

LEXICON

International Media Guide for Mental Health

“We all contribute to the stigmatisation of people who, if they had a physical problem, would receive our sympathy and support. Yet, with mental illness we so often turn away and hope someone else will cope. Living with mental illness is tough enough, without having added to the burden of illness, the pain of rejection and stigma.”

John Bowis MEP
European Parliament

www.forum4mentalhealth.com/lexicon



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FOREWORD

There are at least three reasons to be delighted by the publication of this Lexicon.

Firstly, because seven advocacy groups – one global, two European and four national agreed to collaborate on its production and each will probably use it in their future work. Collaboration between advocacy groups is rare, at times only declarative, despite the fact that their goals are often similar and that in many situations joint efforts would be much more likely to produce results. It is to be hoped that the joint effort of producing and using the Lexicon will be a stimulus for further collaboration between the organisations on new projects likely to be immediately useful, as the Lexicon undoubtedly will be.

The second reason is that the Lexicon is produced with the active involvement of communication professionals and of the general public. Nongovernmental and intergovernmental organisations rarely rely on top-level professionals in the media for the presentation and distribution of their ideas; as a consequence many of their excellent achievements vanish without making the impact that their quality or importance deserve. It is to be

hoped that the participation of the writers of the text and of the advisors to this project in the work of advocacy organisations will continue and be expanded. This should help to beat the inertia, lack of interest and frank opposition of many of those who should be interested in promoting mental health and improving care for people with mental illness, but who do little to help either pursuit.

The final reason to welcome the Lexicon is that it has been long awaited by many of those who wanted to do something specific to beat the stigma of mental illness, or prevent its growth and devastating consequences. The Lexicon – by its structure and content – is likely to be both useful for that purpose, and used by many people. I hope that it will be translated into many languages with the help of people who have mental illness and their families, because both are extremely well placed to identify words that hurt and destroy, which could be replaced by words that tell the truth and help.

I also hope that the publication of the Lexicon is the first step to its continuing growth and to its use in different languages and in different parts of the world. This will be the best reward for those who produced it. More importantly, however, its use might make the life of people with mental illness and their families improve in quality, and might help them deal with mental illness freed from the terrible burden that stigma attached to mental illness and its consequences can create for all those involved.

Professor Norman Sartorius, MD, PhD

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INTRODUCTION

This international Lexicon is intended to be a major step in the global effort to transform perceptions of mental illness by promoting responsible and accurate coverage by the media.

Mental illness doesn't always elicit sympathy/concern; it may be hard to see, so it's often hard to understand. However, one in four people experience a period of mental illness at some stage in their lives,¹ and by 2020 depression alone will be the second largest cause of disability in the world after heart disease.²

Most mental illness can be successfully treated. Those affected can and do recover, going on to lead productive, fulfilling lives. However, fewer than 20% of people with mental health problems manage to work because they are so stigmatised. Stigma is a key part of many of the difficulties faced by people with mental illness, preventing many from living rewarding, productive lives. In addition, it hinders people from seeking help, reduces access to treatment, and leads to discrimination. More than 80% of people with mental health problems identify stigma as one of the main barriers to recovery.

A common public misconception is that many people with mental illness are somehow 'dangerous' or capable of violence. In fact, only about 50 of the 600 murders committed annually in Britain, for example, are carried out by people with a mental illness, and of those, only five involve attacks on strangers.

The rising economic cost of mental illness to the European economy is currently estimated at Euros 436 billion, more than twice the GDP of Austria. Absenteeism associated with depression and anxiety alone, eats up Euros 77 billion of this total.

It is vital not just for the well-being of individuals – but also for national economies – that members of the media do not contribute to this stigma by perpetuating negative stereotypes of people with mental illness as being aggressive and dangerous, or weak-willed and

unreasonable. Instead, the media have a significant role to play in providing accurate and fair representations of mental illness.

Advocacy groups working with people with mental illness have long been concerned about these issues and have produced media guidelines with the help of journalists. This international Lexicon is a collaboration between leading national and international advocacy groups, people with personal experience of mental illness, mental health experts and senior journalists, to collate information into a centralised and multilingual format. Building on previous work, the hope is to offer a resource to support accurate and fair coverage of mental illness by the media.

CASE STUDY

Media reporting of issues surrounding mental illness is highly variable. Below are two contrasting examples of how the same story could be covered. First, the facts of the story:

Personal details

- David Wetherill aged 41 years
- Diagnosed with schizophrenia at 22 years of age
- Previously received hospital treatment three times, most recently 18 months ago after an attempted suicide
- No previous history of violence
- Treated in the community with occasional visits to the hospital outpatient unit
- Treated with antipsychotic medication

Incident details

- David had misplaced his medication some time in the previous week
- Unable to get an appointment for a repeat prescription
- Attended a psychiatric unit on the morning of the incident but was turned away as not seen as a threat to himself or the public
- Experienced a paranoid delusion on busy shopping street
- Apprehended by police in changing rooms of a popular clothing shop

Example 1:

NUTTER GOES BERSERK ON CITY'S FAVOURITE SHOPPING STREET.

Shoppers were left shocked and upset as schizo David Wetherill, 41, went mental during one of the busiest shopping days of the year. Wetherill, known to health services for 20 years with a history of aggressive behaviour, yesterday charged through crowds of terrified onlookers, knocking some into the busy road. During the rampage, Wetherill threatened several small children who he believed were telling him to push people in front of buses. It is thought that the madman had failed to take his medication and earlier that morning refused help at a psychiatric clinic. Wetherill later stormed into a popular clothing shop, locking himself in the women's changing room where he was apprehended by police, preventing further threat to the public.

Example 2:

QUESTIONS ASKED AFTER MENTALLY ILL MAN IS REFUSED HELP.

Major questions need to be answered after a man with a history of mental illness was refused medication yesterday. David Wetherill was diagnosed with schizophrenia aged 22 and has been receiving antipsychotic treatment since then. Now 41, Wetherill recently lost his prescription, and realising that his health was suffering sought help at both his general practitioners surgery and at a local mental health clinic. However, he was deemed not to be a risk to himself or the public and was sent away. After the visit to the clinic, Wetherill suffered a paranoid delusion on a busy city centre street, a place that he generally tries to avoid. In his haste to find a safe place, Wetherill knocked several people into the road before seeking sanctuary in the changing rooms of a clothing shop. Although no one was hurt in the incident, police were called and attended the scene. Wetherill then left quietly with police and social workers and is now receiving treatment for his condition.

THE LEXICON

An overview

Mental health problems are complex issues that can often be difficult to report accurately, and mental health advocacy groups around the world have reported concerns with the way some members of the media report stories involving mental illness. Many articles and headlines reinforce inaccuracies and prejudice towards people with mental illness in ways that are unacceptable in public discussions of people with disabilities, or other previously stigmatised groups.

The aim of the Lexicon is to be a useful and helpful resource for journalists. It is an attempt to highlight some of the inaccurate and offensive slang terms often seen in the media, to provide practical definitions, and to encourage the media to report on mental illness accurately and in context.

The intention of this new Lexicon is that it will lead to:

ACCURACY	a contribution to accurate reporting of mental conditions and situations that involve people with mental illness;
RECOGNITION	of the scale of mental illness;
UNDERSTANDING	that mental illnesses are serious medical conditions, that treatment works, and that mental illnesses can be transitory, with complete recovery or prolonged periods with no symptoms;
BALANCE	inclusion of comments from individuals who are living with mental illness;
CONTEXT	recognition in media reporting that while mental illness is common, abnormal public behaviour and violence are rare;
APPROPRIATENESS	an underlying mental condition may not always be relevant to the media story, and the assignment of a label could obscure the truth of the actual story

THE LEXICON

Why should you care?³

- **It's relevant.** One in four people will experience a mental health problem
- **It's topical.** Mental health is now an important priority on the agendas of policy-makers, healthcare providers, and responsible businesses
- **There are many unheard voices.** Many people with personal experience of mental health problems have valuable contributions to make

The Lexicon will be translated and distributed across the world. It is designed to be incorporated into media style guides in the hope that it will help to end the use of language that reinforces public prejudice, promotes inaccurate information, and in many cases contributes to private pain.

SIEGE MANIAC DESTROYS BUILDING.

Using language like this helps perpetuate the myth that all people living with mental illness are violent.

SCHIZOPHRENIC INVOLVED IN CRASH.

It is degrading for an individual to be described as their illness. It is more accurate to say man/woman with schizophrenia.

DAD APPEALS TO LUNATIC SON.

This headline is insulting to both the father and the son and has failed to describe the son's condition in a medically accurate way.

PSYCHO GIRLFRIEND FROM HELL.

Calling someone a psycho creates fear and adds to the misconception that people with mental health issues are dangerous and unpredictable.

DEPRESSED PEOPLE SHOULD GET OVER IT.

This statement is inaccurate from a medical perspective and illustrates a lack of understanding of the seriousness of depression.

OVERVIEW OF MENTAL ILLNESS

Definitions, facts and statistics

The Lexicon focuses on the following key disorders, and the behaviour associated with them:

BIPOLAR DISORDER (formerly known as manic depression)⁴

Someone diagnosed with bipolar disorder may swing from moods of deep depression to periods of overactive, excited behaviour known as mania. Between these highs and lows, patients often remain stable. Most people will experience a number of episodes, with each lasting three to six months, although some will experience only a single mood episode. Some people also see or hear things that others around them do not (known as having visual or auditory hallucinations or delusions).

Prevalence: 0.6–1.2%¹

DEPRESSION (unipolar disorder)

Depression is a common mental disorder that causes people to experience depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. If depression becomes chronic or recurrent, it can cause considerable impairments in the ability to take care of daily responsibilities.

Depression occurs in persons of both genders, and all ages and backgrounds. It affects approximately 121 million people worldwide and is a leading cause of disability. Depression can be reliably diagnosed and treated in primary care. Although depression can be successfully treated, fewer than 25% of affected individuals have access to effective treatment.

Prevalence: 7.4–9.2%¹

EATING DISORDERS (anorexia/bulimia/binge eating)⁵

The term 'eating disorder' is applied to a wide range of disturbed eating behaviours. However, official classifications of eating disorders include three conditions: Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder.

Eating disorders are complex conditions that can be life-threatening. Affected individuals can recover if they receive appropriate treatment. Eating disorders can affect anyone and it is thought that both environmental and genetic factors contribute to their development.

Prevalence: 0.2–0.6%¹

PERSONALITY DISORDER⁶

A group of conditions characterised by an inability to get on with other people and learn from experience. People with a personality disorder may find that their beliefs and attitudes are different from those of most other people. Others may find their behaviour unusual, unexpected or perhaps offensive.

Personality disorders usually become apparent in adolescence or early adulthood, although they can start in childhood. People with a personality disorder may find it difficult to start or maintain relationships, or to work effectively with others. As a result, many may feel alienated and alone. The risk of suicide in someone with a personality disorder is about three times higher than average.

Prevalence: Up to 13% of the population are affected⁷

SCHIZOPHRENIA⁸

Schizophrenia is a serious mental illness characterised by disturbances in a person's thoughts, perceptions, emotions and behaviour. It usually becomes apparent in adolescence or early adulthood, but can also occur later in life. Symptoms are typically divided into two groups, 'active' symptoms (also referred to as 'positive' or psychotic symptoms) that reflect new or unusual forms of thought and behaviour, and 'passive' symptoms (also referred to as 'negative' symptoms), which reflect a loss of previous feelings and abilities.

Prevalence: Approximately 1% of the population is affected⁹

SCHIZOAFFECTIVE DISORDER

A condition featuring symptoms of mood disorders such as depression or bipolar illness, and also of schizophrenia.

Prevalence: Approximately 0.3% of the population is affected¹⁰

LEXICON OF MENTAL ILLNESS

This is a brief analysis of the most common English terms used to describe mental illness or symptoms, with recommendations for using alternative terms where appropriate:

CRAZED	Disturbed
DEMENTED	Disturbed
DISTURBED	A preferred expression which does not carry condemnation
INMATE	Should not be used to describe a patient in a psychiatric hospital
LOONY	Disturbed is a better word, or use the correct clinical diagnosis if known
LUNATIC	Should be replaced by the correct clinical diagnosis if known. Otherwise use 'person with mental health problem/mental illness' or 'disturbed'
MADMAN	Should be replaced by the correct clinical diagnosis if known. Otherwise use 'person with mental health problem/mental illness' or 'disturbed'
MANIAC	Is never used in the 'mania' sense in which a clinician would use it, so should be discouraged in media reports
MENTAL	As in "He is mental..." Should be avoided even in reported speech. It reflects not just on the person saying it, but on the reporter as well
NUT HOUSE	Should be replaced with the actual name or designation of the treatment facility

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NUTTER	Should be replaced with the correct clinical diagnosis if known, or otherwise the word 'disturbed' should be used
PSYCHOPATHIC	Antisocial personality disorder; irresponsible or criminal behaviour that is not generally treatable with drugs. Should only be used if there has been a formal medical diagnosis
PSYCHO	Meaningless without the suffix e.g. psychopath/psychotic. If used in the context of a description of a violent act, it should not be necessary because the facts should speak for themselves. If used as shorthand for a diagnosed state, then the correct diagnostic label should be used. Alternatively, use 'person with psychotic behaviour'
PSYCHOTIC	Specifically means an inability to distinguish reality from fantasy. It is treatable with drugs and the term should only be used if psychosis has been diagnosed
SCHIZO	Instead 'person with schizophrenia' should be used in full
SCHIZOPHRENIC	Instead 'person with schizophrenia' should be used in full
SICKO	A playground insult, to be avoided
SPLIT PERSONALITY	Dissociative disorder. This rare mental illness is often confused with schizophrenia, but is a different and separate condition
SUFFERER	To be avoided. Use 'person with...'

SOME TERMS TO USE THAT DO NOT ENCOURAGE STIGMATISATION:

- Mental ill health
- Mental health problems
- Person living with a mental health condition

HOW TO INTEGRATE THE LEXICON INTO WORKING PRACTICE

The intention of the Lexicon is to encourage better coverage in newspapers and media read or seen by the general public by stimulating journalists to ask themselves a few more questions:

1. Are the terms being used in the news report accurate, or will the language cause unnecessary offence?
2. Is the mental health of the person relevant to the event being reported?
3. If mental health is relevant to the story, has the report included informed background comment from a mental healthcare professional, an individual living with mental illness, or an organisation specialising in mental health issues?
4. Have the subject's family been contacted in order to contribute to the story?
5. Could a case study of someone living with a similar condition help to explain and give context?

Editors and sub-editors could also consider the packaging of the story:

1. Is the projection of the news report, the images and the headline, likely to cause gratuitous offence?
2. Has any effort been made to include contact information next to the news story, in order that people affected by similar conditions can get in touch with an organisation that can help them?
3. Is it relevant to the story to mention a mental health condition?

CONTACTS

The press offices listed here can provide advice on covering mental health issues, as well as access to information, research, comment and spokespeople.

Advocacy organisations working with people with mental health problems and carers

EUFAMI (European Federation of Associations of Families of People with Mental Illness) is an organisation registered in Belgium with an ongoing commitment to improving care and welfare for people affected by mental illness. EUFAMI has a number of programmes supporting people affected by severe mental illness and the organisations representing them across Europe.

Tel: +32 16 74 50 40

www.eufami.org

FCAMH (Finnish Central Association for Mental Health) Finnish Central Association for Mental Health consists of some 150 local, regional and national mental health associations from all over the country. The members of these associations are people with personal experience from mental problems and various mental illnesses. The membership also includes patients' relatives, psychiatric nursing staff and other volunteers willing to contribute to mental health work.

Tel: +358 9 5657 730

www.mtkl.fi

FEAFES (La Confederación Española de Agrupaciones de Familiares y Personas con Enfermedad Mental) is a Spanish national membership organisation founded in 1983 and led by families and people with mental illness. Its mission is improving the quality of life of people with mental illness and their families, defending their rights and representing the advocacy movement.

Tel: +34 91 507 9248

www.feafes.com

GAMIAN-Europe (Global Alliance of Mental Illness Advocacy Networks) is an international, non-profit, federation comprising users and consumers, family members, careers, health care professionals, representatives of government bodies and agencies, and other concerned parties who support or are interested in issues affecting those who suffer from a mental illness.

Tel: +356 994 73489

www.gamian.eu

NAMI (National Alliance on Mental Illness) is the USA's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. It has an organization in every state and in over 1100 local communities across the country who

work together to meet the NAMI mission through support, advocacy, research and education.

Tel: +1 703 524 7600

www.nami.org

Schizophrenia Ireland is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness including, but not exclusively, schizophrenia, schizoaffective disorder and bipolar disorder, through the promotion and provision of high-quality services and working to ensure the continual enhancement of the quality of life of the people it serves.

Tel: + 353 1 860 1620

www.sirl.ie

www.recover.ie

WFMH (World Federation for Mental Health) is an international membership organization founded in 1948 to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health.

Tel: + 1703 313 8680

www.wfmh.org

CONTACTS

UK and Northern Ireland

Department of Health Information about policy and government initiatives.

www.dh.gov.uk/mentalhealth

Hafal (meaning 'equal') is the principal organisation in Wales, United Kingdom, working with individuals recovering from severe mental illness and their families. Hafal delivers a range of services to people with severe mental health illness including direct support and advice, support in a crisis, contact with others by phone, advocacy, support in a group setting, introductions for befriending, and employment and training projects.

Tel: +44 (0) 1792 816 600

www.hafal.org

MDF The Bipolar Organisation is a user led charity with a network of self help groups in England and Wales for people with Bipolar Disorder (Manic Depression) and their carers.

Tel: +44 (0) 8456 340540

www.mdf.org.uk

Mental Health Foundation is a leading advocacy group helping people survive and recover from mental health problems.

Tel: +44 (0) 207 803 1130

www.mhf.org.uk

MIND is the leading mental health charity in England and Wales. It works to create a better life for everyone with experience of mental distress by: advancing the views, needs and ambitions of people with mental health problems, challenging discrimination and promoting inclusion, influencing policy through campaigning and education, inspiring the development of quality services which reflect expressed need and diversity, achieving equal rights through campaigning and education.

Tel: +44 (0) 845 766 0163

www.mind.org.uk

RETHINK provides expert advice and information on issues that affect the lives of people coping with mental illness.

Tel: + 44 (0) 845 456 0455

www.rethink.org

SANE was established in 1986 to improve the quality of life for people affected by mental illness. It provides support, information and advice for anyone affected by mental health problems

Tel: + 44 (0) 845 767 8000

www.sane.org.uk

SHIFT is a Department of Health funded campaign to tackle the stigma and discrimination associated with mental illness.

Tel: +44 (0) 20 73072447

www.shift.org.uk

Shift Speakers Bureau is a bank of people with mental health problems who are willing to talk to the media about their experiences.

Tel: + 44 (0) 1273 463 461

www.shift.org.uk/speakersbureau

RESOURCE MATERIALS

Canadian Mental Health Consumer/Survivors Lexicon of Recovery
Commissioned by the National Network for Mental Health
<http://www.likeminds.org.nz>

EU High-Level Conference on Mental Health
Brussels, 13 June 2008
http://ec.europa.eu/health/ph_determinants/life_style/mental/mental_health_en.htm

Guide for Journalists & Broadcasters Reporting on Schizophrenia
Prepared by Schizophrenia Ireland, Lucia Foundation
www.sirl.ie

Hacked Off – A Journalist's Guide to Disability
Prepared by National Union of Journalists
<http://www.nuj.org.uk/>

Health and Community Care Research Programme – Research findings
The second national Scottish survey for public attitudes to mental health, mental well-being and mental health problems
Prepared by the Scottish Executive
www.seemescotland.org

Mind Out for Mental Health
An active campaign to stop the stigma and discrimination surrounding mental health
Commissioned by the Department of Health in the UK
www.mindout.clarity.uk.net

NAMI Newsroom – Resources for media professionals
Prepared by the National Alliance for Mental Illness (NAMI)
www.nami.org

Opening Minds – Opening Doors
How to make a difference when reporting on Mental Health Issues
Prepared by the World Federation for Mental Health (WFMH)
www.wfmh.org

SHIFT Report – What's the Story?
<http://shift.org.uk/mediahandbook/>

Patient Health International – International website for patients and carers
<http://www.patienthealthinternational.com>

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3. Mindout for mental health. Mindshift: a guide to open-minded media coverage of mental health. Available at: <http://mindout.clarity.uk.net/p/mindshift.pdf>
4. Mind, *Understanding bipolar disorder (manic depression)*, 2006. Printed copies can be purchased from Mind Publications (email: publications@mind.org.uk, telephone 0844 448 4448) or you can read Mind's and purchase Mind's information booklets online at: <http://www.mind.org.uk/Information/Booklets>
5. Bodywhys - The Eating Disorders Association of Ireland. About Eating Disorders. Available at: http://www.bodywhys.ie/t.php?c=about_eating_disorders/general.html
6. *Mind, Understanding personality disorders*, 2007. See above for details about how to access Mind's information booklets
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