstating the problem of suicide by using descriptors like “epidemic” or “skyrocketing.” Instead, research the best available data and use words like “increase” or “rise.”

Other reporting resources can be found in the AP Stylebook and [reportingsuicide.org](http://reportingsuicide.org).

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### We’re here to help

The Kim Foundation is a nonprofit organization dedicated to increasing awareness around mental health and suicide prevention. We serve as a communication and connection link between individuals, families and organizations throughout Nebraska. We’re happy to speak with news media professionals or connect you to our mental health network for expert sources, quotes or any other opportunities.

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