Reporting on Mental Health

How to report on tough issues respectfully and responsibly

NC State University Student Media | September 2023

Take care of yourself first

- We’re going to be talking about tough things here – mental illness, addiction, suicide.
- It’s OK to take a break or leave entirely.
- We are normalizing mental health here.
- We’re here to help each other get through this thing called Life.
- Be kind to yourself and to others.

Mental Health Snapshot

Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder, February 2023

All Adults

All Adults

Age

18-24

25-49

50-64

65+

NOTE: Adults having symptoms of depressive or anxiety disorder were determined based on having a score of 3 or more on the Patient Health Questionnaire (PHQ-2) and/or Generalized Anxiety Disorder (GAD-2) scale.

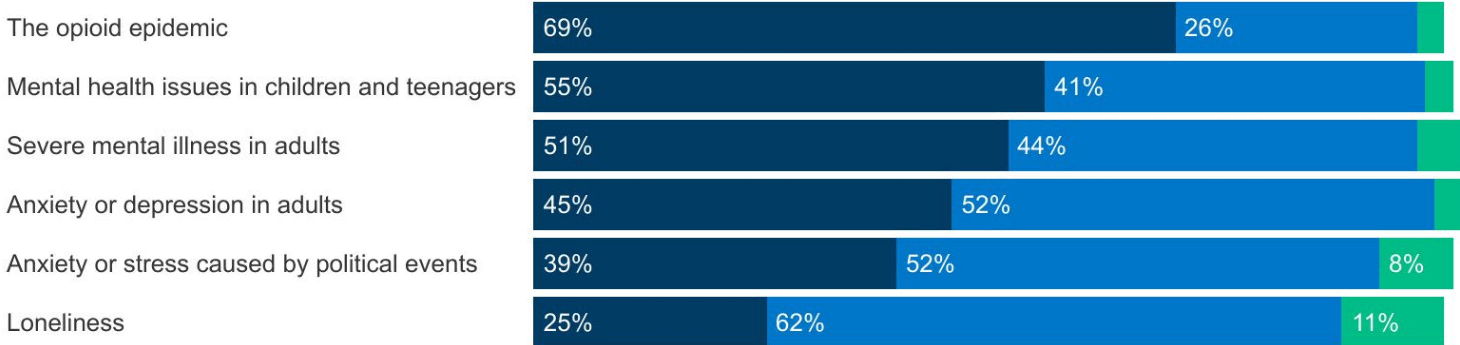
SOURCE: KFF analysis of U.S. Census Bureau, Household Pulse Survey, 2023

Mental Health Snapshot

- A KFF/CNN poll taken in October 2022 showed:
  - 90% believe there is a mental health crisis in the country these days.
  - The survey finds that the youngest adults, ages 18-29, are reporting the most concerns with their mental health
  - They also are more likely to report they are seeking mental health services, but not always able to access them.
  - While age is a strong predicting factor for poor self-reporting mental health issues, other demographic factors strongly correlated with poorer self-rated mental health.
  - Half (51%) of LGBTQ adults say they thought they needed mental health services in the past year but did not get them and over a third (36%) describe their mental health as either “only fair” or “poor.”

SOURCE: kff.org

Mental Health Snapshot



Busting Mental Health Myths

- There’s a lot of misinformation, assumptions, and false beliefs out there concerning mental health.
- Reporting responsibly on mental health issues means being aware of these myths and refuting them whenever possible.
- It also means not repeating clichés, stereotypes, and outright falsehoods.
- **Be curious, not judgmental.**

Myth: Mental health problems don't affect me.

Fact: Mental health problems are actually very common, and they affect everyone.

In 2020, about:

- One in five American adults experienced a mental health issue.
- One in 6 young people experienced a major depressive episode.
- One in 20 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

SOURCE: mentalhealth.gov

Myth: People with mental health needs cannot tolerate the stress of holding down a job.

Fact: People with mental health problems are just as productive as other employees. When employees with mental health issues receive effective treatment, it can result in:

- Lower total medical costs
- Increased productivity
- Lower absenteeism
- Decreased disability costs

SOURCE: mentalhealth.gov

Myth: People with mental health problems can snap out of it if they try hard enough.

Fact: Mental health issues have nothing to do with being lazy or weak and many people need help to get better. Many factors contribute to mental health problems, including:

- Biological factors, such as genes, physical illness, injury, or brain chemistry
- Life experiences, such as trauma or a history of abuse
- Family history of mental health issues

SOURCE: mentalhealth.gov

Myth: I can't do anything for a person with a mental health problem.

Fact: Friends and loved ones can make a big difference. Friends and family can be important influences to help someone get the treatment and services they need by:

- Reaching out and letting them know you are available to help
- Helping them access mental health services
- Learning and sharing the facts about mental health, especially if you hear something that isn't true
- Treating them with respect, just as you would anyone else
- Refusing to define them by their diagnosis or using labels such as "crazy", instead use person-first language

SOURCE: mentalhealth.gov

Myth: Therapy and self-care are a waste of time. Why bother when you can just take a pill?

Fact: Treatment for mental health problems varies depending on the individual and could include medication, therapy, or both.

- Many individuals work with a support system during the healing and recovery process.

SOURCE: mentalhealth.gov

Myth: Once a friend or family member develops mental health problems, he or she will never recover.

Fact: Studies show that people with mental health problems get better and many recover completely.

- Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities.
- There are more treatments, services, and community support systems than ever before, and they work.

SOURCE: mentalhealth.gov

Myth: Prevention doesn't work. It is impossible to prevent mental illnesses.

Fact: Prevention of mental, emotional, and behavioral disorders focuses on addressing known risk factors such as exposure to trauma that can affect the chances that children, youth, and young adults will develop mental health problems.

Promoting the social-emotional well-being of children and youth leads to:

- Higher overall productivity
- Better educational outcomes
- Lower crime rates
- Stronger economies
- Lower health care costs
- Improved quality of life
- Increased lifespan
- Improved family life

SOURCE: mentalhealth.gov

Language Matters

- Using people-first language helps to destigmatize mental health issues.
- It encourages those who should get help to seek it, and helps friends and family to be able to talk about mental health in a knowledgeable manner.
- The Centers for Disease Control and Prevention offers a preferred language guide.
- CDC: “We recommend using this section as a guide and inspiration to reflect upon word choice and choose words carefully, inclusively, and appropriately for a specific use and audience.”
- Guide website: https://www.cdc.gov/healthcommunication/Preferred_Terms.html

Language Matters: Mental Health

- People with a mental illness (instead of mentally ill)
- People with a pre-existing mental health disorder (instead of crazy)
- People with a pre-existing behavioral health disorder (instead of insane)
- People with a diagnosis of a mental illness/mental health disorder/behavioral health disorder (instead of mental defect or suffers from or is afflicted with [condition])
- Psychiatric hospital/facility (instead of asylum)

SOURCE: CDC

Language Matters: Mental Health

Mental illness is a general condition. Specific disorders are types of mental illness and should be used whenever possible.

For example, consider:

- Person with depression
- People with obsessive-compulsive disorder

SOURCE: CDC

Language Matters: Mental Health

When referring to people who are experiencing symptoms, but a condition has not been diagnosed or the symptoms may not reach a clinical threshold, consider:

- People experiencing mental distress
- Persons experiencing crisis or trauma
- Persons experiencing persistent high stress or anxiety

SOURCE: CDC

Substance Use & Addiction

Substance Use & Addiction

- Addiction is a chronically-relapsing brain disease that affects more than 23 million Americans.
- It is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.
- Only one in 10 of them receive the treatment they need.
- Addiction is treatable and recovery is possible.
- Addiction is **NOT** a choice nor a moral failing.

SOURCE: Reporting on Addiction

Substance Use & Addiction

More than one in four adults living with serious mental health problems also has a substance use problem.

Substance use problems occur more frequently with certain mental health problems, including:

- Depression
- Anxiety Disorders
- Schizophrenia
- Personality Disorders

SOURCE: mentalhealth.gov

Substance Abuse & Addiction: College Statistics

- 2021 National Survey on Drug Use and Health
- 9.2 million people 12 and older misused opioids in the past year.
- Rates of opioid misuse and dependence are highest for young adults ages 18–25.
- Nearly 2 in 5 young adults 18 to 25 used illicit drugs in the past year; 1 in 3 young adults 18 to 25 used marijuana in the past year.
- Nearly 1 in 3 adults had either a substance use disorder or any mental illness in the past year.
- 46 percent of young adults 18-25 had either a substance use disorder or any mental illness.
- The percentage of adults aged 18 or older who met criteria for both a mental illness and a substance use disorder was higher among Multiracial adults than among White, Black, Hispanic or Latino, or Asian adults.

SOURCE: nih.gov, hhs.gov

Substance Abuse & Addiction: College Statistics

- 2021 National Survey on Drug Use and Health
- 49.3% of full-time college students ages 18 to 22 drank alcohol in the past month.
- Of those, about 27.4% engaged in binge drinking during that same time frame.
- Binge drinking: Consuming 5 drinks or more on one occasion for males and 4 drinks or more for females.
- Some college students drink at least twice that amount, a behavior that is often called high-intensity drinking.
- Approximately 13% of full-time college students met the criteria for an alcohol use disorder, which is the clinical term for alcohol addiction.

SOURCE: National Institute on Alcohol Use & Alcoholism

Substance Abuse & Addiction: College Statistics

Death

- NIAAA estimates that about 1,519 college students ages 18 to 24 die from alcohol-related unintentional injuries, including motor vehicle crashes.

Assault

- NIAAA estimates that about 696,000 students ages 18 to 24 are assaulted by another student who has been drinking.

Sexual assault

- Researchers have confirmed a long-standing finding that 1 in 5 college women experience sexual assault during their time in college.
- A majority of sexual assaults in college involve alcohol or other substances.
- ***Caveat***: Estimating the number of alcohol-related sexual assaults is exceptionally challenging since sexual assault is typically underreported.

SOURCE: National Institute on Alcohol Use & Alcoholism

Language Matters: Substance Use & Addiction

Avoid using the following terms:

- “abuse”, “problem” or “recreational use.”
- “addict” or “junkie.”
- “problem”, “disease”, “illness” or “disorder” to describe addiction.
- “addicted babies” and “crack babies.”
- Reductive narratives illustrated through phrases like “after they recovered”, “kicked their addiction” or any other phrase that implies a “cure” for addiction.

SOURCE: Reporting on Addiction

Language Matters: Substance Use & Addiction

Use this language instead:

- Use person-first language that centers their disease, e.g. “a person with a substance use disorder” or “a person who uses drugs.”
- Use chronically-relapsing brain disease is preferred; however, brain disease can be an adequate replacement.
- Use “baby born to a mother who used drugs while pregnant.” Babies cannot be born with an addiction because it is a behavioral disorder.
- Include context that helps your audience understand substance use disorders as lifelong medical conditions in which relapse is common.
- Addiction science is advancing, **but there is currently no cure.**

SOURCE: Reporting on Addiction

On-campus resources

- Prevention Services: https://prevention.dasa.ncsu.edu/
    - NC State Prevention Services provides case management, education and outreach emphasizing inclusive, developmental, and non-judgmental perspectives for student prevention efforts.
- Pack Recovery: https://prevention.dasa.ncsu.edu/packrecovery/
    - Pack Recovery seeks to connect students who identify as in recovery, foster their collegiate success, and provide the opportunity for students to have an alternative college experience.

Let’s take a break for a minute.

- Everyone get up and stretch.
- Get a drink of water.
- Check in with yourself – mentally, physically, emotionally.
- Do square breathing: Breathe in for 4 seconds, hold for 4 seconds, breathe out for 4 seconds, hold for 4 seconds, repeat 5 to 10 times.

Reporting on Suicide

Suicide

Suicide is a complex problem related to multiple risk factors:

- Relationship
- Job or school
- Financial problems
- Mental illness & substance use
- Social isolation & historical trauma
- Barriers to health care
- Easy access to lethal means among persons at risk

SOURCE: CDC

Suicide

- Suicide is a serious public health problem in the United States.
- Report on it as such.
- Suicide is preventable.
- Responsible reporting can help decrease incidents of suicide, decrease stigma around mental health, and provide hope to those who are struggling.

SOURCE: CDC

Suicide: Mythbusting

Myth: People with mental health problems are violent and unpredictable.

Fact: The vast majority of people with mental health problems are no more likely to be violent than anyone else.

- Most people with mental illness are not violent and only 3%–5% of violent acts can be attributed to individuals living with a serious mental illness.
- In fact, people with severe mental illnesses are more than 10 times more likely to be **victims** of violent crime than the general population.

SOURCE: mentalhealth.gov

Suicide: Mythbusting

Myth: People plan their suicide attempts for a long time.

Fact: Multiple studies have found that around half of people who attempted suicide made the decision within minutes of taking action.

- One study talked with 153 suicide-attempt survivors between the ages of 13 and 34, asking them how long it took between the decision to commit suicide and the actual attempt.
- One-quarter said it was less than five minutes.
- Nearly three-quarters of survivors said they deliberated for less than an hour before actually attempting.

SOURCE: Harvard School of Public Health

Suicide: Mythbusting

Myth: If someone wants to kill themselves you can't stop them.

Fact: Many suicides can be averted if there's a delay between the decision and the act.

- A growing body of studies done worldwide has found that many suicide attempts are not planned, but instead are decisions hastily made in the midst of a crisis that became more deadly depending on the means at hand.
- 988 Hotline: Can provide quick access to help for people in immediate crisis.
- More on this: https://www.hsph.harvard.edu/means-matter/means-matter/intent/

Suicide: Latest Facts

The Centers for Disease Control and Prevention tracks suicide rates.

- Suicide rates have generally risen in the last two decades.
- There was a decline between 2019 and 2020.
- Preliminary data from 2022 shows that almost 50,000 people died of suicide in that year.
- The number of suicide deaths among 10-24 age range dropped by around 8 percent.
- Ages 65 and older had the largest increase of suicide deaths in 2022.

SOURCE: CDC

Suicide: College statistics

A Healthy Minds Network study reports:

- In 2021, 41% of undergraduate college students screened positive for depression.
- In 2021, 34% screened positive for anxiety.
- In 2020, 13% of students reported having thoughts of suicide.

Mental health efforts at NC State

- NC State convened a Mental Health Task Force in response to several student deaths, including deaths by suicide, in fall 2022.
- The group's charge was to do the following:
  - Inventory of NC State's current practices, strategies and programs for addressing and improving student mental health.
  - Conduct a literature review and summarize the curricular and co-curricular best practices for supporting student mental health.
  - Identify campus policies, rules, and regulations that impact student mental health and provide recommendations for new policies/regulations or changes to existing policies/regulations.
  - Recommend short- and long-term curricular and co-curricular improvements and innovations to address student mental health at NC State.

SOURCE: NC State Mental Health Task Force

Mental health efforts at NC State

The Mental Health Task Force released its report in February 2023, and made the following recommendations:

- **Culture of care:** Strengthen our holistic approach to mental health through institutional, curricular and training methods. Suggestions include further addressing basic needs, promoting belonging and inclusion, and providing more training opportunities.
- **Resources:** Provide additional resources needed to improve student mental health and well-being, such as establishing embedded counselors throughout our colleges and expanding programmatic opportunities on Centennial Campus.
- **Policies:** Revise current policies, rules and regulations to better support student well-being. Many in our community advocate for updated academic, withdrawal and leave-of-absence regulations.

SOURCE: NC State Mental Health Task Force

Mental health efforts at NC State

Resources available to students, faculty and staff:

- Wolfpack Wellness: https://wellness.ncsu.edu/
- Counseling Center: https://counseling.dasa.ncsu.edu/
- CARES Program: https://prevention.dasa.ncsu.edu/nc-state-cares/about/
- Pack Essentials: https://dasa.ncsu.edu/support-and-advocacy/pack-essentials/
- QPR Training: https://prevention.dasa.ncsu.edu/suicide-prevention/qpr-training/
- Postvention plan: https://dasa.ncsu.edu/support-and-advocacy/postvention-at-nc-state/

SOURCE: NC State Wolfpack Wellness

Language Matters: Suicide

- Avoid stigmatizing language, i.e. “commited suicide” or “unsuccesful or sucessful.”
- Instead use “died by suicide,” “killed him/her/themselves,” or “suicide attempt survivor.”
- Do not include suicide notes, method or exact location of the death.
- Avoid single-cause explanations for the death or hypothesizing the reason behind the death.
- Avoid sensational language or angelic imagery of the deceased.
- Don’t inflict unnecessary pain on the loved ones of the deceased.

SOURCE: NC Health News

Reporting Best Practices & Taking Care of Yourself

Reporting best practices on mental health

- Review guidelines & recommendations before reporting & again before publication.
- Include mental health and addiction support resources in the story — local and national.
- Use person-first language.
- Use great care to reduce further harm or trauma to those affected.
- **Report stories that offer solutions and hope.**

SOURCE: NC Health News

Reporting best practices on mental health

Consider three questions when you do your reporting:

- Is mental illness or substance use relevant to the story?
- What is your source for the mental illness and substance use diagnosis?
- What is the most accurate language to use?

SOURCE: The Carter Center

Things to keep in mind while reporting on mental health

- As a journalist, be upfront about what you intentions are and how the journalistic process works.
- Make sure a source knows they can stop at anytime during the interview.
- Let someone tell you their story.
- Don’t push back or argue with someone who is sharing their personal experience.
- Don’t correct their language or discount their experiences.
- Everyone’s path to recovery is valid, but their experience is not universal.
- Recovery is not something to be “accomplished” once and then a person is “cured.”
- Recovery is a lifelong state, during which relapse is normal.
- Relapses are common with addiction and mental health problems, like depression and anxiety.

SOURCE: Reporting on Addiction

Taking care of yourself as a journalist

- Recognize your own triggers. It’s OK to turn down a story.
- Talk with your advisors/peers about how you’re feeling through the reporting.
- Check in on your colleagues also reporting on hard topics.
- Take breaks and practice self care.
  - Go outside and look up! Look at the stars and the moon or nature around you.
  - Experiencing awe relieves stress.
  - Get some exercise: It releases stress-relieving endorphins.
  - Eat a healthy meal.
  - Do something fun with friends.
- Struggling for a prolonged period after the story is done? Consult a mental health professional.
- There is no shame in getting help.

SOURCE: NC Health News

Taking care of yourself as a journalist

What to look out for after covering a traumatic event:

- Behaviors such as: Irritability; angry for no reason; agitated or easily annoyed; snapping at family, friends or co-workers; social isolation or destructive behavior (e.g., excessive drinking, use of stimulants or drugs, or driving fast).
- Lack of sleep, insomnia, intrusive thoughts or images and nightmares.
- Emotional detachment and difficulties concentrating.
- Lack of interest in – or avoidance of – things you might normally enjoy.
- Hypervigilance or easily startled, being “on guard” for danger.
- Teary or feelings of guilt.
- Difficulty completing simple, everyday tasks.
- Physical reactions such as nausea, vomiting, chest tightness, shortness of breath.

SOURCE: Dart Center for Journalism & Trauma

Acknowledge how you are feeling, because these are all normal reactions after witnessing a traumatic event.

Mental health reporting resources

- Responsible Reporting on Suicide for Journalists (free course from Johns Hopkins Univerisity via Coursera)
- The Carter Center Journalism Resource Guide on Behavioral Health: https://www.cartercenter.org/resources/pdfs/health/mental_health/2015-journalism-resource-guide-on-behavioral-health.pdf
- Reporting on Addiction: https://www.reportingonaddiction.org/
- Suicide Reporting Toolkit: https://www.suicidereportingtoolkit.com/journalists/
- Reporting on Suicide one-page guide: https://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/ROS-001-One-Pager-1.13.pdf
- Dart Center for Journalism and Trauma: https://dartcenter.org/