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# Reducing the stigma of mental illness in health reporting

*For University of Georgia's Grady College McGill Fellowship, 2017*

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Not until recently have the medical or journalism fields begun to treat mental health equally to traditional "physical health". For far too long, a broken arm took treatment priority over mood disorders and psychosis. And if you were treated, it was likely subject to your ability to pay. Much work is still needed to further reduce the stigma that causes mental illness to be treated differently, but several concurrent factors in the last decade have positively influenced an overall reduction in stigma, and subsequently more robust access to care. This report analyzes contributing factors that have helped reduce the stigma of mental illness in both fields, and highlights where more work is still needed. Three separate areas are analyzed: the Mental Health Parity and Addiction Equity Act, the AP Stylebook's adoption of mental health standards and the Rosalynn Carter Fellowship for Mental Health Journalism, which advocates for reporting that "sheds new light on a topic too often misunderstood,":

## FAIR AND ACCURATE COVERAGE MATTERS

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

## Mental Health Parity

The Mental Health Parity and Addiction Equity Act (MHPAEA) holds health care insurers, and to some degree medical professionals, accountable to treat mental illness the same as any other illness. The act mandates that if mental health benefits are offered, they cannot be more restrictive or less favorable than other, more traditional

benefits. Notably, this includes substance use disorder treatments as well as mental health care.

This rule however, did not mandate that insurance plans must offer behavioral health coverage; only that if the benefits were offered, they could not be more restrictive than other benefits. Ostensibly, this expansion of benefit regulation trickled down to medical professionals. If doctors or hospitals saw more comprehensive reimbursements from mental health services, they would thusly be more incentivized to extend mental health service offerings, if even in the form of simple substance use of mental health screenings. This however assumes the person seeking care knows to ask for the services and that their plan offers the coverage.

To expand upon the law and offer more transparency and patient-advocacy, the Affordable Care Act of 2010 expanded parity further by requiring plans sold through the ACA exchange to offer mental health and substance use disorder coverage. This includes financial, treatment and care management patient protections that were written into a law tethered to actual insurance sales for the first time.

Furthermore, according to the Centers for Disease Control and Prevention, the ACA decreased the rate of uninsured people with serious mental illness from 28 percent down to 20 percent, increasing health care access and hopefully with it, decreasing some of the stigma attached to seeking care. The more normalized the process, the less stigma reigns supreme.

## AP Stylebook guidelines

Even if reducing mental health stigma is not first and foremost on journalists' minds, it's now written into their reporting Bible. As addressed in the next section, though reporters are keen to get facts, quotes and context correct, mental health stigmas often cloud what should be clear and concise writing that offers perspective instead of fear.

As of 2013, the Stylebook addressed specific questions as to not only the wording used to describe mental illness, but also ethical questions about covering mental health in general. New guidelines are as follows:

- Do not describe an individual as mentally ill unless it is clearly pertinent to a story and the diagnosis is properly sourced
- Mental illness is a general condition. Specific disorders are types of mental illness and should be used whenever possible: He was diagnosed with schizophrenia, according to court documents. She was diagnosed with anorexia, according to her

> parents. He was treated for depression.
- Wherever possible, rely on people with mental illness to talk about their own diagnoses
- Avoid using mental health terms to describe non-health issues. Don't say that an awards show, for example, was schizophrenic

Though most of the practices might seem commonplace for a seasoned reporter, the guidelines address goals reporters spend their life practicing—curating the perfect language for a certain context—but often fall short of when it comes to writing about mental health.

## Fellowship for Mental Health Journalism and Reporting Resource Guide

Since its establishment in 1996, Rosalynn Carter mental health fellows have filed over 1,500 stories that reduce stigma and improve contextual coverage of mental health stories. Of note, two recent fellows from the Southeast, Carrie Seidman and Misty Williams, have systematically progressed mental health reporting by writing stories that put the people before the illness and contextualize the experience of living with mental illness—which too often means either being ignored or labeled by society.

Fellows are actively encouraged through trainings, symposiums and awards to contextualize mental health stories, rather than sensationalize them. Rebecca Palpant Shimkets, associate director of the fellowship program, advocates for an approach to mental health reporting that names the impediment to further progress—here, societal-placed stigma on those with mental illness, which hampers both individual, professional and societal acceptance of and recovery from mental illness, she says.

Even good reporters can fall into bad habits, like rushing to conclusions or falsely correlating violence with mental illness. Because encountering mental health issues in the field can alert our basic primal protective instincts, says Shimkets, we often lose our most ingrained reporting mantras—facts first, check your assumptions at the door, and context is king. But, the key to better reporting about mental health and by proxy, reducing stigma, is questioning our own assumptions and demanding that people inform our stories, not their diagnoses, she said.

In a research paper on mental health stigma reduction, Shimkets and First Lady Carter addressed the progress society had made so far,

> In addition, in the 1980s and '90s, enormous progress in the research and science of services and treatment yielded evidence of mental health recovery. A diagnosis

> of mental illness no longer brings the fear of lifelong institutionalization but instead can mean a journey to recovery and a meaningful life in the community. Recovery has become a powerful antidote to stigma. (p. 35)

Some advocates, and even agencies like Substance Abuse and Mental Health Services Administration, fear that using the word "stigma" in and of itself will further add to irrational fears and insecurities around the illness. But, Carter fellows are encouraged to contextualize societal-attached stigma of mental illness as a real impediment to progress. The assumption here is that, if we name the stigma as a partial cause to the problem, we take away its power and can begin chipping away at it. "We acknowledge the debate is real," Shimkets says, "but we believe in naming the problem."

Goals of the fellowship include the following and stories filed by reporters from Georgia to Qatar consistently produce work that meet the following goals:

- Increase accurate reporting on mental health issues and decrease incorrect, stereotypical information
- Help journalists produce high-quality work that reflects an understanding of mental health issues through exposure to well-established resources in the field
- Develop a cadre of better-informed professional journalists who will more accurately report information through newspapers, magazines, radio, television, film, and online and social media, influencing their peers to do the same

Seidman, a current fellow, singlehandedly created a community-wide motion to champion the "faces" (i.e., the people) who live with mental illness every day. Her campaign called "FACEing Mental Illness: The Art of Acceptance"—brought about by her son's schizophrenia and the subsequent challenges and rewards her family experienced—published in the *Sarasota Herald-Tribune,* encourages the Sarasota community to artistically render their experiences with mental illness in order to start a broader conversation about how we treat each other when faced with fear and bias.

Williams, a 2015 fellow, reports on the intersection of mental illness and poverty, and where the state and Medicaid can intervene. Her multimedia special *Atlanta Journal-Constitution* series "The Invisible Epidemic: Poor and mentally ill in Georgia" tackles the complicated intersection of poverty, social structures and stigma—centering on Medicaid expansion under the ACA, Georgia's infamous history of dangerous state psychiatric hospital conditions, and the importance of early intervention. And once again, she puts a face to diseases, showing us that modern day mental illness is not a

affliction of the "other"—it's all around us and likely directly affects each of us.

> "Its an invisible epidemic, as devastating as diabetes but out of the public eye. Look around you, at your family, your neighbors, your coworkers. Chances are excellent that you'll see someone suffering from mental illness."
>
> - Misty Williams, "The Invisible Epidemic"

Lastly, the Carter Center released a Journalism Resource Guide on Behavioral Health in 2015 that serves as a flowchart of language to employ and to avoid when writing about mental health issues. The takeaway is, "words matter." Choosing to use phrasing like, "took her own life" over "committed suicide", or opting to highlight intervention and recovery over institutionalization shape not only the story reporters tell, but also readers' overall perception of what it means to live with mental illness:

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

Overall, no single institutional change can influence the medical community, news media or society at large to reduce stigma and encourage compassionate context. But, small changes over time, combined with organized efforts of stigma reduction evidence-based research and advocacy can influence one reporter at a time, one publication at a time and one reader at a time. Telling stories about people getting

better, highlighting the person over the disease with simple, clear language, and contextualizing the whole story will, as the Carter Center says, “create a positive impact on the word that can be felt for years to come.”