

Mental Health Communication:

What We Know and What We Can Do Better



One in five American adults experiences a mental health condition every year, and 1 in 25 lives with a serious mental illness. Despite this prevalence, negative stigma about mental health conditions persists. Research and professional experience teach us that changing the way people talk about mental health conditions can reduce negative stigma and stereotypes, which can, in turn, encourage more people to seek the support and improve overall health outcomes. That's why we conducted an in-depth review of existing research around an important question: **What are the best ways to train future professionals about mental health-related communication... and why should we?**

» **Journalists reach large, varied audiences, and influence the way Americans talk about mental health and mental illness. How can journalists more accurately and sensitively report about mental health diagnoses?**



Learning About—and Avoiding—Unfair or Misleading Story Framing

By using certain words or phrases, linking particular issues together, or talking about issues in specific places or at specific times, we “frame” an audience’s perception about those issues.

An analysis of 400 news stories related to mental illness, published in various types of media between 1995 and 2014, found that 55% of them mentioned violence, while only 14% described successful treatment and recovery from a mental illness—and only 7% profiled a person in successful recovery (McGinty et al., 2016). Sometimes, a supposed connection between mental illness and mass violence is expressed covertly, despite the best intentions. For example, mass tragedies like the Virginia Tech or Newtown shooting often spur national conversations to increase funding for mental health initiatives. But this timing may unintentionally deepen the incorrect assumption that mental illness leads to violence (Fox & DeLateur, 2014), and that we must help people with mental health issues or else they will turn violent.

Researchers have found no clear relationship between psychiatric diagnoses and mass murder (see Busch & Cavanaugh, 1986; Dietz, 1986; Taylor & Gunn, 1999), and many studies have shown that individuals living with mental illness, on average, are not violent (Choe et al., 2008). Approximately 4% of violent crimes are committed by individuals with mental health issues (Fazel & Grann, 2006).



Careful Reporting of Suicide

If someone is already struggling with mental health challenges, news stories that describe someone’s method of suicide not only normalize suicide, but also teach them what methods “work.” Further, when news coverage about a person’s suicide document mourning friends and family members or describe memorial services or ceremonies, it can make suicide seem preferable to a reader’s current level of pain, isolation, or perceived rejection. Additionally, word choice matters when reporting on suicide. For example, “completed suicide” is preferable over “committed suicide” or calling it a “successful suicide attempt,” because the term “committed” implies a crime, and “successful” frames suicide as an achievement, or something to strive for.



Normalizing Support Seeking and Mental Health Treatment

In recent years, high-profile actors, musicians, and other celebrities have come forward with details of their mental health, including personal stories of mental illness. However, such stories must be told with caution, as they may disparately impact various audiences. There is something called the backfire effect, in which positive representations of individuals with mental illness present an overly optimistic picture, which triggers individuals with mental health diagnoses to push back against the representation and remember that they are still stigmatized against. Alternately, audiences may perceive overtly stigmatizing or negative, stereotyping messages as inaccurate “weak,” which therefore bolsters their belief in a more accurate, non-stigmatizing viewpoint.

» **Guided by current research, we believe that there are several ways that journalists (and future journalists) can reduce their mental illness stigma, improve their communication skills, and help change the national conversation around mental health:**



1. Increase Opportunities for Direct, Personal Contact with Mental Health Consumers.

Personal connections can not only challenge one's stereotypes or stigma about mental illness but can foster "a lot more humanity [and] compassion" (Happell et al., 2015, p. 22) and move students beyond their personal fears. In the context of mental illness, direct contact with a person who is living with mental health issues has been shown to be more impactful in changing harmful stereotypes than message-heavy, educational approaches (Corrigan, Michaels, & Morris, 2015) such as printed materials or in-class lectures.

But what does this look like in practice? Interpersonal contact could involve: (a) inviting people who have experienced mental health issues into the classroom for frank conversations; (b) hosting speaker panels that include mental health consumers, their family members, and community members involved with providing support for such individuals, and/or; (c) leading student visits to local mental health clinics or support spaces.



2. Encourage Students to Understand Their Own Mental Health, and How Mental Health Issues Touch Their Friends and Family.

Students can and should get in touch with their own mental health. A 2018 study of full-time college students in eight countries found that 35% of them screened positive for common mental health conditions, yet only about 1 in 10 American students seek college-provided mental health assistance. When individuals experience talk therapy or other forms of mental health assistance, mental health is demystified, and mental health communication is normalized. Plus, patients will learn by example how to conduct respectful, yet probing, conversations. Students should also be encouraged to check in with friends and family members about mental health; considering how common depression and general anxiety disorders are, it's likely that everyone knows at least one person living with these or similar issues.



3. Teach About Mental Illness in a More Clinical, Blame-Free Way—and Discuss it Using Person-Centered, Blame-Free Language.

Providing more technical, clinical definitions of psychiatric conditions can help students understand that mental illness is, in fact, illness that should be treated as seriously and thoroughly as strictly physical conditions. Using medical terms to describe mental health issues and potential treatments—just as we describe physical ailments—support the legitimacy of mental illness and help fight the outdated stigma that "it's all in your head" or that "you can control this if you really want to." That being said, mental health conditions are but one part of a whole person, and we should be careful to use language that promotes that viewpoint. Beyond simply avoiding outdated and offensive terms like "crazy," "freaking out" or "psycho," person-first language literally and figuratively puts the human before his or her condition: "a person diagnosed with schizophrenia" versus "a schizophrenic."



4. Create a "Safe" Place for Students to Discuss Biases, Stereotypes, and Misconceptions About Mental Illness.

By giving students a place to safely express their concerns, ask questions without judgement, and face their implicit biases against mental illness before they go out into the world and begin communicating about mental health on a large scale, we can provide accurate information and positive messaging, which will empower individuals to change their own stigma. When we address our personal biases, stereotypes, and misconceptions, we begin to uncover what is true—and what is holding us back from the truth.



5. Help Students Understand The Structural, Cultural, and Psycho-Social Determinants of, and Factors Around, Mental Health.

Structural competency is an understanding of how matters of race, ability, sexual orientation, economic status, and other social determinants shape how individuals move through the world (Petty et al., 2017). By learning how economic and political conditions produce health inequalities between populations, we can develop a more holistic view of mental health and more clearly understand (a) the societal and environmental factors that contribute to mental illness; (b) why some people do not or cannot seek traditional "treatment" for a mental health issue; and (c) why and how some individuals must work harder to achieve recovery than others.