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Journalism Resource Guide
on Behavioral Health

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The Carter Center, in partnership with Emory University, is guided by a fundamental commitment to human rights and the alleviation of human suffering. It seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health. Under the leadership of former First Lady Rosalynn Carter, a longstanding champion for the rights of people with mental illnesses, the Carter Center's Mental Health Program works to promote awareness about mental health issues, inform public policy, achieve equity for mental health care comparable to other health care, and reduce stigma and discrimination against those with mental illnesses.

The Rosalynn Carter Fellowships for Mental Health Journalism aim to enhance public understanding of mental health issues and reduce stigma and discrimination against people with mental illnesses through balanced and accurate reporting. Each fellow is awarded a \$10,000 stipend and provided with two required expense-paid trips to The Carter Center to meet with program staff and advisers. Fellows join a cadre of over 165 current and former fellows from the past two decades.

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FOREWORD

Behavioral health conditions impact everyone. Although stereotypes and misperceptions regarding mental health and substance use conditions are common, journalists can play an influential role in educating and informing the public about these serious public health issues and reduce the prevalence of sensationalized inaccurate information that fuels prejudice and discrimination. The Carter Center Mental Health Program and the Rosalynn Carter Fellowships for Mental Health Journalism are proud to provide this important resource guide for reporting on behavioral health issues. The information and resources found within these pages can support your efforts to report on behavioral health stories in ways that shed new light on a topic too often misunderstood. We believe your reporting can create a positive impact on the world that could be felt for years to come.

FAIR AND ACCURATE COVERAGE MATTERS

Behavioral health conditions, which include mental and substance use disorders, are a major public health issue and may be central to a news story. The news media have the power to help the public better understand these conditions by providing accurate depictions of individuals with mental illnesses and substance use disorders that avoid sensationalizing the news item and counter the misperceptions, prejudice, and negative beliefs that are often associated with these conditions. Fair and accurate coverage in the media can help create a society where people feel supported and are willing to seek and receive help for behavioral health problems. Encouraging help-seeking behavior can help resolve some of our nation's most complex issues through prevention and intervention. The following guidelines may help you report accurately, fairly, and sensitively on mental illness and substance use disorders and co-occurring disorders (concurrent mental and substance use disorders).

CONSIDER THREE IMPORTANT QUESTIONS¹

1. **Is mental illness or substance use relevant to the story?**

If it is not meaningfully linked to the story, there is no need to mention it. Avoid speculation and the generalized belief that behavioral health conditions explain unusual acts or behavior.

2. **What is your source for the mental illness and substance use diagnosis?**

Don't rely on hearsay. If someone's mental and substance use disorder is relevant, make sure your source is authorized to share information about the person's lived experience and that the information is accurate. Often individual circumstances have much more impact on events, such as violence or homicide covered in breaking news, than the presence of behavioral health conditions.

3. **What is the most accurate language to use?**

Using terms like "crazy," "lunatic," or "psycho" can perpetuate stereotypes and the discrimination experienced by people living with behavioral health conditions. Describe the individual first as a person who also is living with a specific behavioral health issue. It is important to note that the most accurate term to use is "substance use," not "substance abuse" or "substance misuse."

WORDS MATTER

As a journalist, you know firsthand that language and the meanings attached to words often impact, influence, develop, and change the attitudes toward the subjects of discussion. Your word choices can help tell your story in a manner that illuminates and creates greater understanding of these mental or substance use disorders and, by doing so, make it more likely people in need will seek help, or conversely, your choice of words can perpetuate stereotyping and discrimination. Use of “Person first” language — words that describe a person as having a condition and not as the condition itself (e.g., a person with schizophrenia vs. a schizophrenic, people with a mental illness vs. the mentally ill) — helps humanize the issue by placing the focus on the person living with a health condition. “Stigma” has been an all-purpose term for the negative attitudes faced by people with behavioral health issues. However, increasingly reporters are using more precise terms, when warranted, such as “prejudice,” “bias,” “social exclusion,” or “discrimination.” The terms listed below may have subtle differences; however, the use of one in place of another can make a significant difference in how people perceive themselves and how the public understands their conditions.

Avoid saying:	Instead, say:
Mentally ill Lunatic Psycho Schizophrenic (Schizo)	“a person with _____” [a mental illness diagnosis]
Wacko Looney Mad Crazy Nuts	“a person is _____” [disoriented, depressed, delusional, paranoid, hallucinating, etc.]
Addict Abuser Alcoholic Dirty/Clean	“a person with a substance use disorder” “a person who has a/an _____ use disorder” [drugs, alcohol, etc.]

Some members of the behavioral health community are using more precise terms such as “prejudice,” “discrimination,” “bias,” and “social exclusion” to describe the negative attitudes and behaviors faced by people living with mental or substance use disorders.

Use of person-first language and elimination of derogatory terms when referring to individuals living with behavioral health issues will make your reporting more accurate and precise and may influence help-seeking behavior for those experiencing mental or substance use problems.

REPORT BEHAVIORAL HEALTH FACTS

- Scientific research into the causes of and treatments for behavioral health conditions has led to important discoveries over the past decade and should be examined closely. Although science has not found a specific cause for many **mental health conditions**, a complex interplay of genetic, neurobiological, behavioral, and environmental factors often contribute to these conditions.²
- **Substance use disorders** are diseases of the brain that cause substance seeking and use, despite harmful consequences.³
- Mental and substance use disorders and co-occurring disorders are a major **public health issue**—behavioral health conditions will surpass all physical diseases as a major cause of disability worldwide by 2020.⁴
- The number of Americans who die by suicide is more than double the number who die by homicide.⁵ There can be a linkage between mental and substance use conditions and suicide.
- Behavioral health conditions are an **economic concern**. The estimated cost of substance use (including alcohol, tobacco, illicit and non-medical prescription drug use) in the United States totals more than \$600 billion each year,⁶ and mental health issues result in an estimated \$94 billion in lost productivity each year.⁷
- In the United States, an estimated 10.0 million American adults aged 18 or older (approximately 4.2 percent of all adults) experienced a serious mental illness last year,⁸ and research has found that people with these conditions die eight years earlier than the general population.⁹
- Mental and substance use disorders do not exclude any age, gender, ethnic, or socioeconomic group. Previous traumatic experiences are strongly associated with mental and substance use disorders.^{10,11}

DISCUSS PREVENTION AND EARLY INTERVENTION

- Reinforce that mental and substance use disorders, even many severe and chronic conditions, are **serious but often preventable**, similar to diabetes or hypertension.
- Emphasize that prevention, early diagnosis, and intervention matter. The younger a person first tries alcohol, the more likely he or she is to develop a substance use disorder as an adult.¹²
- Recognize that addressing environmental and familial or social factors related to adverse childhood experiences, violence, abuse, and other traumatic experiences can play a critical role in prevention efforts.
- Describe the signs and symptoms to raise awareness about mental health conditions and opportunities for prevention and early intervention, which reduce the risk of adverse health consequences and the need for later treatment. It is important to remember that everyone may exhibit symptoms from time to time such as difficulty sleeping but the persistence over a certain period of time is important for diagnosis. Refer to the “Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition” for more information. These signs include:^{13,14}
 - Mental illness—Prolonged depression; excessive fears, worries and anxieties; social withdrawal; psychosis; disordered thinking; disrupted sleep; and inability to cope with daily problems and activities.
 - Substance use disorders—Intoxication; hangover; feelings of fear, anxiety, or paranoia; sudden lack of motivation; financial problems; deteriorating relationships with friends and family; legal troubles; and change in physical appearance and health.

INCLUDE TREATMENT OPTIONS

Consider reporting the following facts to help minimize barriers to treatment:

- **Treatment is effective.**

- Between 70 and 90 percent of individuals with a mental health condition experience a significant reduction in symptoms and improvement in quality of life after receiving treatment.¹⁵ Research also proves that substance use treatment, including medication, can help patients stop using drugs, avoid relapse, and successfully recover.¹⁶
- Medications for opioid addiction, like buprenorphine and methadone, do not simply replace one opioid for another. These medications help to stabilize individuals, allowing for treatment of their medical, psychological, and other problems.¹⁷

- **Treatment is accessible and affordable.**

- Provisions under the Affordable Care Act and the Mental Health Parity and Addictions Equity Act (MHPAEA) improve access to and increase coverage of treatment for mental and substance use disorders. Treatment options include behavioral treatment (such as cognitive behavioral therapy), medication treatment, and recovery support services.¹⁸
- Through the Affordable Care Act, it is estimated that 32.1 million Americans will gain access to coverage that includes mental and substance use disorder benefits, and an additional 30.4 million Americans will see increased benefits in their coverage.¹⁹

- **People are supportive of those in treatment.**

- Fewer than one-fifth of Americans say they would think less of a friend or relative in recovery from an addiction.²⁰ Americans believe treatment works; more than two-thirds agree that treatment and support can help people with mental health issues lead quality lives.²¹

- **Treatment is available.**

- The Mental Health Facility Locator, online at <http://www.mentalhealth.gov>, provides information on more than 8,000 treatment facilities for people with mental health conditions.
- There are approximately 14,500 specialized drug treatment facilities that provide counseling, behavioral therapy, medication, case management, and other types of services to people with substance use disorders.²²

HIGHLIGHT RECOVERY

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. To help the public understand that people can and do recover, when possible:

- **Tell the story to let people know that recovery is possible.**

- **Suggest that recovery supports are often critical**, and may include support from friends and family, access to housing and meaningful activities such as a job or school, as well as medication, talk therapy, self-help and mutual aid, psychosocial rehabilitation, meditation, exercise, and other treatment options, often in combination. The path to recovery is unique for each individual.

- **Feature individuals in long-term recovery** to show that recovery is possible.

- **Mention support systems**, such as therapy, mutual self-help and peer support, which are important to help people achieve and sustain recovery.

When Reporting on Violence and Suicide

Most people with mental illnesses, such as schizophrenia, bipolar disorder, and major depression, are not violent and are actually more than four times more likely to be victims of violent crime than the general population.²³ Only 3–5 percent of violent crimes are attributable to people who have been diagnosed with a serious mental illness²⁴ even though approximately 1 in 5 Americans aged 18 or older experienced a mental illness last year.²⁵

Several guides are available for reporting on suicide, traumatic events, and violence. It is recommended that journalists refer to these guides, especially when violence is a part of breaking news, to produce the most accurate reporting.

- The Dart Center for Journalism and Trauma: Tragedies and Journalists
<http://bit.ly/1MYUV56>
The guide includes tips for interviewing victims, self-care during a crisis, and special points for photojournalists and editors.
- The Dart Center for Journalism and Trauma: Tip Sheet for Reporting on Suicide
<http://bit.ly/1IUheBP>
The tip sheet offers information about warning signs, avoiding misinformation and offering hope, and special suggestions for social media and bloggers.
- U.S. Centers for Disease Control and Prevention
Suicide Contagion and the Reporting of Suicide: Recommendations from a National Workshop
<http://1.usa.gov/1p3MBnO>
These recommendations were created to help reduce the possibility of media-related suicide contagion.
- Recommendations for Reporting on Suicide
reportingonsuicide.org
This website from a coalition of organizations provides best practices for reporting on suicide, including recommendations, examples, research, and experts.

REFERENCE CREDIBLE RESOURCES

- **Latest data on mental and substance use disorders and co-occurring disorders:**

- National Survey on Drug Use and Health:
<http://www.samhsa.gov/data/population-data-nsduh>
- State and Metro Reports:
http://www.samhsa.gov/data/us_map
- Monitoring the Future, an annual survey of drug and alcohol use and attitudes among 8th, 10th, and 12th graders:
<http://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future>

- **Resources to talk about mental health and get help:**

<http://www.mentalhealth.gov>

- **NIMH's mental health information and educational resources:**

<http://www.nimh.nih.gov/health/index.shtml>

- **CDC's mental health website:**

<http://www.cdc.gov/mentalhealth>

- **Substance use disorder signs and symptoms:**

http://www.helpguide.org/mental/drug_substance_abuse_addiction_signs_effects_treatment.htm

- **Comorbidity: addiction and other mental illnesses:**

<http://www.drugabuse.gov/publications/term/90/Comorbidity>

- **Health insurance information and resources:**

<http://www.healthcare.gov>

- **National, state, and local behavioral health service organizations:**

<http://www.samhsa.gov/treatment>

- **Reporting recommendations from the Entertainment Industries Council:**

- Depiction suggestions: <http://www.eiconline.org/topic-areas/drugs-alcohol-tobacco/drugs/depiction-suggestions>
- Reporting on suicide: <http://www.eiconline.org/topic-areas/mental-health>
- TEAM Up Style Guide: <http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>
- TEAM Up social media guidelines:
<http://www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf>

- **Association of Recovery Community Organizations:**

<http://www.facesandvoicesofrecovery.org/who/arco>

- **Resources to get help for substance abuse:**

<http://www.drugabuse.gov/patients-families>

COMMON MENTAL HEALTH CONDITION INDEX²⁶

CONDITION	DESCRIPTION OF SYMPTOMS
Attention Deficit Disorder/ Hyperactivity Disorder (ADD/ADHD)	Inattention or difficulty staying focused, hyperactivity or constantly being in motion or talking, impulsivity (e.g., often not thinking before acting)
Autism Spectrum Disorders	Impaired communication, cognition, social interaction, with various levels of restricted, repetitive behavior, focus, and actions. Includes Autism, Asperger's Disorder, Rett's Disorder, and Childhood Disintegrative Disorder
Bipolar Disorder	Recurrent episodes of highs (mania) and lows (depression) in mood; changes in energy and behavior; extreme irritable or elevated mood; an inflated sense of self-importance; risky behaviors, distractibility, increased energy and a decreased need for sleep
Borderline Personality Disorder	Intense emotions and mood swings; harmful, impulsive behaviors; relationship problems; low self-worth; a frantic fear of being left alone (abandoned); aggressive behavior
Generalized Anxiety Disorder (GAD)	An overwhelming sense of worry and tension; physical symptoms including fatigue, headaches, muscle tension, muscle aches, trouble swallowing, trembling, twitching, irritability, sweating, lightheadedness, nausea, and hot flashes
Major Depressive Disorder	A pervading sense of sadness and loss of interest or pleasure in most activities that interferes with the ability to work, study, sleep, and eat; negative impact on a person's thoughts, sense of self-worth, sleep, appetite, energy, and concentration
Post-Traumatic Stress Disorder (PTSD)	Relived trauma after experiencing a terrifying event, through nightmares or disturbing thoughts throughout the day; feelings of detachment, numbness, irritability, or aggressiveness
Schizophrenia	Hearing voices or believing that others are trying to control or harm the person; hallucinations and disorganized speech and behavior, causing individuals experiencing these symptoms to feel frightened, anxious, and confused (positive symptoms); lack of pleasure in everyday life and a "flat affect," which is characterized by reduced facial expressivity and dull or monotonous speech (negative symptoms)

COMMONLY MISUSED SUBSTANCES INDEX^{27, 28, 29, 30}

SUBSTANCE	HEALTH EFFECTS
Alcohol	In low doses, intoxication, mild stimulation, relaxation, and lowered inhibitions; in higher doses, drowsiness, slurred speech, nausea, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness/ increased risk of injuries, violence, fetal damage (in pregnant women), hangover, depression, neurologic deficits, hypertension, liver and heart disease, addiction, fatal overdose
Cocaine	Increased heart rate, blood pressure, body temperature and metabolism, feelings of exhilaration, increased energy, mental alertness, tremors, reduced appetite, irritability, anxiety, panic, paranoia, violent behavior, psychosis, weight loss, insomnia, cardiac or cardiovascular complications, stroke, seizures, addiction, nasal damage from snorting
Ecstasy	Mild hallucinogenic effects, increased tactile sensitivity, empathic feelings, lowered inhibitions, anxiety, chills, sweating, teeth clenching, muscle cramping, sleep disturbances, depression, impaired memory, hyperthermia, addiction
Inhalants	Stimulation, loss of inhibition, headache, nausea or vomiting, slurred speech, loss of motor coordination, wheezing, cramps/muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, unconsciousness, sudden death
Heroin	Nodding off, drowsiness, impaired coordination, dizziness, confusion, nausea, sedation, feeling of heaviness in the body, slowed or arrested breathing, constipation, endocarditis, hepatitis, HIV, addiction, fatal overdose
Marijuana	Intoxication, relaxation, slowed reaction time, distorted sensory perception, impaired balance and coordination, increased heart rate and appetite, impaired learning and memory, anxiety, panic attacks, psychosis, cough, frequent respiratory infections, possible mental health decline, addiction
Methamphetamine	Increased heart rate, blood pressure, body temperature and metabolism, feelings of exhilaration, increased energy and mental alertness, tremors, reduced appetite, irritability, anxiety, panic, paranoia, violent behavior, psychosis, weight loss, insomnia, cardiac or cardiovascular complications, stroke, seizures, addiction, severe dental problems
Prescription Drugs	<p>Varies by type:</p> <p><i>Depressants</i>—sedation/drowsiness, reduced anxiety, feelings of well-being and lowered inhibitions, slurred speech, poor concentration and confusion, dizziness, impaired coordination and memory, slowed pulse/lowered blood pressure, slowed breathing, tolerance, withdrawal and addiction, increased risk of respiratory distress and death when combined with alcohol</p> <p><i>Opioids</i>—pain relief, intoxication, drowsiness and sedation, weakness, dizziness and nausea, impaired coordination and confusion, dry mouth, itching, sweating, clammy skin, constipation, slowed or arrested breathing, lowered pulse and blood pressure, tolerance, addiction, unconsciousness, coma, or death, risk of overdose increased when combined with alcohol or other CNS depressants, risk of overdose and use of medications that alter opioid metabolism (risk of drug-drug interactions)</p> <p><i>Stimulants</i>—feelings of exhilaration, increased energy and mental alertness, increased heart rate, blood pressure and metabolism, reduced appetite, weight loss, nervousness, insomnia, seizures, heart attack, stroke</p>
Synthetic Drugs	<p>Varies by type:</p> <p><i>Synthetic cannabinoids</i>—rapid heart rate, vomiting, agitation, confusion, hallucinations, increased blood pressure, heart attack, addiction</p> <p><i>Synthetic cathinones</i>—rapid heart rate, high blood pressure, chest pains, paranoia, hallucinations, panic attacks, addiction</p>

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