The Carter Center Journalism Resource Guide on Mental Health Reporting

THE
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A Note from the Carter Center CEO

Former First Lady Rosalynn Carter established the Carter Center's Mental Health Program to continue the visionary work she began in the White House to combat discrimination against people with mental illnesses and advocate for improved mental health care in the United States and abroad. The Rosalynn Carter Fellowships for Mental Health Journalism, established in 1996, have served as an innovative and effective way to achieve those goals.

Paige Alexander, CEO, The Carter Center

Mrs. Carter understood that journalists play a crucial role in contributing to a more informed and engaged society. She knew that journalists could help people better understand mental health issues through accurate, empathetic, and in-depth storytelling.

This guide is designed to give journalists the information and resources they need to responsibly report on topics related to mental health and substance use disorders. At The Carter Center, we believe that every story is ultimately a mental health story, and we hope that this guide will be useful to all journalists, no matter their beat or platform. Time and again, we've seen that increasing accurate and effective reporting on mental health issues helps raise awareness, spread hope, and, in many cases, effect policy change.

On Nov. 19, 2023, Mrs. Carter passed away at the age of 96. We miss her deeply and are proud to dedicate this guide to Mrs. Carter and her vision. We hope it assists journalists in their reporting on mental health and substance use disorders and in handling these stories with care, compassion, understanding, and hope. Thank you for the important work that you do.

Paige Alexander
Chief Executive Officer
The Carter Center

> *"We have a great opportunity to change things forever for everyone with mental illness. The solutions are truly within our reach."*
>
> — First Lady Rosalynn Carter

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Foreword

Behavioral health conditions impact everyone.
Treatment is effective.
Words matter.

When the Carter Center Mental Health Program published the first version of this resource guide in 2015, these were strong—and much-needed—assertions.

Since that time, much has changed for the better. In recent years, the public has gained a more sophisticated and science-based understanding of mental health and mental illness.[1] There is evidence that part of the prejudice long directed at people with mental health issues has begun to decrease.[2] A rising generation of young journalists, who grew up with peers and celebrities talking openly about addiction and mental illness, is bringing a much greater degree of understanding and awareness to their newsrooms' coverage of mental health issues.

Social justice movements have brought a new level of demand for news coverage that treats marginalized and vulnerable populations—including people with mental illnesses—with dignity and respect. In response, a wide range of news and entertainment industry groups have published guidelines for covering and creating content about mental health issues with accurate information. The Carter Center is proud to be part of the movement that has helped change the conversation about mental health and mental illness in a positive direction.

The Carter Center was an early proponent of educating journalists in the science of mental health and sensitizing them to the ways that storytelling can fight negative attitudes toward people with mental illness and lead to solutions.

In preparing these guidelines, an update of our 2015 "Resource Guide on Behavioral Health," we have drawn upon the collective expertise of more than two decades' worth of Rosalynn Carter Mental Health Journalism Fellowship program alumni, and of the program's professional advisory board. The result is a document that is closely tailored to the needs of journalists working amidst the complexities of today's world. The updates include more extensive statistics, a discussion of the mental health fallout of COVID-19, and an emphasis on inclusive sourcing and trauma-informed reporting.

We have also broadened our lens beyond the United States to consider mental health from a global perspective. Recognizing that mental health and mental illness—and the practice of reporting itself—always exist in a specific cultural context, we hope that journalists in other nations will use this guide as a starting point and will customize it as needed. It is meant to be a living document, regularly adaptable to the needs of an ever-changing world.

A New Era for Mental Health Reporting—and New Challenges

The COVID-19 pandemic brought with it a perfect storm of stressors long known to pose dangers for mental well-being: isolation and uncertainty; fear for our health; loss of loved ones; economic insecurity; lack of routine; increased domestic violence; and a constant barrage of bad news, often replete with disinformation.[3]

Depression and anxiety rose worldwide by an estimated 25% in the pandemic's first year.[4] COVID put the subject of mental health on the national agenda in the United States and in countries around the globe like never before. The news media followed suit.

In 2019, there were 32,084 stories containing the phrase "mental health" in U.S. national media. In 2023, there were 35,865 in the first six months alone.[5]

In many ways, this vast increase in coverage was a very good thing. More conversation and the inclusion of conditions such as depression and anxiety in news stories exploring the biggest global disease outbreak since the 1918 flu, meant that mental health and physical health appeared side by side, two faces of the universal phenomenon of overall well-being. This was real progress and should not be lost.

The Carter Center has long believed that mental health and mental illness, just like physical health and illness, exist on a continuum; that **we all have mental health, just as we all have physical health**—and just as we all, at any given moment in time, may find ourselves in better or worse physical condition, we can expect to pass through greater or lesser degrees of mental well-being throughout our lives.

The news media has a key role to play in normalizing discussions of mental health and making them as central as other common public health issues in conversations about the overall well-being of our societies. Responsible journalists, reporting and writing with respect, cultural humility, nuance, and accuracy, can reduce the prevalence of sensationalized and inaccurate information that fuels ridicule, prejudice, and discrimination. Through fair and factual reporting, they can nudge readers away from fearful biases toward people with mental illness and substance use disorders and make them aware of possibilities for change. In an age where much talk about mental health has migrated into the free-for-all of social media, the role of journalists in setting standards of accuracy is more important than ever. This guide aims to provide a conceptual framework—along with high-quality resources and useful statistics—to do just that.

The Basics

"Mental health conditions," "mental illnesses," "mental disorders," "mental health," "behavioral health" ... the terminology, often used interchangeably, is confusing for reporters, editors, and news consumers alike.

It's not always easy to pinpoint exactly which language to use—nor what, precisely, everyday terms like "mental health" and "mental illness" really mean.

Having a confident grip on the basics is essential. Here's a short primer:

Mental health includes a person's psychological, social, and emotional well-being. It affects how people cope with the stresses of life, learn and work, adapt to change, engage with others, and contribute to their communities.

Mental illnesses are disorders of thought, behavior, or emotion that impact a person's ability to relate to other people and participate in the activities of daily life. Although their symptoms—sadness, anxiety, feeling down, having trouble sleeping, for example—can be common, to qualify as indicators of illness, they must last over a period of time and cause some form of meaningful impairment. People whose mental health conditions substantially interfere with or limit one or more major life activities are said to suffer from serious mental illness.

Substance use disorders are conditions in which a person is unable to control their use of substances such as alcohol, drugs (legal or illegal), or prescription medications, despite knowing they will encounter harmful consequences from that use, and even when their ability to function in everyday life is impaired by using.

Mental illness and substance use disorders are complex, **chronic conditions**. Yet, when well-managed, their symptoms may abate to the point that they can be fully **in remission**.

Recovery is the activity of striving to be physically healthy and generally well; to live a purposeful and self-directed life, enjoy loving support and relationships; and work to reach one's full potential as an active participant in society. It is defined by the National Institute on Drug Abuse as a dynamic state—"a process of change." The definition applies equally to the process of recovery from mental illness.[6]

Stigma is defined by the Oxford Dictionary of Psychology as "a mark of disgrace associated with a person, a personal quality, or a personal circumstance" and has long been the preferred term for the specific forms of prejudice and discrimination directed against mental illness and people with mental illness. (And, arguably, those who treat persons with mental illnesses and addictive diseases.) Some members of the mental health community, including The Carter Center, now advocate using words such as "prejudice," "discrimination," "bias," and "social exclusion" instead to distinguish between negative attitudes and behaviors.

> Mental illnesses are disorders, ranging from mild to severe, that affect a person's thinking, mood, and/or behavior. Mental illnesses are among the most common health conditions in the world. In fact, nearly one in five adults live with a mental illness.
>
> — Substance Abuse and Mental Health Services Administration, "What Is Mental Health?," 2023

Words Matter

A lot has changed since 2015, when our guide to nondiscriminatory and fact-based writing advised journalists not to use words like "lunatic," "psycho" and "whacko." There's much more sophistication now among journalists, and a growing number of advocacy, trade, and news organizations have published guidelines and stylebooks for mental health reporting.

That's a very good thing. But there's still work to be done. Language choices, even the most subtle, can make an outsized difference in whether journalists spark empathy or hope in the individuals and families challenged by these disorders or build prejudice.

Respectful and precise language will not just make your stories more accurate but can make a significant difference in how people perceive themselves, whether they seek care, and how the public understands their conditions. Sensitive language may even influence help-seeking behavior for people experiencing mental or substance use problems by reducing the stigma associated with those issues.

Using "person-first language" is a key way to humanize discussions of mental illness by placing the focus on people, not their conditions.

Avoid saying	Instead, say
The mentally ill OR A mentally ill person	"A person with mental illness"
A schizophrenic	"A person with schizophrenia"
A depressive	"A person with depression"
An addict	"A person with a substance use disorder"
An alcoholic	"A person who has an alcohol use disorder"
Dirty/Clean	"A person in active addiction/A person in active recovery"
Committed suicide	"Died by suicide/Killed him/her/themself"
Suffers from	"Is being treated for/has been diagnosed with" (anxiety, depression, an eating disorder)

Also consider: It might be tempting to write that someone living with mental illness or a substance use disorder is "suffering," but that's a damaging assumption. As the Entertainment Industries Council notes, "Don't make an assumption about how someone with a mental illness is handling his or her life. Use value-neutral terms."[7]

Consider the Audience

A major change in this update to our 2015 guidelines is that we have replaced "behavioral health" throughout with "mental health." The reasoning is simple: we want to write the way most people talk. We want, as good journalists do, to use language that's as precise and impartial—as free of jargon, ideology, or commercial influence—as possible.

"Behavioral health" is the preferred term for health insurers, some treatment providers, and some advocates in the U.S., both public and private, and is also used to refer to treatment for mental illness and addictive disease. Those who use the phrase often argue that it removes the silos that unhelpfully separate the treatment for mental illnesses and substance use disorders or addictive disease. Yet, experts note that mental health conditions—including addiction—involve far more than behaviors. The focus on the "behavioral" can obscure the more complex nature of these disorders and can also feed negative beliefs and shame linking mental health conditions to violence or, in the case of children, classroom disruption.[8]

Mistakes happen… make the most of them

Aneri Pattani

When Aneri Pattani, a senior correspondent at KFF Health News and a 2019–2020 Rosalynn Carter Journalism Fellow, was a young crime reporter, she routinely wrote about people who "committed" homicide, arson—and suicide. When mental health advocates and surviving family members told her that, by applying a word used for crime in connection with the tragedy of taking one's own life, she was violating one of the most important rules for reporting on suicide with sensitivity, she was mortified. Particularly once she learned that decades of research showed insensitive reporting could contribute to increasing the suicide rate.

Pattani decided to do more than change her own behavior. Teaming up with Dr. Holly Wilcox, a professor in the department of mental health at the Johns Hopkins Bloomberg School of Public Health, she created a Coursera class to get academic-caliber information on best practices for covering suicide out to other reporters and journalism students. The three-part course is comprehensive, easy to follow, and free—and we can't recommend it more highly.

Three Essential Questions

Reporting on mental health and substance use disorders can be daunting. As you begin the reporting process, consider these essential questions to help ensure your stories are accurate, empathetic, inclusive, and solutions-focused.

1. Is your reporting accurate?

- Have you gotten your facts straight?
- Have you checked your statistics?
  - Do you understand them?

2. Do you have high-quality sources?

- Are they reliable?
- Are they inclusive?
- Have you spoken with people living with mental illness instead of just talking about them?

3. Have you told the whole story?

- Are you contextualizing your story in a historical, economic, or social framework?
- Are you reflecting more than the world of your peers?
- Have you considered solutions?

We break down each of these questions with additional examples and context in the following pages.

Question 1: Is your reporting accurate?

THE FACTS MATTER

Despite great advances in the scientific understanding of mental health and mental illness, received wisdom too often trumps science in mental health journalism. Although news coverage has gotten better in recent years, many common myths remain in circulation.

Myths

"Everybody has something" these days.

Mental health issues are "First World problems."

Using alcohol or drugs is someone's choice. If they get addicted, it is their own fault.

People with mental illness are violent and dangerous.

Such myths fuel negative stereotypes of people with mental illness and/or addictive disease and the providers who care for them. And that matters a great deal, because that kind of stereotyping has very concrete effects, which go far beyond words: Stories packed with misleading statistics, incorrect "facts," or over-the-top anecdotes can stoke fear and anger toward people with mental illness or addictive disease. Research has shown that the stigma of mental illnesses can serve as a major obstacle to care-seeking and recovery, to getting or maintaining a job, to having a social life, to living with confidence and without shame, and to participating fully in society. It has led to shortages of mental health and addictive disease professionals, and to at least some of all societies' chronic underfunding of mental health and addictive disease treatment and supports.[9] These obstacles mean that people who would have benefited from seeing a mental health professional have continued to live and work burdened by shame and treatable conditions.

Providing fair and accurate coverage of mental health issues means taking care to avoid feeding common myths and repeating received wisdom. Present the facts instead.

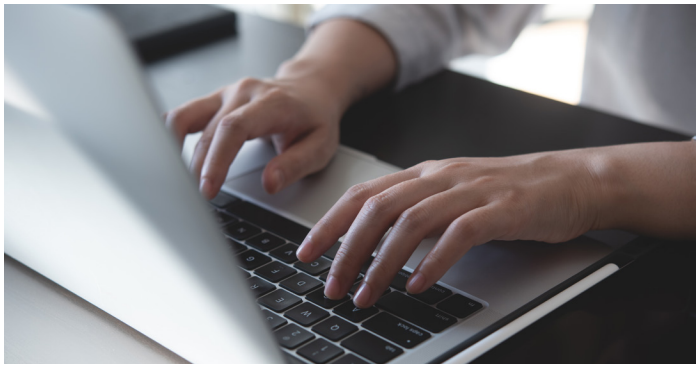
Myth

"Everybody has something" these days.

Fact

Everyone has problems sometimes such as difficulty sleeping or feeling sad after a loss, but to qualify for a psychiatric diagnosis, those troubles must persist over a set period. They need to be strong enough to cause distress or to impair a person's ability to engage in productive activity (work or study) or relate to other people.[10] Using dismissive phrases like "well, we've all got something" trivializes the problems of those with mental health disorders and casts doubt on the professionals who work with them.

In a study conducted between 2006 and 2018, Americans' overall understanding of mental health increased, including the ability to better distinguish between the problems of daily life and actual mental illness.[11]



Myth

Mental health issues are "First World problems."

Fact

Mental disorders are common in all countries and subcultures. Although they may look different in different cultures and be talked about in different terms,[12] they do not exclude any age, gender, ethnic, or socioeconomic group. While their prevalence may appear to vary somewhat between high- and low-income countries (somewhat higher in the former),[13] global mental health experts attribute those variations more to matters of demographics (low-income countries tend to have a higher proportion of young children, among whom mental disorders are less common) and to cultural factors that affect what gets reported and how. Misunderstanding of mental disorders and misperceptions play a role in the gross underfunding of quality resources to promote mental health for all.

Myth

Using alcohol or drugs is someone's choice. If they get addicted, it is their own fault.

Fact

While it's true that individuals make choices about substance use, the development of addiction is a complex interplay of various influences. Research consistently shows that genetic factors contribute significantly to developing substance dependence.[14] Likewise, the environment in which a person grows up can have a profound impact on their likelihood of developing addiction.

Individuals who have experienced trauma, whether physical, emotional, or psychological, are at a higher risk of using substances as a coping mechanism. Neurobiological changes are often at play, too: Prolonged substance use can lead to changes in the brain's structure and function, affecting judgment, decision-making, and the ability to control impulses.

Blaming individuals oversimplifies a complex issue and impedes efforts to provide effective support and treatment for those grappling with addiction.

Myth

People with mental illness are violent and dangerous.

Fact

Violence and mental illness have consistently been linked in the public imagination, particularly when media coverage and political discourse highlight the mental health challenges of perpetrators of mass shootings.[15] Perhaps for that reason, in 2018, more than 50% of Americans believed that people with schizophrenia and alcohol use disorders posed a danger to others and 30% believed people with depression posed a threat to others.[16]

The truth is, **less than 5% of violence in the U.S.** is committed by people diagnosed with mental disorders.[17] There is evidence that people with untreated severe mental illness may be at increased risk for violence in periods of psychosis or during psychiatric hospitalizations,[18] particularly if they're having "persecutory delusions," and especially when under the influence of drugs or alcohol.

People with mental illness are far more likely to be victims of violent crime than to perpetrate it.[19] When it comes to mass violence, the most common characteristics that matter aren't the presence or absence of any mental condition, but being male, harboring grievances, feeling victimized or mistreated, and being indifferent to life and willing to die by suicide.[20]

The Stats Matter

Where to find the best statistics? In the United States, most government agencies and advocacy groups obtain statistics from the Substance Abuse and Mental Health Services Administration's National Survey of Drug Use and Health (NSDUH), which is updated annually and derived from responses by approximately 70,000 people. The United States Centers for Disease Control and Prevention (CDC) also has surveys on health behaviors, prevalence of mental health disorders, and use of treatment resources.

For global data, the World Health Organization (WHO) compiles extensive and well-sourced statistics on mental health and substance use. Important to note: WHO's methodology and definitions are somewhat different from those typical in the U.S., and it measures disorder prevalence according to the International Classification of Diseases (ICD), not the Diagnostic and Statistical Manual (DSM).

It's important to remember that you can't generally compare numbers derived from one agency to those of another. You may even be unable to fairly compare those from the same agency from one year to another (as was the case with the NSDUH in the years 2019, 2020, and 2021, due to changes in survey practices during COVID-19.) Always read the fine print. And don't pick up statistics from other news outlets without checking them against the original source. When using academic studies, try to read them in their entirety. Look at the number of people they're based upon; sample size matters. And never hesitate to reach out to the original researchers if you have any questions; they usually are more than eager to help get things right.

Also consider: There has long been a tendency to sensationalize when reporting on mental illness. This tends to stoke backlash—and a new trivializing or erasure of issues that are of urgent importance. The actual numbers on mental health and mental illness are striking enough. Get your stats straight and your story will have real staying power.

WHAT DOES GOOD MENTAL HEALTH REPORTING LOOK LIKE?

We're glad you asked. Here are some outstanding examples from past recipients of the Rosalynn Carter Fellowships for Mental Health Journalism.

Hannah Furfaro

'Not Sick Enough': This investigative series, from 2022–2023 Rosalynn Carter fellow Hannah Furfaro, does an excellent job of describing mental illness—in this case, eating disorders—without judgment. Furfaro spoke directly to a teenager seeking treatment, her family, and a variety of experts. This multipart series, which was published in The Seattle Times, offers resources for support, features troves of data and includes first-person accounts from the teen at the center of the story.

Families take drastic steps to help children in mental health crises: This story, by 2018–2019 fellow Christine Herman, examines the lack of affordable, sufficient treatment for children with significant mental health problems, which has forced some families to give up custody to get care. While Herman highlights a dire problem, she also offers solutions, exploring the efforts that U.S. states are making to reform their mental health care systems.

Christine Herman

Josh McGhee

Illinois Is Getting Better At Answering Calls To The Suicide Crisis Line. Will Chicago's South Side Be Left Behind?: MindSite News reporter and 2023–2024 Rosalynn Carter fellow Josh McGhee co-published a story about mental health-related 911 calls in Illinois and the use of force that such calls sometimes generate. This powerful investigation is a great example of how to use data, offer historical and cultural context, provide resources, and interview a variety of sources.

Conversations with Sydney: This solutions-oriented podcast was inspired by a question that Micah Fink will never forget: "Dad, is it normal for so many kids to be thinking about killing themselves?" Fink, a documentarian and 2022–2023 Rosalynn Carter fellow, sought answers to help his teenager, Sydney, and others. This award-winning podcast, which features Sydney and Fink interviewing mental health experts, aims to help parents and teens navigate difficult topics.

Micah Fink

Question 2: Do you have high-quality sources?

THE BEST SOURCES ARE BOTH RELIABLE AND INCLUSIVE

Mental health is an area of medicine that inspires a striking amount of contention and controversy. This can complicate journalists' efforts to report on the subject fairly and accurately. The best way you can assure that you're getting your facts straight is by sticking with the science—which means finding experts to interview at universities and government agencies, such as the National Institute of Mental Health (NIMH) and the Centers for Disease Control and Prevention (CDC), or the World Health Organization (WHO), making sure articles you reference are peer-reviewed and comply with "gold standard" research protocols, and, of course, that you understand the studies you're citing. It also means triple-checking material from organizations and people who are strongly identified with a particular point of view.

Consider also incorporating the expertise and perspectives of peer support workers, people who share the experience of living with a mental illness or substance use addiction.

Inclusion matters—and inclusive sources are high-quality sources.

In the United States, psychiatry and psychology are still predominantly fields composed of white practitioners—a demographic reality ill-suited to serve an increasingly diverse population. In journalism too, a lack of diversity has compounded a tendency toward tunnel vision—an over-focus on the mental health struggles of middle- and upper middle-class white Americans, accompanied by an overreliance on quoting a narrow group of much-cited, generally white and male, long-established experts.

Just because certain people get quoted a lot doesn't mean they're the best for your story. Often, the most innovative new work is coming from younger and less-well-known researchers and practitioners, and they are more likely to be women and people of color. (According to the American Psychological Association, 26% of psychologists under age 36 were nonwhite in 2018, compared with 8% of those over age 50.[21])

A Strikingly Homogeneous Profession

In 2019, about 40% of the U.S. population identified as part of a racial or ethnic group other than white.

And yet,

84% of U.S. psychologists were white

6% were Hispanic

4% were Asian

4% were Black or African American

2% were American Indian, Alaska Native, Hawaiian or Pacific Islander or of two or more races.

American Psychological Association, "Psychology's Workforce is Becoming More Diverse," Monitor on Psychology, Nov. 1, 2020, available at https://www.apa.org/monitor/2020/11/datapoint-diverse

SEEK DIVERSE PERSPECTIVES

People of different racial and ethnic origins, different educational and socio-economic backgrounds (and of all the different permutations of how these backgrounds intersect) have different histories of interaction with the mental health community, varying expectations around mental health care, sometimes divergent ways of talking about mental illness and mental health, and different degrees of willingness to speak out beyond the family when they or someone they know isn't doing well. What does not differ, however, is the omnipresence of both common and uncommon mental health conditions, even if they've historically been diagnosed in different groups at very different rates.

There is no way to even begin to capture the truth about mental health and mental illness without inclusive sourcing that can bring different stories and perspectives to light. That's why it's important to make your best effort to achieve racial, socioeconomic, gender, and geographical diversity among the experts you interview. Don't just do so in relation to "their" populations; and don't only be inclusive when you're talking about "diversity issues"; normalize inclusiveness in seeking out experts from underrepresented groups on any topic you cover.

If doing your due diligence in reporting beyond the usual suspects doesn't bring you the inclusiveness in sourcing that you need, the press offices of any major trade group (like the American Psychiatric or Psychological Association) can point you in the right direction.

Remember that inclusive sourcing means diversity of opinion, too, which can be a particular quagmire in a specialty as contentious and faction-bound as the area of mental health. Make sure you're not advancing someone else's agenda and taking too narrow a view of a development in the field.

Represent different points of view, within reason. But don't make all points of view even for the sake of "balance" if the science doesn't back some of them up. Always have some go-to experts lined up who don't have a dog in the fight with whom you can get a reality check. And always try to include the voices of the people directly affected by changes in the science or practice of mental health. In other words, don't just talk about people with mental illness; speak with them.

Cultural Humility

In 2020, New York University psychiatrists Helen-Maria Lekas, Kerstin Paul, and Crystal Fuller Lewis wrote an influential paper in which they articulated the notion of "cultural humility" as a highly useful orientation for mental health practitioners serving patients whose racial and ethnic backgrounds were different from their own. They defined it as a stance toward patient care based, in part, on viewing patients themselves as experts, particularly when it came to the social and cultural contexts in which their lives unfold. "Cultural humility means admitting that one does not know and is willing to learn from patients about their experiences, while being aware of one's own embeddedness in culture(s)," they wrote.[22] The formulation applies very well to reporting, too, especially when it comes to reporting among people with mental illness. Don't tell them what their experiences are like. And don't say things like "I know how you feel"—because you don't.

Question 3: Have you told the whole story?

TELLING THE WHOLE STORY MEANS AVOIDING SIMPLE EXPLANATIONS

Although it often seems to people that mental illness comes "out of nowhere," that is almost never the case. Neither is it usually the case that mental illness is "caused" by a single factor in a person's life: by excessive use of social media, for example, or a painful breakup.

Scientists haven't found any one specific cause for mental illness. What they know is that mental health conditions result from a complex interplay of genetic, neurobiological, behavioral, and environmental factors.[23] As in all areas of medicine, there are social determinants of mental health, and there are cultural determinants of help-seeking. If you ignore that larger context, your story will only be partly true.

Make sure you know and can convey the background behind the anecdotes you provide. To tell a single story is to get the story wrong. Write about the realities that surround seeking help and the barriers that get in the way of receiving it. Be aware of and ready to listen for and discuss all the contributing factors, such as family history or genetics, neurobiological factors, learned behavior, and environmental norms. When appropriate, consider the sorts of life experiences that play a role in the development of mental illness, such as trauma, particularly during childhood.

Trauma-Informed Reporting

After multiple years of COVID-19, climate disasters, an upsurge in racist rhetoric and violence, and, in the United States, multiple decades of school shootings, the public is starting to join the mental health community in recognizing the central role that trauma plays in the psychological challenges faced by so many people today. Experts have known for decades that childhood trauma or "adverse childhood experiences," also known as ACEs, particularly when they're unmediated by a calm, comforting, and trustworthy adult presence, can lead to a wide range of negative physical and mental health outcomes later in life. They know that mental illness and substance use disorders can be triggered by adult trauma as well.[24] Recently, vicarious trauma has become a serious problem, especially for young people, as violent acts, such as police killings, are captured on video and replayed endlessly on social media.[25]

Acknowledging the environmental, familial, and social factors related to adverse childhood experiences, such as violence, abuse, neglect, and other forms of trauma, and addressing how these experiences can be addressed, both therapeutically and preventively, can play a critical role in demystifying mental health issues and increasing the likelihood that people will seek help.

When reporting on mental health, listen for stories of trauma. Remember that it's possible for such retellings to retraumatize the survivor and learn the skills of trauma-informed reporting to lessen that likelihood. (See below.)

Know too that hearing stories of trauma can itself be traumatizing. Practice self-care while reporting. The following resources can help you learn how.

- The Dart Center for Journalism and Trauma has a number of excellent resources, including a guide to best practices for interviewing survivors of trauma and a trauma reporting style guide to aid in writing with sensitivity.
- Reuters has an extensive mental health and resilience resource, with a big emphasis on tools for journalists' self-protection.
- TraumaWork's Trauma Reporting Toolkit has a wide array of resources as well.

Complex Problems Require Complex Solutions

Telling stories in a way that reinforces simple explanations feeds the sense that there is nothing for families and friends to do by way of prevention. Indeed, much mental health journalism, however well-intentioned, leaves readers feeling hopeless, fearful, and overwhelmed. That's not good for anyone's mental well-being or ending discriminatory behaviors, or encouraging help seeking. But it is possible to be thoughtful about the mental health impact of your stories while remaining true to your journalistic mission.

Solutions journalism—a method of taking reporting beyond problem exposition to intelligently explore how people are trying to create change—offers a way to do more: to tell a deeper, more meaningful, and more comprehensively accurate story without crossing over into advocacy. While journalists often define news as "what's gone wrong," solutions journalism is rooted in the belief that responses to problems are also newsworthy.

Taking a solutions-oriented approach to mental health journalism means:

- Showing that, for many people with mental illness, **treatments work**—though it usually takes a combination of personalized treatments and supports over time.
- Taking a clear-eyed view of the **obstacles** that nearly always make accessing and affording good treatment and the necessary supports highly challenging—while also pushing hard to describe innovative people and programs that offer **hope and change**.

- Focusing not just on mental illness but **mental well-being** and how to promote, build, and maintain it.
- Offering a variety of ideas for **free, accessible** ways for readers and viewers to boost their mental well-being, such as joining support groups, meditating, exercising, or spending time outside.
- Writing about **prevention**. Knowing that, in many cases, the most serious forms of mental illness can be preventable and that, in almost all cases, **prompt diagnosis and early intervention** can make a world of difference, persons of all ages have the ability to learn to manage their mental health issues so that their quality of life and ability to function are impacted as little as possible.
- Remembering **collective solutions**: the ways that societies can build communities that support or impede good mental health for all.
- Highlighting **recovery**—which approximately 65% to 70%[26] of people with a mental health condition or a substance use disorder say they experience—in all its complexity: false starts, setbacks, and success stories. Again, **recovery** is the activity of striving to be physically healthy and generally well; to live a purposeful and self-directed life, enjoy loving support and relationships; and work to reach one's full potential as an active participant in society.

Warning Signs

To prevent mental illnesses and promote mental well-being, people need to know what the causes are and what the early signs of mental and emotional distress look like, especially in the young but in all ages. Accurately describing them in your stories can raise awareness and create opportunities to potentially prevent mental illness or mitigate the trajectory and intervene early, helping reduce the risk and disabling effects of a mental illness.

The American Psychiatric Association provides a useful list of warning signs that may indicate that a person is experiencing symptoms of a mental illness. You may wish to incorporate it, in whole or in part, into your stories.

RESOURCES FOR JOURNALISTS

REPORTING ON SUICIDE

Suicide is contagious. That's a terrible fact. But there's a well-established body of research that shows how the words of journalists can trigger or prevent a contagion effect. Some highlights:

Remember always to list the 988 Suicide & Crisis Lifeline at the end of your stories. (Call or text 988 or chat at 988lifeline.org.)

- To reduce the risk of copycat suicides, don't provide a "how-to," i.e., avoid giving exact information about the way someone died by suicide.
- Don't feed unhealthy interest in a suicide by posting photos or videos of the place of death or of mourners.
- Don't encourage the idea of attention-getting via suicide by putting "suicide" (rather than "dies" or "death") in your headline or by putting a suicide story on the front page.
- Don't encourage a sense of competition or desire for accomplishment in stories of suicide by saying attempts "succeeded" or "failed."
- Don't use the blaming-and-shaming phrase "committed suicide"; instead, opt for the less stigmatizing "died by suicide," "took his life," or "killed himself."
- Don't build your stories around dire-sounding statistics unless you know for sure that they are correct and deserving of attention.

TO HELP PREVENT SUICIDE, SHARE THE WARNING SIGNS

Journalists can help prevent suicide by including in their stories as much concrete, actionable information as possible to aid vulnerable people and their friends and family in recognizing the signs of suicidal thinking and seeking help. The website of the Substance Use and Mental Health Services Administration provides concrete and succinct lists of red-flag behaviors in adults and young people, noting the risk of suicide is greater if any of these behaviors are new or have increased, and if they seem related to a painful event, loss, or life change. If the signs are identified in youth, SAMHSA recommends taking immediate action such as calling the 988 Suicide & Crisis Lifeline (call or text 988 or chat at 988lifeline.org).

There are some great resources for reporting on suicide. Some of the best include:

- The National Action Alliance for Suicide Prevention's National Recommendations for Depicting Suicide
- The Dart Center for Journalism and Trauma's Suicide Reporting Toolkit and Preventing Suicide: A Resource for Media Professionals.
- Reporting on Suicide's Best Practices and Recommendations for Reporting on Suicide.

DEFINITIONS AND STATISTICS

The following is a partial list of high-quality sources of information and statistics about mental health and substance use disorders:

- SAMHSA's annual National Survey on Drug Use and Health.
- The University of Michigan's annual Monitoring the Future survey, which tracks drug and alcohol use and attitudes about that use among eighth-, 10th-, and 12th-graders nationwide, funded by the National Institute on Drug Abuse.
- Detailed mental health information (information on mental disorders, treatment, and therapies, statistics on prevalence, treatment, and costs and consequences of mental illness) from the National Institute of Mental Health.
- The Centers for Disease Control and Prevention produce a mass of mental health statistics regarding adults and teens, with a particular focus on high-risk behaviors.
- The American Psychological Association's Stress in America survey.

HELPING READERS GET HELP

Generic lists of sources for finding help are often overly general, outdated, overwhelming, and unhelpful. Consider connecting readers and viewers to local chapters with help-seeking services. SAMHSA's Find Help page is a useful starting point. Mental Health America offers resources for people seeking help and crisis support and a listing of local affiliates. And the National Institute of Mental Health's website offers extensive and well-organized information about mental disorders and treatment options, among other materials.

TAKE YOUR MENTAL HEALTH REPORTING TO THE NEXT LEVEL

The Rosalynn Carter Fellowships for Mental Health Journalism awards year-long, nonresidential fellowships to journalists in the U.S. and worldwide to report on a mental health topic of their choice. The Carter Center's **Mental Health Parity Collaborative** brings together U.S.-based newsrooms focused on expanding news coverage on mental health care access, parity, and inequities. *To learn more about these programs, please visit mentalhealthjournalism.org.*

STYLE GUIDES AND REPORTING GUIDELINES

The following represents only a partial sample of the wide array of guides on language and reporting best practices available now for mental health journalism:

- The American Psychiatric Association's media guide.
- The National Center on Disability and Journalism's Disability Language Style Guide
- The National Association of Hispanic Journalists' Cultural Competence Handbook
- The American Academy of Pediatrics' recommended terminology in talking about substance use disorders (contained in a longer research article).
- Among its many invaluable pages, the AP Stylebook's latest edition contains very useful entries on mental illness, addiction, suicide, and inclusive storytelling.

Endnotes

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The Carter Center and Mental Health

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. Continuing the legacy 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 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. During the year-long, nonresidential fellowship, each fellow is awarded a stipend and provided with two required expense-paid trips to The Carter Center to meet with program staff and advisors. Fellows join a cadre of more than 250 current and former fellows, located in the U.S. and worldwide, since the program's founding in 1996.

“I want people to know what I know—that today because of research and our knowledge of the brain, mental illnesses can be diagnosed and treated effectively, and the majority of those with these conditions can recover and lead fulfilling lives…going to school, working, raising a family, and being productive citizens in their communities.”

Former U.S. First Lady Rosalynn Carter
(1927–2023)

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