

# GUIDELINES

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## Guidelines on reporting mental health in audiovisual media

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Generalitat de Catalunya  
**Departament  
de Salut**



**Consell  
de l'Audiovisual  
de Catalunya**

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# Guidelines on reporting mental health in audiovisual media

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## 1. GENERAL CONSIDERATIONS

Mental disorders encompass a broad spectrum of mental health conditions that can temporarily and substantially affect a person's ability to cope with everyday life. They can cause changes in thoughts, perception, mood, personality or behaviour, although sometimes these conditions are not visible or apparent to others. Unlike dementia or mental disabilities, mental disorders do not diminish or damage a person's mental faculties, but rather alter them sporadically. Anyone can suffer a mental health problem, just like any other illness. However, they can be treated and overcome, and many people with a mental health diagnosis lead completely normal lives.

Because of their impact on public opinion, the media can be a useful tool in normalising mental disorders, helping to break down stereotypes. Although media coverage of mental health issues is usually careful and sensitive, too much emphasis is sometimes placed on the risk of aggression, giving rise to fear and mistrust and exacerbating misunderstandings about mental illnesses.

Coverage of mental health issues in the media is a complex matter. That is why mental health associations worldwide endeavour to work with the media and help to improve the way it is dealt with.

Mental health problems are:

**Common:** according to the World Health Organization, 1 in 4 people have or will have a mental health problem at some time in their life. This may happen at any time of life, from childhood to old age.

**Of general interest:** everyone knows someone close to them who has first-hand experience, and we are all susceptible to experiencing mental health conditions throughout our lives.

**Stigmatised:** many people with a mental disorder have been victims of stigmatisation and discrimination. Many people who have been diagnosed shut themselves away for

fear of rejection. Stigmatisation thwarts recovery and can lead to as much or even greater suffering than the symptoms of the disorder itself.

## 2. A FEW EXAMPLES OF INAPPROPRIATE MEDIA COVERAGE

- **Treating mental health issues as uncommon or one-off.** Fact: mental health problems affect 25% of the world's population.
- **Alluding to people with mental health diagnoses as violent, dangerous or unpredictable.** Fact: people with mental disorders are no more violent than the rest of society.
- **Making sweeping generalisations such as: 'mentally ill people are...', or 'schizophrenics behave...', or using a diagnosis or label as nouns rather than adjectives.** Fact: each individual experiences and is affected by a mental disorder differently.
- **Taking the view that those affected have a disability, that mental disorders are incurable, and that they prevent a person from leading a normal life.** Fact: with proper treatment and a supportive social and family environment, people can overcome the limitations of a mental disorder and have a job, social relationships, look after their children, etc.
- **Treating anyone with mental health problems with pity or patronisingly.** Fact: the vast majority of people with mental disorders can perform tasks in work, community and social environments. All too often it is the stigma that curtails their access to these environments.
- **Putting mental disorders in the same sack as mental disabilities or dementia.** Fact: unlike dementia or mental disabilities, mental disorders do not diminish or damage a person's mental faculties, but rather alter them sporadically.
- **Using images that provoke sympathy or rejection to illustrate reports about mental health.** Fact: people with mental health problems do not want to be portrayed in a different light to the rest of society.
- **Using 'schizophrenic' or 'bipolar' to refer to two minds or to a dual or multiple personality.** Fact: schizophrenia and bipolar disorder are not personality disorders. Schizophrenia is a psychotic disorder and bipolar is an affective disorder.

- **Implying that medication is the only means of recovery.** Fact: depending on the mental disorder in question and scientific evidence, medication is often combined with psycho-social rehabilitation, psychotherapy, and family support.

### 3. LANGUAGE GUIDELINES

It is important to choose the right words to describe people with mental health problems. Inaccurate language use can reinforce stereotypes and stigmatisation. The table below gives some examples of frequently misused terminology, alongside suggestions for alternatives.

Poor use	Good use	Why
<i>A psychotic, schizophrenic, anorexic, autistic, etc.</i>	<b>A person who has or has had</b> psychosis, schizophrenia, anorexia, autism, etc., or, <b>someone who has a diagnosis of...</b>	People are more than merely their mental health diagnosis. This does not define them.
Using terms like <i>schizophrenic, bipolar, psychosis and depressive</i> to describe chaotic, irrational or bizarre situations or things.	Find <b>linguistic resources or adjectives that do not allude to mental health.</b> E.g.: <i>his/her statements were inconsistent.</i>	This negative adjectivisation perpetuates myths and stereotypes.
Scaremongering or morbid headlines that gratuitously mention mental health to grab attention.	Refer to mental health problems <b>only when it is essential to understand the news fully and always in context.</b>	Having a mental health condition is not a causal factor of violent behaviour.
<i>The mentally ill, the person suffering from mental illness, the victim, the affliction of the mentally ill.</i>	<b>A person with mental health problems, people who have or live with mental illness.</b>	Many people with mental health problems live a full life and make a full recovery.
<i>Inmates in mental hospitals, lunatics locked up in asylums.</i>	<b>Patients, users of mental health centres,</b> hospital admissions and rehabilitation processes.	People are treated at a hospital, not imprisoned in an asylum (an outdated and offensive term) or jail.
<i>Nutter, manic, psycho, lunatic, insane, demented....</i>	<b>A person with a mental health problem who has a mental disorder.</b>	These words are usually linked to danger, or strange or ridiculous behaviour.

## 4. GUIDELINES FOR NEWS PROGRAMMES

This section contains guidelines for informative programmes in various formats, such as TV and radio news programmes or bulletins, magazines, short reports, debate and interview shows, etc.

Reports about mental health problems can be improved by including first-hand accounts from people who have experienced them. Telling a ‘real life story’ can debunk myths and stereotypes and make content more interesting. When interviewing people with a mental health problem, it is important to:

**Listen to and respect** how far an interviewee wants to go with their statements. Remember that they are often sharing painful personal experiences.

Highlight **stories of personal triumph, recovery, empowerment and a normal life**. Giving detail about how somebody has recovered can help many viewers with their own problems.

**Avoid sensationalism** in the information, even when it comes to events that were traumatic for the interviewee. This also applies to headlines.

Whenever possible, encourage viewers to seek help if they think they may have a mental health problem.

When reporting on violent events, studies have shown that there is no actual link between mental health and violence. Before making this type of report, the following points must be considered:

**Is it relevant to the story that the person involved has a mental disorder?** Having a mental health diagnosis does not justify an aggressive character or behaviour and is not always the cause of a violent act.

**What are the sources? Can we rely on what the neighbours say to demonstrate somebody’s mental state or might it be based on assumptions?** Avoid any kind of speculation about the mental health of those involved if this information is not verified.

**Is it appropriate to mention a person’s mental disorder in the headline or at the start?** It is vital to respect the right to privacy of people with mental health problems and their families, as laid down in the code of ethics of professional journalists in Catalonia.

## 5. GUIDELINES FOR DOCUMENTARIES AND IN-DEPTH REPORTS

Works that are not so tied to current affairs such as documentaries and in-depth reports on mental health issues can help to inform and raise awareness, and to bring about a change in attitudes and behaviour towards mental health patients, especially if their own perspectives and experiences are included. The following points should therefore be considered:

### 5.1. Research

It is advisable to contact **mental health associations** to recruit participants who have first-hand experience for the documentary.

The **more perspectives depicted, the better**, because all individuals experience and are affected by mental health problems differently.

Mental health institutions can **advise on how to handle content** or review the script, as well as provide relevant data and information.

**Experts** from the various fields of knowledge related to mental health will help to give a scientifically based perspective.

### 5.2. Filming

**It is vital to respect the well being** of interviewees and their families.

**Explaining beforehand what the interview will touch upon will make it easier for** interviewees to share their personal experiences.

Ideally, **the programme will depict a wide range of people** to illustrate a mental health story: any person of any age, gender, profession and social status can have a mental disorder.

The vast majority of people with mental health problems are not admitted to hospital because of their condition, so it is more realistic to **show them in their usual public and private settings**.

Avoid images and audio that convey social isolation, obscurity, pity or rejection and that may help to perpetuate stereotypes rather than normality.

## 6. GUIDELINES FOR FICTIONAL CONTENT THAT SEEKS NORMALISATION

For fictional programmes that aim to portray mental illness as normal when the script and characters enable this, the following points should be considered.

Research by listening. Talking to people who have actually experienced mental health problems will help to make story with characters who have such conditions more authentic. It is important to ensure that in the context of the work the character's experience is authentic: real symptoms of the disorder, treatment options and available services. Getting advice from experts and mental health associations will also help to increase the authenticity.

Show characters with illnesses in their other roles in life, beyond the mental health problem. Depicting a character as having a mental health problem does not necessarily mean that his/her personality will change completely. If possible, ideally the character should be portrayed as being the same as ever, except that s/he is has an illness.

Show **how the other characters react**. Stigma and discrimination have a negative impact on the lives of people with mental health problems and it is interesting to show people's rejection or empathy towards the person affected and the positive or negative impact it has.

If possible in the format, give the story enough time to develop. The symptoms of mental health problems become manifest and get more intense over time. They do not appear overnight. Likewise, the recovery can be a long process.

Humour can be useful. Mental health issues can be addressed humorously and caringly, provided that they are not ridiculed or stereotyped.



## 7. COMPLAINTS ABOUT INAPPROPRIATE CONTENT

Anyone who finds a media representation or content to be inappropriate or stigmatise mental health issues, on any radio or television programmes or adverts on both public and private channels, can contact the following institutions:

- The **Catalan Audiovisual Council Audience Protection**. Users of the broadcast media can contact the Catalan Audiovisual Council (CAC) to make complaints, opinions, suggestions and queries about any radio or television programmes or adverts, on both public and private channels.

Go to [www.cac.cat](http://www.cac.cat) and click on 'Audience Protection'.

- The **Stigma Alert** programme ('Alerta Estigma') run by Obertament. The Stigma Alert programme is coordinated by a team of activists, people with mental health problems, which draws attention to media messages by notifying the media and educating them when their messages are stigmatising, offensive or foster stereotypes of mental health.

Link: [www.obertament.org/alertaestigma.html](http://www.obertament.org/alertaestigma.html)

# Organisations, associations and institucions

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## **These guidelines have been drawn up by:**

Catalan Audiovisual Council  
Department of Health, Regional Government of Catalonia  
Obertament

## **Organisations consulted:**

- Associació Catalana de Concessionaris Privats de TDT Local  
(Catalan Association of Private Concessionaires of Local DTT)
- Associació Catalana de Professionals de la Salut Mental  
(Catalan Association of Mental Health Professionals)
- Associació Catalana de Ràdio (Catalan Radio Association)
- Associació de Mitjans de Proximitat (Local Media Association)
- Associació d'Usuaris de la Comunicació (AUC) (Communication Users Association)
- Associació Empresarial de Publicitat (Advertising Business Association)
- Associació Pro Salut Mental de Catalunya (Catalan Association for Mental Health)
- Col·legi de Publicitaris i Relacions Públiques de Catalunya  
(Catalan Society of Advertising and PR)
- Col·legi Professional de l'Audiovisual de Catalunya (Catalan Society of Broadcasting)
- Col·legi de Periodistes de Catalunya (Catalan Society of Journalists)
- Consell de la Informació de Catalunya (Catalan Information Council)
- Consorci de Salut i Social de Catalunya (Catalan Health and Social Consortium)
- Corporació Catalana de Mitjans Audiovisuals (Catalan Broadcasting Corporation)
- Emissions Digitals de Catalunya
- Federació Catalana d'Entitats de Salut Mental en Primera Persona  
(Catalan Federation of Mental Health Associations in the First Person)
- Federació de Mitjans de Comunicació Locals de Catalunya  
(Catalan Local Media Federation)
- Federació Salut Mental Catalunya (Catalan Mental Health Federation)

- Fòrum d'entitats de persones usuàries de l'audiovisual  
(Forum for Audiovisual Users Organisations)
- Fòrum de Salut Mental (Mental Health Forum)
- Fundació Congrés Català de Salut Mental (Catalan Mental Health Congress Foundation)
- Sindicat de Periodistes de Catalunya (Catalan Journalists Union)
- Societat Catalana de Psiquiatria i Salut Mental  
(Catalan Society of Psychiatry and Mental Health)
- Teleespectadors Associats de Catalunya (TAC)  
(Associated Television Viewers of Catalonia)
- Unió Catalana d'Hospitals (Catalan Hospitals Union)
- Xarxa Audiovisual Local - La Xarxa (Local Broadcasting Network)



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