

# Mental Health Media AWARDS 2008


## Safe reporting of mental health issues

The causes and manifestations of mental health problems are very wide-ranging. It's impossible for the media to take into account how everyone will respond to particular coverage – e.g. of objects about which some people are phobic. But there are two areas in particular where the media should take all reasonable steps to avoid causing further emotional or physical damage. These are in the portrayal of suicide and of self-harming.

For both issues, there are sound mental health reasons, as well as media attractions, for their coverage. But they are issues which carry a responsibility for journalists and broadcasters since the manner of coverage can lead to imitation and/or triggering of these actions. There are other mental health issues which also require the media to behave in a responsible manner.

## Suicide

The Samaritans have developed media guidelines for the portrayal of suicide. (<http://www.samaritans.org.uk/know/pdf/media.pdf>). The key points these cover are, firstly the need to avoid:

- phrases such as 'un/successful suicide', suicide victim, 'just a cry for help'
  - simplistic explanations for suicide
  - brushing over the realities of a suicide (e.g. someone bouncing straight back after an attempted suicide)
  - explicit or technical details of suicide – e.g. specifying the number and type of tablets used in an overdose
  - romanticising or glorifying suicide
  - overemphasising the 'positive' results of a person's suicide – e.g. that it makes people regret the person's death
- 


In drama programmes, the guidelines additionally point out that imitations of a suicide portrayed are more likely if:

- the character is one that the audience (especially young people) easily identify with.
- the method of suicide is easy to reproduce and hard to intervene in.
- there is a positive resolution to the storyline and/or the person's death is very much mourned.
- the time of transmission is particularly emotive (e.g. Valentine's Day or Christmas), or outside of hours where people can easily get help.

Wherever possible, details of a helpline should be given, usually the Samaritans unless there is an additional contextualising issue, e.g. about suicide within a black or ethnic minority community.

### Self-harming

Most of the issues which apply to the portrayal of suicide are also relevant for how self-harming is shown in the media. It is well-recognised that seeing or hearing about self-harming can trigger an episode of self-harm so it can rarely be justified to show someone cutting, for example. Some additional points are:

- it is very common for information about self-harming to include a list of different methods. This is usually unnecessary and risky as it can give people ideas for how they can either start self-harming or 'diversify' their methods.
  - self-harming can, paradoxically, create very powerful 'positive' feelings at the time. These shouldn't be emphasised and the risks to people's safety, including in some situations the risk of death, should be included if possible.
  - the other negative effects of self-harming (e.g. concealment, avoidance of dealing more healthily with distress, impact on others) should be included if possible.
- 

### Other mental health issues

There are other mental health conditions which carry a risk that providing coverage could result in harm to audiences or readers. For example, people with Body Dysmorphic Disorder have an overwhelming dissatisfaction with the way they look and can take very extreme measures to 'improve' their appearance. Similar issues as above are important – e.g. being spare with the details.

### Off-setting potential harm from the way in which some mental health issues are portrayed

There can be a tension between providing information that is helpful to the public, and the need to protect individuals who may be, or become, vulnerable to very damaging actions. Some questions to consider in deciding the appropriateness of the coverage are:

- is the action referred to or actually shown?
  - if someone is describing in some detail self-harming methods, for example, is it a professional or a service-user?
  - is the inclusion of specifics of the action included for mainly dramatic effect (including in factual reporting) or for informative purposes?
  - If there is inclusion of the action in a way that runs counter to the Samaritans' guidelines, is this 'off-set' in some way? This could be within the body of the programme/article, or through providing details of helplines and other resources.
- 