

Mind over matter Improving media reporting of mental health





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Description	This report analyses media coverage of mental illness. It finds that reporting tends to focus on cases of violence linked to mental illness to the exclusion of more balanced coverage of severe mental health problems. Shift proposes working with the media, voluntary sector and across Government to improve coverage. Objectives include dispelling myths, setting violent crimes in context and helping service users speak to the media.
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Foreword

Usually shifts in attitude are slow, even glacial. But once in a while, there's a change that's identified with a single event on a specific day.

One of those rare moments was September 23 2003 – the day the Sun's first edition carried a story with the headline “Bonkers Bruno Locked Up.” The negative reaction to that report on the plight of the former heavyweight champion Frank Bruno was so rapid and so intense that the headline was replaced in time for later editions, with “Sad Bruno in mental home.”

In that one episode, the entire mass media of Britain received a lesson in the presentation and reporting of mental health. Of course, there was no overnight transformation. Rather what the Bruno affair revealed was a change in attitudes that had long been under way – and the extent to which the Sun had failed to keep up.

That change was visible in Sun readers, who recoiled at such harsh, callous language. But it was also noticeable in the rest of the media, which instantly recognised the Sun's mistake.

None of this happened by accident. It happened through the patient, persistent work of both Government anti-stigma campaigns and groups in the voluntary sector, like the ones that have authored this report. Which is why journalists like me should listen when they speak out together now.

This latest report is no finger-wagging scolding of the media. It makes clear that on common mental health problems our reporting is no worse than our coverage of other health issues. Where we fall down is on severe mental illness, which we treat not as a crisis for the person concerned (as we would with any other extreme illness), but as a menace to the rest of society. The constant equation of mental illness with violence is at the heart of this problem.

Yet the report is no counsel of despair; it proposes a range of remedies. And let's not forget, the media have been led out of a similar hole before. There was a time when the press reported on black Britons not as people, but as a challenge, or even a threat, to “the rest of us.” Often the only time a black face appeared in a newspaper was to illustrate a story on crime. Slowly, the media changed its ways. Gradually, it began to report on the lives of black people in their own right – not solely for their impact on white folk. The tired, racist associations – of black men with violence – first receded and then became off-limits.

The same needs to happen to our relationship with severe mental illness. And the ‘our’ here is not just the media – but all of us. We all need to work together to make a real difference - the Government, the voluntary sector and the media. This report helps set us on that path.

Jonathan Freedland, Guardian columnist and broadcaster



Statement of support

Stigma blights the lives of far too many people experiencing mental ill health. The media has a vital role to play in helping reduce this stigma and improving people's understanding of mental illness.

That is why the National Union of Journalists welcomes a new report on media coverage produced by Shift, a government programme to reduce the stigma and discrimination experienced by people with mental health problems. The report recognises that people experiencing severe mental illness are often seen in the media as 'problem people' rather than 'people with a problem'. That is not just an issue for the media. National politicians have helped create this climate of public thinking.

Much of the report reinforces what has been said in earlier studies of media coverage. People with mental health problems and their carers need help to be heard in the media. Journalists often struggle to find either professionals or service users and carers to talk to them. Journalists interviewed say they need clear guidelines and contacts to help them, cover stories about mental illness. This is why the NUJ is working with Shift to update our own guidelines.

One of the report's key recommendations is that campaigners should reduce stigma by focussing on improving coverage of severe mental illness by journalists. This makes sense, as there have been significant steps forward in media coverage of matters such as depression.

The report offers encouragement by referring to improvement in media coverage of mental illness. Even the national tabloids have changed – hence the swift change of the Sun's headline directed at Frank Bruno's mental ill health!

The NUJ has a strong commitment to improving the lives of both its members and the general public who are experiencing mental ill health. We have been working with our freelance members on this very subject.

Attitudes do not change overnight. We note this is a five-year programme and the NUJ will play its part in bringing about the required change. We support Shift and the recommendations in this report.

Jeremy Dear, General Secretary, National Union of Journalists



Introduction

The survey

Shift, a five-year government programme to reduce the stigma and discrimination experienced by people with mental health problems, commissioned this survey of media coverage of mental health.

Shift is run by the National Institute for Mental Health in England (NIMHE). It is funded by and works with the Department of Health. *Shift* aims to create a society where everyone enjoys the same rights and opportunities as everyone else. Three national mental health organisations, the Sainsbury Centre for Mental Health, Mental Health Media and Rethink, were commissioned to carry out the survey.

Media coverage of mental health has long been a cause of concern for people who use mental health services, as well as their carers and those working in mental health. The survey aimed to:

- assess the current state of mental health coverage in the mass media at the outset of the *Shift* programme
- create a benchmark by which future changes in such coverage can be measured
- and make recommendations about how *Shift* and its partners, including the media, can help to bring about improvements in media coverage of mental health.

This survey provides an insight into the way the news and factual mass media cover mental health issues and portray people with mental health problems. It not only examines the kind of coverage that appears but also uncovers a great deal about the way journalists and producers go about covering mental health issues and the way members of the public receive and are influenced by that coverage.

This is a summary of the report. The full report can be found on the *Shift* website at www.shift.org.uk.

The problem

Mental health is a huge problem responsible for untold suffering. One in four people will experience a mental health problem at some point in their lives. Some 630,000 people in England are today in regular contact with mental health services¹. People with long-term mental health problems are one of the most excluded groups in society. Although many want to work, fewer than a quarter actually do – the lowest employment rate for any of the main groups of disabled people – making them one of the most excluded groups in society². People with mental health problems are not just excluded from jobs. They are excluded from education, healthcare and from playing a full part in our communities.

The economic costs are enormous too. About a million people on incapacity benefit in the UK have a mental health problem – more than the total number of people claiming unemployment benefit³. Mental health problems are estimated to cost over £77 billion a year through the costs of care, economic losses and premature death⁴.



Stigma and discrimination, which pervades society, reinforces this social and economic exclusion. Fewer than four in ten employers, for example, say they would recruit someone with a mental health problem, and many people fear disclosing their condition, even to family and friends⁵. People with mental health problems frequently report that the barriers they face because of their diagnosis have a bigger impact on their lives than their symptoms. They say they can manage their symptoms and get on with their lives, but fear, prejudice and discrimination take away the rights that others take for granted. The challenge for the media is to help end the stigma of mental health.

Progress so far

There have been dramatic improvements in media coverage of mental health issues in recent years. Depression, anxiety, stress, eating disorders, panic attacks, post-natal depression and obsessive-compulsive disorder – all these conditions and more are now widely reported on. We read in the health and news pages about these illnesses and watch documentaries on television about them. Celebrities like Frank Bruno and Gail Porter speak out about their mental health problems. Common mental illnesses have entered into the general lexicon. This is in stark comparison to ten or twenty years ago when we knew next to nothing about them.

Despite this undoubted progress, there remains a long way to go. Prejudiced attitudes about severe mental illness remain deeply ingrained in our society. The media can help challenge these preconceptions by changing how mental health is reported. The media cannot do this alone. It is only by working together that those with mental health problems, Government, the mental health sector and the media can improve coverage.



Method and analysis

The media analysis has a number of components both quantitative and qualitative. The analysis was based on a survey of media coverage in England of any aspect of mental health during March 2005.

The survey covered:

- eight national tabloid and broadsheet newspapers, including their Sunday equivalents
- eight regional newspapers
- national and regional television and radio news and factual broadcast programmes, including news programme aimed at young people
- 15 consumer magazines.

The project also ran focus groups. The first of these was made up of people with mental health problems, who helped design the survey. A further three focus groups were held after the survey was completed. At these post-survey groups, sample items of coverage were shown to those taking part to investigate their reactions and to gauge whether coverage could have an impact on their views. The three post-survey groups consisted of a broadsheet readers group, a tabloid readers group and a group of people with mental health problems who used a range of media.

One-to-one interviews were also held with six different journalists responsible for items of coverage included in the analysis. These journalists worked in national, as well as regional, broadcast and print media. Interviews concentrated on the journey from story initiation to final broadcast or publication.



Summary of findings

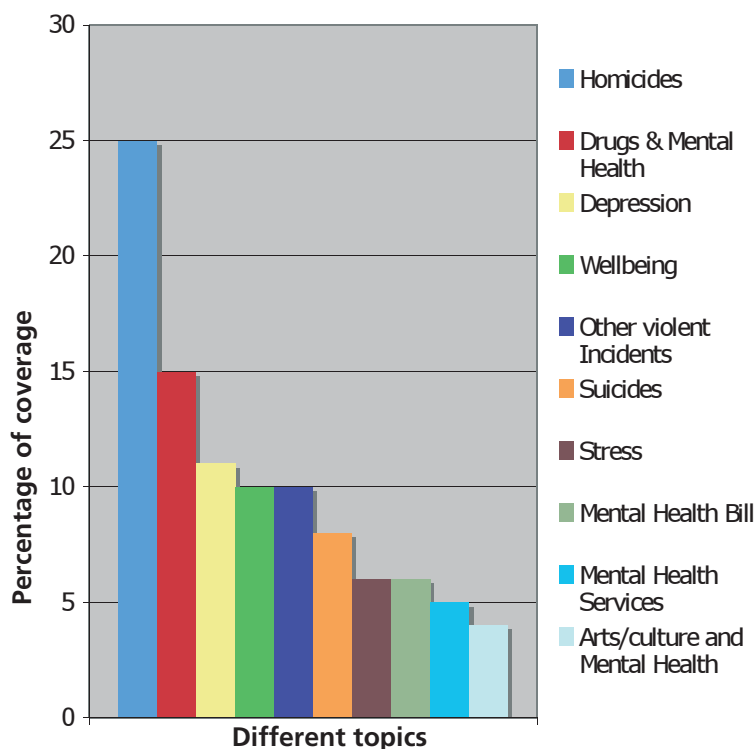
The sample period for the survey, March 2005, is not necessarily a representative month in terms of media coverage of mental health issues. There were three events that influenced press coverage that month. Firstly, John Barrett was convicted of killing Denis Finnegan in Richmond Park. Secondly, Peter Bryan was convicted for another homicide. This case was infamous for the 'cannibal' element of his offences, his history of mental illness and the fact he had killed two people previously. Thirdly, the Parliamentary Scrutiny Committee reported on the draft Mental Health Bill. These three events served to heighten media attention on the perceived links between violence, dangerousness and mental illness.

Also widely reported in March 2005 was the Home Office announcement of the review of classification of cannabis and the research linking the drug with mental illness. There was also research released on the positive impact of exercise on symptoms of mild and moderate depression. Finally, there were some high profile celebrity stories, such as the reported attempted suicide of TV presenter Gail Porter, who had post-natal depression.

Mental health topics covered

The majority of coverage in March was in the print media. Homicides and crimes were the most common stories covered in March 2005 accounting for 27 per cent of all coverage. The graph below shows the top ten topics for media coverage of mental health during the month.

Top ten topics



Overtly stigmatising words were rarely used in headlines. When used, they tended to be in connection with homicides and crimes. One example was a news story in The Daily Express with the headline 'Open more asylums to keep us safe from killer patients'.

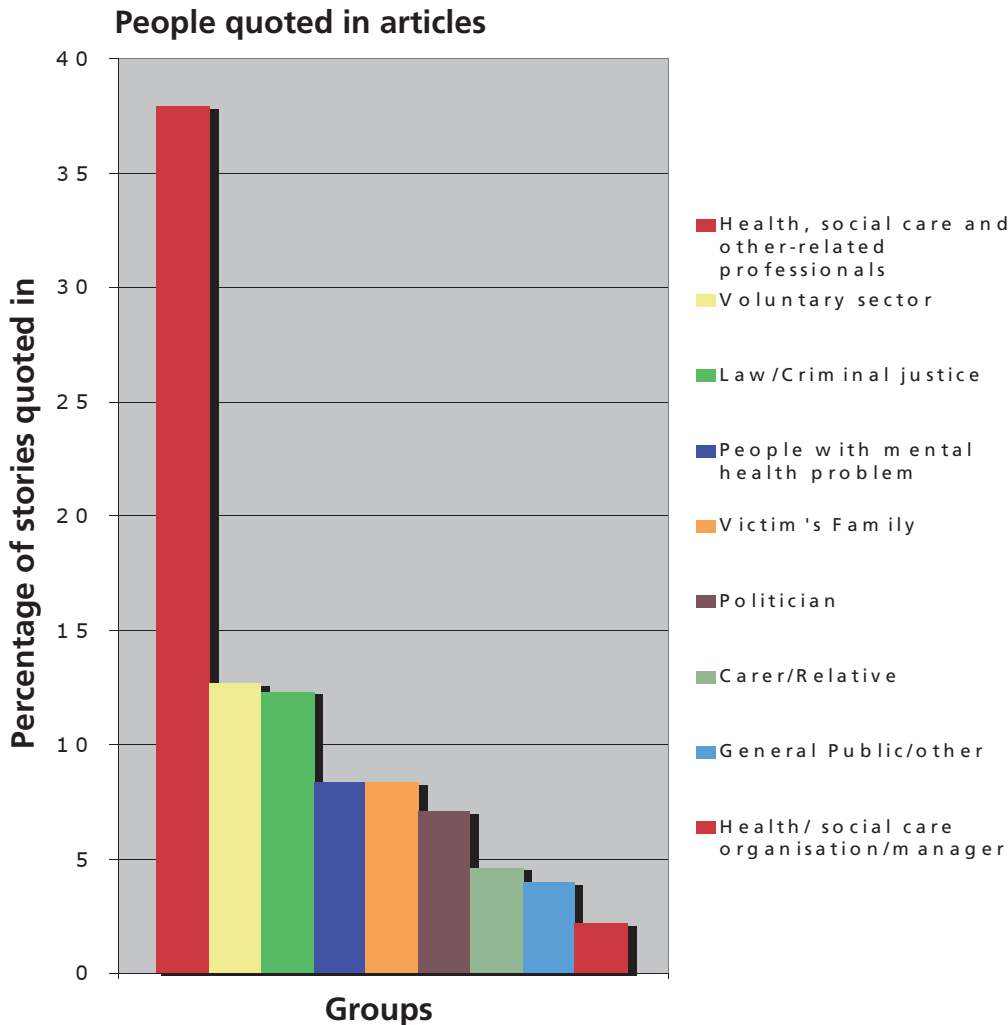


Summary of findings CONTINUED

Sources of comment

Professionals, mainly from the health and social care sectors, were quoted more frequently in stories about mental health than any other group. People with mental health problems were only quoted in six per cent of all pieces and carers in only three per cent. Their views featured more often in pieces about more common types of mental health problems. Criminal justice professionals and victims' families are often quoted in stories about severe mental health problems because of the connection with crime and violence. The graph below shows the number of quotes from each group across the whole sample.

The most common source of stories, where it was possible to attribute a story, was the criminal justice system, in other words the police and the criminal courts.





Tone of coverage

The survey looked at what messages could be inferred from the articles examined: the ideas that a recipient might be most likely to take from them. The most common messages related to the risks and causes of mental health problems (for example the possible link between cannabis and schizophrenia). These were found in 19% of stories. Messages about the risk of violence posed by people with mental health problems were present in 15% of stories, over three-quarters of which implied the risk was high, not low. Stories about mental health services were predominantly negative and focused on people with severe mental health problems. Items about different treatments, which invariably were about people with common mental health conditions, were largely positive in tone. Messages about recovery from mental ill-health, something people with mental health problems told us they were most keen to see, appeared in five per cent of the sample. Almost all of these were about common mental health conditions.

The messages people are most likely to take from mental health reporting in our sample, therefore, are predominantly about risk: either the risk of developing a mental illness, or the risk of violence. This was most pronounced in articles relating to severe mental health conditions. For common mental health problems, the breadth of messages was greater, with more messages about treatment, wellbeing and recovery. Such messages were almost never present in stories about severe mental health conditions.

Black and Asian media

Black and Asian newspapers were surveyed for mental health coverage but so few examples were found, that the results have been excluded from these findings.

Young people's media

The media aimed mainly at young people in our sample had very little coverage of mental health in the sample period. Consumer magazines aimed at young men and boys were very lacking in content about mental health, with the exception of two uses of pejorative language in football-related items.

Focus groups

Pre-survey – people with mental health problems

The first focus group, consisting of people with mental health problems, was held before the survey. They said they felt stigmatised by reporting of mental health. They were of the view that the media can fuel popular misconceptions about mental health problems. They were concerned that emphasis in the media on risk, violence and crime could encourage public fears and discrimination.

The focus group believed improvement could be made if there was more diverse coverage on issues relating to mental health. They also believed that celebrities being open about their mental health problems could have a very positive impact on public opinion. The remaining focus groups considered actual coverage in March 2005.

Post-survey – broadsheet readers

The broadsheet readers' focus group included people who did not know much about mental health issues. They believed that mental illness was a taboo subject. They acknowledged their fears but believed they read the news with a 'critical eye'. They felt that coverage in broadsheets was more trustworthy than in the tabloid press.



Summary of findings CONTINUED

Post-survey – tabloid readers

The tabloid readers felt they were more literal in their acceptance or dismissal of coverage. They acknowledged a general fear of mental health problems and the links with danger, but their perceptions of mental health varied more than those of the first group. Those who had had personal contact with people with mental health problems were critical of the media, whereas those without any personal contact were more likely to link mental health with violence and crime.

Post-survey - people with mental health problems

The last group, of people with mental health problems, were more mixed in their media consumption. They reviewed the press coverage as mainly negative and concentrating on dramatic and rare cases.

Findings of focus groups

The main issues emerging from the focus groups related to trust in chosen media, messages relayed by the coverage, the value of coverage and the involvement of people with mental health problems. The groups highlighted that the way people receive messages depends on their own experiences, their relationship with the medium concerned (for example if they regularly read a newspaper they believed it more than if they did not) and the power of images and words used (for example that pejorative or dramatic imagery can distort what is being said in a report). They showed that media producers' control over which messages are received and how they are interpreted is considerable but by no means absolute.

One consistent finding from all the focus groups was that people who had personal

contact with people with mental health problems invariably showed more understanding. They also tended to be more critical of media reporting which cast people with mental health problems in an unfavourable light. They were also much less likely to make a link between mental illness and violence compared to people with no first hand experience.

Interviews with journalists

The one-to-one interviews with journalists concentrated on the journey of a story, from source, through production, to release. Those interviewed indicated that they did not view mental health as a story in its own right and said that what interested them was the unusual, the sensational, conflict and human interest.

What journalists said was newsworthy

Journalist A: "We make a judgement about what the audience will be interested in. There is no sexiness in mental health unless someone has committed a terrible crime."

Journalist B: "Usually, mental health stories are of most interest to newspapers when they affect the wider public... Unfortunately mental health issues are not often seen as glamorous in their own right."

Both quotes, neither from 'tabloid' media, demonstrate that news is judged in terms of what is 'sexy' and 'glamorous'; that the needs of people with mental health problems themselves are of little interest until those people begin to threaten others in society.



Journalists commented on their frustration in trying to secure a balance in coverage when some parties were not available for interview. Those mentioned included government officials, voluntary sector organisations and people with mental health problems themselves, many of whom the journalists thought mistrusted the media.

Journalists also mentioned their frustration in securing relevant images and photographs to use in their mental health coverage. They were not aware of guidance on reporting mental health issues within their organisations or from mental health agencies. Those interviewed felt they would benefit from a style guide on reporting, a list of appropriate contacts in the sector and a reduction in the suspicion shown towards journalists and producers from those working in or using mental health services.

Key findings

- Homicides and crimes were the most common stories covered in March 2005 accounting for 27 per cent of all coverage.
- Overtly stigmatising words were only rarely used in headlines, but when used they tended to be connected with items about homicides and crimes.
- People with mental health problems were only quoted in six per cent of all pieces.
- The criminal justice system (the police and the criminal courts) were the most common known source of stories about mental health.

- Messages about the risk of violence posed by people with mental health problems were present in 15% of stories, most of which implied the risk was high.
- There was very little coverage of mental health in either young people's media or black and Asian media.
- Those who have had personal contact with people with mental health problems are more understanding of them, more critical of negative media reporting and more sceptical about links made by the media between mental health and violence.
- Journalists did not view mental health as a subject worthy of reporting in its own right but as an incidental source of stories about conflict, human interest, the unusual and the sensational.
- Journalists trying to provide balanced coverage were often frustrated by the difficulty of getting comments from government, the voluntary sector and people with mental health problems.
- Journalists called for those working in or using mental health services to be less suspicious of journalists and producers trying to cover the subject responsibly.
- Journalists also found it difficult to get relevant images and photographs to illustrate pieces about their mental health.
- Journalists were not aware of guidance on reporting mental health issues within their organisations or from mental health agencies.



Conclusions

Common mental health problems

There is much good reporting of mental health. Almost all the types of media surveyed carried some sensitive, balanced and thoughtful coverage of mental health issues. Among the more sensitive coverage surveyed was a feature in the Daily Mirror about individuals with pre-menstrual tension and one in the Birmingham Post about obsessive-compulsive disorder. There was also extensive television and radio coverage of the Mental Health Foundation's report on the benefits of exercise for depression.

Common mental health problems in particular were treated in the media in much the same way as other health issues. Coverage was wide-ranging and informative. The journalists and producers interviewed were all keen to develop a greater understanding about mental health: some had strong personal motivations to do so because they knew people who had mental health problems.

Severe mental health problems

However, severe mental problems are tackled quite differently. The concern is not for the 'patient' but for the wider public. The way the media portray people with severe mental health problems is more akin to that of asylum seekers, young offenders and drug users than it is to other groups of people with an illness or disability. They are seen as 'problem people' rather than 'people with problems'. Stories are invariably constructed first and foremost from a concern for 'public safety' and focus on failures of the system, neglecting the welfare of people with mental health problems.

The journalists interviewed were frank when they said they did not view severe mental health as a story in its own right. This needs to be addressed, so that severe mental health

problems are recognised for what they are - a major public health issue affecting well over half a million people in England.

Violence

Because severe mental health tends only to be considered of interest when something sensational and shocking happens, there is a clear tendency in reporting towards focusing on rare incidents of violence. A sensational court case, like the one of Peter Bryan, can become the subject of a media 'feeding frenzy', with the story becoming front page news. Of course, it is quite right and legitimate that the media reports on these events. But when the reporting of such cases is not set in context, coverage can reinforce stereotypes of people with severe mental health problems.

In some cases highly pejorative language is used and overall coverage can leave readers and viewers with the false impression that most or many people with a mental illness are violent. Many stigmatising stories relate to court cases and cases of violent crime. This can be damaging to the vast majority of people with severe mental health problems who pose no risk to others.

Race and young people

There is also a worrying overlap with another area for which the media has been criticised on many occasions: its portrayal of race issues. Much of the pejorative coverage of homicide featured stories of black men. This reflects a very strong and damaging stereotype in our society and is a major cause for concern. This is particularly concerning as the specialist media for these groups in the month surveyed did not cover mental health issues and so provided no counterbalance. For young people's media, mental health was all but invisible during March 2005.



Public ignorance

Our survey found that public ignorance about mental illness contributes to discriminatory views about people with mental health problems. Where people in the focus groups had personal contact with people with mental health problems, invariably they showed more understanding. This suggests the media can play a vital role in educating the public, promoting understanding of people with mental health problems and reducing fear and ignorance.

Source of comment

People with a mental health problem were quoted in only six per cent of the stories analysed in the survey. If the voices of people with a mental health problem continue not to be heard, ignorance will continue. This is where the media can play a vital role, promoting understanding of people with mental health problems by interviewing them and encouraging them to tell their stories.

Stigma

There is clear evidence that across the media coverage about severe mental health conditions is still highly problematic. From the use of stigmatising language to unhelpful comments by high-profile writers, the print media in particular is responsible for some content that is likely to reinforce and legitimise discriminating attitudes.

The Press Complaints Commission Code states that:

“The press must avoid prejudicial or pejorative reference to an individual's race, colour, religion, gender, sexual orientation or to any physical or mental illness or disability.”

Key facts about mental health

Shift will seek to make journalists more aware of some of the key facts about mental health in the reporting guidelines it is writing for the media in partnership with the Society of Editors and the National Union of Journalists. These facts include that:

- About 4,500 people⁶- more than 12 people a day – kill themselves every year in England. This is nearly double the number of people killed in road accidents, which are about 2,300⁷ every year.
- Fear is often based on the idea that people with a mental health problem may attack a member of the public at random. However, most people with a mental health problem are not violent – they are far more likely to be a risk to themselves than to anyone else – and most violence in society is not the result of mental illness.
- You are four times more likely to be attacked by someone with a history of alcohol abuse than someone with a severe mental health problem.
- Stranger homicides by people with severe mental health problems are rare.
- The number of stranger homicides by people with severe mental health problems has not increased over the last 30 years despite the introduction of care in the community⁸.



Recommendations

The survey outlines five principles for action that will support the improved coverage of mental health issues in the media:

1. Efforts to tackle stigmatising media coverage have to be focused on severe mental health problems. Reporting of common mental health problems is generally good. It is people with severe mental health problems who are most discriminated against, denied a voice and reporting on in a prejudiced way.
2. More work is needed to generate more serious coverage of severe mental illness as a health condition. Organisations working in this field need to redouble their efforts to promote 'normal' stories about severe mental health problems and to support individuals willing to tell their stories in compelling ways.
3. Organisations working to challenge the media representation of mental health need to better support and promote the views and experiences of people with mental health problems. They need to encourage individuals and create space for them to develop their skills and become media spokespeople for their organisations.
4. Speedy and concerted intervention is needed to prevent 'feeding frenzies' developing out of high-profile events and court cases. The Government and much of the voluntary sector have been noticeable in their absence in the reporting of major cases like the Peter Bryan one. The media will always cover sensational crime stories. The Government and voluntary sector needs to be better prepared to engage with it and provide a countervailing voice to those who feed public fears about the dangers

presented by people with severe mental health problems.

5. Sources of news, not just journalists and producers, need to be targeted in efforts to improve coverage. The police and courts and a range of political and academic bodies create news about mental health. Shift needs to work with these groups, as well as journalists, to promote better coverage in the media.

There are six key areas in which the *Shift* programme will work with the media, mental health organisations and Government to improve media coverage of mental health issues.

More 'real life' coverage of serious mental health problems

There needs to be more proactive work in this area involving the development of clear messages dispelling the myths relating to mental health problems and links with violence and crime. *Shift* will set up a 'mental health newsdesk' to help place positive stories with the media, re-positioning severe mental illness as a health condition worthy of reporting in its own right, rather than just a public safety issue.

Speakers Bureau - a better service for journalists

Journalists need the mental health sector to be quicker and more responsive to ensure balance in reporting. They also need easier access to people with direct experience of mental health problems and for greater trust to be built between them and those working in mental health. *Shift* will fund the setting up a Speakers Bureau that will train, support and pay people with mental health problems to be spokespeople. The programme will also support carers and professionals working in mental health services to work with the media.



Guidelines for journalists

Building on what exists already, *Shift* will provide a concise and pragmatic guide for journalists on reporting mental health, with useful contacts and key facts and figures. It will provide practical, sensible advice on preferred language for describing mental health. The aim is to create a guide which journalists will want to use and will find useful. *Shift* will make these guidelines widely available in hard copy and online.

Providing context in public statements

Shift, in partnership with the Department of Health, will continue to stress in public statements relating to mental health and violence, the fact that violent crimes involving people with mental health issues are rare and should be seen in perspective.

Better coverage of mental health issues in media that reach targeted audiences

Young people's media and media reaching people from black and minority ethnic communities require more support to create more positive coverage of mental health issues. *Shift* will commission work with both types of specialist media to investigate how they can be supported further.

Monitoring media coverage about mental health issues

Shift will monitor media coverage on mental health issues, praising good coverage and appropriately challenging bad coverage. It will also survey a snapshot of national and regional press coverage each year. This will enable us to see whether there has been any lasting change over time in how mental health is reported and to measure any improvement against the benchmark of this report. The proposed key indicators relate to the coverage of: homicides and crimes; needs and welfare issues for people with mental health problems; the involvement of Government and civil servants; the involvement of people with mental health problems and carers; and broader coverage of mental health issues in all forms of media. *Shift* will regularly publish its findings.



Recommendations CONTINUED

What can the media do?

One in four people will suffer from mental health problems at some point in their lives. This translates into more than 12 million potential readers and viewers across England. What can journalists do to respect the feelings of this huge audience? You can:

- Check if your organisation has any guidance on reporting mental health. *Shift* will be producing new practical guidance for journalists in association with the Society of Editors and the NUJ. We will provide you with this guide when it is complete.
- Always consider quoting someone with a mental health problem in stories about mental health. Most mental health charities will always be able to find someone suitable for you. *Shift* will soon have set up its Speakers Bureau, which will serve as a one-stop-shop for journalists seeking a quote about mental health.
- Remember when reporting on severe mental health that it is first and foremost as a major public health issue, rather than a public safety issue. *Shift* is setting up a 'mental health newsdesk' that will help to find stories that will help you broaden your reporting of severe mental health.
- Be conscious of the negative consequences of reporting crime and homicides without setting them in context. Speak to *Shift* on 0845 223 5447 or a mental health charity to get some background.
- Think twice about the language you use. Don't use terms, such as "maniac", that could offend and reinforce existing stereotypes.

What can the mental health sector do?

- The mental health sector needs to be quicker and more responsive to the media to ensure its voice gets heard.
- People with mental health problem need to be supported to get their views across and to build trusting relationships with the media.
- The sector needs to properly engage with the media when it covers sensational stories linking violence and mental health and provide a countervailing voice to those feeding public fears.
- The sector needs to work with *Shift* in its initiative to provide positive stories for the media, and it must redouble its own efforts to promote 'normal' stories about mental health.
- The sector needs to help provide the media with positive, relevant images and footage to illustrate pieces about their mental health.



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The National Union of Journalists
supports *Shift* and the
recommendations in this report

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