Entry on mental illness is added to AP Stylebook

March 7, 2013

The Associated Press today added an entry on mental illness to the AP Stylebook. “It is the right time to address how journalists handle questions of mental illness in coverage,” said AP Senior Vice President and Executive Editor Kathleen Carroll. “This isn’t only a question of which words one uses to describe a person’s illness. There are important journalistic questions, too.

“When is such information relevant to a story? Who is an authoritative source for a person’s illness, diagnosis and treatment? These are very delicate issues and this Stylebook entry is intended to help journalists work through them thoughtfully, accurately and fairly.”

The entry, which was immediately added to the AP Stylebook Online and will appear in the new print edition and Stylebook Mobile, published in the spring, reads as follows:

**mental illness** Do not describe an individual as mentally ill 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 can be family members, mental health professionals, medical authorities, law enforcement officials and court records. Be sure they have accurate information to make the diagnosis. Provide examples of symptoms.

Mental illness is a general condition. Specific disorders are types of mental illness and should be used whenever possible: *He was diagnosed with schizophrenia, according to court documents. She was diagnosed with anorexia, according to her parents. He was treated for depression.*

Some common mental disorders, according to the National Institute of Mental Health (mental illnesses or disorders are lowercase, except when known by the name of a person, such as Asperger’s syndrome): - Autism spectrum disorders. These include Asperger’s syndrome, a mild form of autism. Many experts consider autism a developmental disorder, not a mental illness. - Bipolar disorder (manic-depressive illness) - Depression - Obsessive-compulsive disorder (OCD) - Post-traumatic stress disorder (PTSD) - Schizophrenia
Here is a link from the National Institute of Mental Health that can be used as a reference:


Do not use derogatory terms, such as insane, crazy/crazed, nuts or deranged, unless they are part of a quotation that is essential to the story.

Do not assume that mental illness is a factor in a violent crime, and verify statements to that effect. A past history of mental illness is not necessarily a reliable indicator. Studies have shown that the vast majority of people with mental illness are not violent, and experts say most people who are violent do not suffer from mental illness.

Avoid unsubstantiated statements by witnesses or first responders attributing violence to mental illness. 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.” Such comments should always be attributed to someone who has knowledge of the person’s history and can authoritatively speak to its relevance to the incident.

Avoid descriptions that connote pity, such as afflicted with, suffers from or victim of. Rather, he has obsessive-compulsive disorder.

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 as well as those who don’t.

Wherever possible, rely on people with mental illness to talk about their own diagnoses.

Avoid using mental health terms to describe non-health issues. Don’t say that an awards show, for example, was schizophrenic.

Use the term mental or psychiatric hospital, not asylum.

Web: www.ap.org

Contact
Paul Colford
Director of Media Relations
212-621-1895
pcolford@ap.org

Erin Madigan White
Media Relations Manager
212-621-7005
emadigan@ap.org
Getting it right on mental health begins with facts and language

March 30, 2015

By Emily Necciai

Arthur Miller once said, “a good newspaper is a nation talking to itself.” With the nation talking about the Germanwings airplane crash in Europe, the “Getting It Right on Mental Health and Suicide” session presented Friday at ACES 19th national conference couldn’t have been more appropriate.

Melissa McCoy, an independent media consultant, began her session with those words from Miller, kind smiles and a few words of comfort. There was a lot to discuss and not enough time for everything, but getting the conversation started was what mattered.

McCoy outlined the current conversations about mental health: when we talk about mental health and the language associated with it. In the end, McCoy said, we don’t talk about mental health enough: We usually only see it in the media following tragedies or crises.

The media language associated with mental health issues has often been negative, McCoy said. But our goals in reporting and editing should be the same as with any other topic: We should be informative, fair and accurate.

Getting it right on mental health begins with knowing facts. According to the National Alliance on Mental Health Issues, one in four people in any given year will have a mental health issue, be it transitionary and temporary, or permanent.

McCoy explained a project she was a part of in California. She and a group from TEAM Up partners worked to quantify the language of mental health by looking at more than 20 California newspapers. They found that most of the papers used negative language to depict the topic and emphasized the person as dangerous.

That language, as well as history, has plenty to do with the cultural discrimination against people who have mental health issues, McCoy said. Discrimination and stigmas are far-reaching and can often prevent those with mental health issues from seeking help, she said.

What can the media do to reduce discrimination and stigmas? It can follow Dan Morse’s lead in a recent article from the Washington Post, McCoy said. Morse covered the story of Catherine Hoggle and her still-missing children. His story concentrated on the missing children. He did not mention until later in the article, and only briefly, that Hoggle had been diagnosed with schizophrenia. Morse referred to her as a person, not a “sufferer,” McCoy said.

Word choice is crucial. The phrase “committed suicide” has more negative connotations than you can imagine. Most likely derived from religious and insurance claim terminology, the phrase implies that a crime has been committed, McCoy said. Other words — even if said by a source — that should never be used are “crazy,” “off his meds,” “nut job” and “whack job.”
McCoy suggests using precision in writing (if a person is not suffering, don’t write “suffering from”), keeping the information at a “need-to-know” level and having a reporting policy when your publication talks about suicide and mental health.

Other recommendations from the session: Do not sensationalize or promote suicide as a contagion. Report on it as a public health issue. Provide hotline information (think of it as your public service roll). Read the new Associated Press guidelines on mental health reporting. Balance your coverage, avoid sensational headlines and, above all, ask yourself “Am I talking to my audience?”

TIPS AND RESOURCES

Sources: Make sure you are getting the correct information from the right people. Talk to the person with the mental illness and let their voice be heard.

Leads: Make sure your story follows the lead. Concentrate on what the story is really about.

Labeling: Do not label. Remember, the person is not the disease (i.e. “Jane, a mother of two…” not “Jane, a schizophrenic”).

HIPAA: Check HIPAA coverage. Who can you go to for information? Who should you keep information from?

Slang: Be careful about the words you use and when you use mental health terms in irrelevant situations. Never misuse or abuse words like, “schizophrenic” when talking about a sports team who couldn’t “decide if they wanted to play well or not.” Never refer to a thing as bipolar, and never say things like, “he’s so OCD.” It is lazy and not helpful to the reader.

Resources on mental health issues:

National Suicide Prevention Lifeline

National Institutes of Mental Health

Suicidal thoughts or actions? Call the National Suicide Prevention Hotline (available 24 hours a day and seven days a week) at 800-273-8255

Emily Necciai is a student at Carnegie Mellon University.