



Media guidelines:

Talking about mental health

The power of language and stigma

Language matters. The media matters. That's why how we talk about mental health in the media matters.

This language guide isn't about policing how and what we say. It is a quick reference tool to help all of us in the media talk more powerfully and sensitively about mental health. This is as true of a character in a sitcom talking about their mood, as it is a journalist quizzing a politician about waiting times for mental health services on the evening news.

Our language can cause unintentional harm and reinforce stigma. But when we get it right, we have the power to transform lives. This guide has been informed by conversations with people with lived experiences of mental health problems.

1 in 4

people (26%) who have watched, heard, or read about mental health in the media felt inspired to start a conversation about their own mental health as a result.

Research by Populus for Mind and ITV (2022)

If you need support, contact our Mind's Media Advisory Service. We provide end-to-end advice for journalists, documentary makers, producers, researchers, and writers on how to report and depict mental health.

We can advise on initial concepts, story outlines, and feedback on scripts. We also involve people with lived experience to share their expertise with media professionals. To work with us contact: **scriptadvice@mind.org.uk**. We're here to help.

Top tips when talking about mental health in the media

Think about the language you use

Some phrases use inaccurate or outdated stereotypes that reinforce mental health stigma. For example, phrases around crime and danger are sometimes used wrongly when talking about mental health. This

feeds into increased stigma and misinformation.

This is particularly important when it comes to people with other marginalised identities like race or class – who can be more likely to be marginalised through stereotypes and misinformation.



Take care when talking about suicide

Use content warnings where possible. It's very important to avoid mentioning specific suicide methods or locations. Doing this can be triggering, encourage others to copy this behaviour, and put others at risk. When speaking about someone who has taken their own life try to avoid saying that someone has 'committed suicide', as for many people this language implies that suicide is a crime.

Suicide is complex and unlikely to be due to one single factor, so try not to speculate about why someone may have taken their own life.

The Samaritans have comprehensive guidelines on how best to report on suicide.

People's experiences of mental health problems, support and treatment are different

What works for one person doesn't always work for another. Try not to imply that one approach will work for everyone.

For example reaching out for help is an important first step, but the media needs to be realistic about the challenges people may face when accessing support.

Avoid generalising and grouping lots of people's experiences together as the same. It is particularly important to avoid generalising about different mental health experiences as the same for all marginalised groups.

Don't oversimplify the causes of mental health problems

A combination of factors might add to a mental health problem over time — things like losing your home or job, worrying about money, problems with relationships, and experiences of discrimination, including racism. When reporting on mental health try to avoid placing all the blame on individuals rather than the systems which can contribute towards mental health problems.

Resilience is complex

Some people think that resilience or our ability to manage stress is something we can all easily control. But this isn't true. It's important to acknowledge things that might make it harder to be resilient, the stress or discrimination someone's experiencing, or for example if they don't get support.

Be careful when highlighting the positive as well as the negative

Stories of how people have coped with or overcome difficult experiences can be very powerful. But they can also make others potentially feel inadequate or unseen. It's great to share positive mental health stories but try to avoid sweeping statements based on one person's experience. For example avoid comments which make recovery look easy or certain.



Alice is a poet who lives in London. She's experienced depression and anxiety since she was 12 after her Mum passed away. Her Mum had a diagnosis of bipolar disorder.

I've heard phrases like 'she's gone mad', 'he's mental', or 'they're acting like a psycho' so many times over the years. I've been called these names myself and heard my Mum described this way too. It makes me so sad.

In any year, one in four of us will experience a mental health problem. So instead of ridiculing us with words, why not show compassion? You never know one day you might be the one who's being mocked.

Language table

People have different views on what language best describes them and their own experiences. This is not a definitive list, but we have put together some common examples of language which many people tell us they find unhelpful.

General phrases to avoid	Try this alternative approach	Why we're saying this
Avoid phrases like schizophrenic or depressive, when talking about someone with this mental health problem.	Person experiencing/ living with schizophrenia, bipolar disorder, anxiety, etc.	Lead with the person rather than the mental health problem. Those of us with mental health problems are more than our diagnosis. We are people first and always.
Describing someone else as 'suffering' with a mental health problem' can be stigmatising or imply a sense of weakness.	Instead, try using someone is 'experiencing' or 'living with' when talking about someone else.	Language is always evolving. It's important to ask people with lived experience about what language they would prefer you to use. For example someone may describe their own experience as suffering if they are unable to get the right support due to waiting times.

General phrases to avoid	Try this alternative approach	Why we're saying this
Avoid phrases like 'pull yourself together', 'just do it', and 'get on with it', 'smile more'. Another unhelpful response is; 'be stronger, don't be weak.' Also please avoid saying someone is 'attention seeking' when they are talking about their mental health or how difficult things are for them.	Someone who is in need of support with their mental health needs compassion. Perhaps encourage someone to seek help and support instead.	There are lots of incorrect assumptions about mental health, with some mental health problems being misunderstood or trivialised. Phrases which imply mental health problems are easy to overcome trivialise these experiences and don't take into account the profound impact they have on people's lives.
Avoid labelling people as a 'snowflake' or 'over sensitive' if they are talking about their feelings and emotions.	Honour other peoples' own experiences and feelings.	It can be difficult to share, and stigma only increases feelings of loneliness, making it less likely for people to seek help.

Specific phrases to avoid	What to use instead	There are lots of incorrect assumptions about mental health, this is why it is wrong
Avoid labelling someone as acting or being 'schizo', when describing someone's behaviour when they don't have a mental health problem.	If someone who doesn't have a known mental health problem is behaving inappropriately, describe that behaviour for what it is without using misleading language around mental health. For example if someone has lost their temper and is shouting then describe them as being angry and not 'schizo'.	Mental health language is often misused to describe behaviours that are unrelated to a certain diagnosis. It's not fair on those of us with lived experience to be thoughtlessly associated with those behaviours.
Avoid saying 'happy pills' or 'chill pills'.	Instead use prescription drugs/medication, anti-anxiety/ antidepressants.	This could imply an over-simplified view of what depression and anxiety is and the effects of medication. Lots of psychiatric medication isn't solely used for mental health problems.

pecific phrases to avoid	What to use instead	There are lots of incorrect assumptions about mental health, this is why it is wrong	Specific phrases to avoid	What to us instead
Describing comeone as aving a 'split personality'.	Avoid using this term. Instead, describe their behaviour for what it is. For example, if someone is behaving in a contradictory or, confusing way describe it as this, without reaching for inaccurate mental health comparisons.	The phrase 'split personality' has been used historically as a shorthand to describe the impact of several mental health problems. Doctors haven't used the phrase for many years, and its use today is regarded as inaccurate and is stigmatising.	Avoid using language like psycho and psychopath when describing someone who is experiencing an episode of psychosis or is in a mental health crisis.	Avoid using either term. Be specific and orefer to psychosis when someone is experiencing an episode of psychology about psychosis the Mind websi
void slang words ke 'maniac', 'mad', nuts', 'lunatic', r 'psycho' when escribing someone tho is behaving in a egative way.	Describe people's emotions and behaviours more accurately. For example, choosing words like eccentric, frustrated or chaotic may be more suitable.	Casual and lazy use of mental health labels trivialises what it is like to have a mental health problem. It also adds stigma which increases feelings of isolation. This makes it less likely people will seek support.		

There are lots of incorrect

assumptions about

mental health, this is why it is wrong

'Psycho' is a slang term which is used

to stigmatise

people rather

It's important

If someone is experiencing hallucinations. delusions or disorganised

to use the term

psychosis accurately.

thinking or speech, we may refer to

this as an experience

of psychosis.

the word psychopath is inaccurate and harmful and so we suggest media outlets avoid using this.

Most of the time

than to describe

a specific mental

health experience.

Specific phrases to avoid	What to use instead	There are lots of incorrect assumptions about mental health, this is why it is wrong
Avoid 'prisoners' or 'inmates' for those in a psychiatric hospital. Avoid saying 'released' from a hospital.	Instead say 'patients', 'service users' or 'clients'. Someone has been discharged from hospital.	This implies someone has been 'imprisoned' and may have committed a crime when they are just unwell and may have sought help voluntarily. For example they may have sought help voluntarily.
When talking about someone being clean or tidy avoid phrases such as a 'a bit OCD'.	Avoid using OCD casually when not talking about a diagnosis of OCD itself.	OCD is a serious mental health problem with obsessive and compulsive behaviours. It is more complex than being organised or tidy.



Sandeep is a mental health campaigner living in Essex, she has been living with body dysmorphic disorder (BDD), anorexia and OCD since the age of 25.

1've endured so much stigma in the way people talk about eating disorders including people calling me vain. Comments which have stuck to me like a leech.

I experience immense feelings of guilt, fear, and anxiety. Despite this, I often hear the phrase 'it's just a phase' related my BDD. It's not straightforward to just press the on/off button. This language does not reflect the realities of life. It just makes me feel alone, isolated and misunderstood.

Talking to someone about stigmatising language/tips for having a conversation about someone's use of stigmatising language

The media has a huge influence in the way we use language. Whether you work in the media or not, it's important to try and help improve the way we talk about mental health.

Raising someone's poor language can feel daunting. But it doesn't have to be as difficult as you might think. Here is an example of how you might want to have this conversation.

In practice

George, George's sister Alex and Jamie are friends. Alex lives with a mental health problem and is often quite unwell. George has noticed how Jamie regularly slips into stigmatising language including regularly calling people 'psychos' and 'freaks'.

George is also uncomfortable about how Jamie has referred to his sister's mental health in the past, insisting she's 'oversensitive' and 'fragile' and needs 'to snap out of it'. Jamie often reads newspaper articles, listens to the radio or podcasts and watches TV, which can reinforce some of his views around mental health. George can see how the media Jamie consumes influences how Jamie thinks and feels about mental health.

George thinks about how to handle this conversation. He checks that Jamie is not in a rush and has time to talk. To prepare, George makes some notes on his phone. George then finds a quiet informal or private space.



George chooses a moment when they're out cycling in their local park. He finds somewhere to have a conversation. They sit side by side, looking forward together rather than at each other to reduce any sense of confrontation or awkwardness.

George first acknowledges that he used to use similar phrases to help Jamie feel at ease. George says having a sister with a mental health problem helped him realise some of the words and phrases he was using were inaccurate and stigmatising. George then reaffirms that he knows Jamie cares about Alex and is not a bad person for saying these things. It's important for Jamie not to feel attacked and to be able to have an open and honest two-way conversation.

George asks Jamie why he uses these phrases, trying to open up the conversation to Jamie's view as much as possible. As well as actively listening and reacting, George shares how this language makes him and his sister feel. As and when the conversation naturally ends, it's important George doesn't require Jamie to agree with him immediately or apologise. It takes a lot to raise the issue, so for now listening is enough. Jamie can in his own time decide whether he will change his approach.

Helpful tips

- Find time to have a conversation make sure nobody is rushed or stressed and that you are relaxed and in private.
- It can help if you're focusing on something together or sat side by side to make the conversation more informal.
- Even if you disagree with what they are saying **listen to them fully** when they respond.
- Put the person first and demonstrate how stigmatising language can be.
- **Don't demand they apologise.** Just let them hear you and give them time to think through your point of view in their own time.
- Read more tips on Mind's website.





Content warnings

Content warnings give notice to upcoming sensitive content or imagery that may have a negative impact on someone. It allows people to make a choice about the content they consume.

Content and trigger warnings are often used interchangeably, but some people may use a trigger warning to address specific concerns.

The perfect content warning doesn't exist, but the goal should be to **HELP** as many people as possible engage with the content in a safe way.



Headline content warnings so they are the first thing the reader or audience notices.

Explain what specifically we're warning about. So, for example, language like 'upsetting experiences' is too vague. Much better to focus on what the content includes, for example saying the content includes 'suicidal feelings' or 'being sectioned'.

Label anything which people may expect to see that could be upsetting. By saying what isn't included more people can then choose to safely consume it. For example in a mental health documentary tell the audience that self-harm wounds are not shown.

Precise. Use short sentences and plain English.



In Practice

CN: Content notice

This episode covers	
It discusses	and mentions
It does not contain any refere	nces to

Please read with care.

So, for this example of a content notice before the start of a documentary, you could say something along the lines of:

CW: Content warning

This documentary covers depression with symptoms of psychosis. They describe paranoia and fears related to covid, which might be distressing watch/listen to watch/listen to.

If you need support talk to our Media Advisory Service

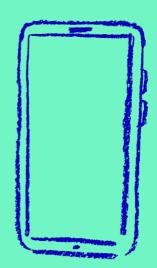
We help producers, researchers and writers of soaps and dramas to create accurate and sensitive on-screen depictions of mental health. If you'd like support with a soap, drama or documentary contact **scriptadvice@mind.org.uk**.

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