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Mind HK Media Guidelines:
Reporting on Mental Health Conditions

ENGLISH FULL VERSION

CONTENTS

"People experiencing mental health problems are not scary. It is the comments made about them by the community that are"

— Bosco, Mind HK Ambassador

Glossary

Mental health

A state of emotional, psychological, and social wellbeing that allows an individual to effectively cope with the normal stresses of life, work productively, and contribute positively to their community.

Mental health problems

Difficulties or challenges related to one's mental health, which may arise from various factors such as biological, psychological, or social influences. These problems can range from mild to severe and may impact a person's daily functioning.

Mental health condition/ mental illness

A diagnosable disorder that affects a person's thinking, emotions, behaviour, or mood and may cause significant distress or impairment. Mental health conditions encompass a wide range of issues, from anxiety and depression to schizophrenia and bipolar disorder.

Mental ill-health

A term used to describe a state where an individual's mental health is negatively affected, often due to the presence of mental health problems or conditions.

Lived experience

The personal and unique insights, knowledge, and understanding gained from an individual's direct involvement with a mental health condition, such as living with one and overcoming challenges related to it.

Mental health recovery/ recovery

A process of personal growth, healing, and transformation that enables an individual to improve their wellbeing, and build a meaningful life despite the presence of mental health problems/conditions. Recovery is a unique and individual journey that often involves developing coping strategies, fostering supportive relationships, and accessing appropriate resources and treatment. It is important to note that the process of recovery is different for everyone and that there is no one-size-fits-all approach.

Why does responsible reporting matter?

Mental health problems have been on the rise, both globally and in Hong Kong. In a survey of 1,000+ Hong Kong residents conducted by Mind HK in March 2022, 56% of respondents' scores corresponded with poor overall mental wellbeing[1]. However, only 1 in 4 who are struggling with their mental health seek help[2]. Our research further showed that stigma and fear of discrimination are the main reasons individuals with poor mental health don't seek help.

The media plays a significant role in shaping awareness, perceptions and attitudes about mental health. Much of what the general public knows about mental health is learned from traditional media outlets, such as television shows and newspapers, as well as more modern outlets, such as social media; the media (inclusive of social media, news media, films, and TV shows) is the top source for individuals seeking general mental health-related information in Hong Kong (Mind HK, 2023). Considering the influence that the media has on shaping the narrative about mental health and mental health experiences, it is imperative that journalistic reporting of mental health conditions and mental health generally is done with careful consideration of the implications of perpetuating mental health stigma and discrimination.

Mind HK is confident that the media can play a positive role in reducing the stigma around mental health conditions and improving the public's awareness and knowledge. As such, we have developed guidelines on mental health guidelines as an open resource for media and communications professionals in Hong Kong.

[1] Mind HK. (2022). https://www.mind.org.hk/press-releases/mind-hk-survey-reveals-hong-kong-citizens-worsening-state-of-mental-health-during-the-fifth-wave-of-the-covid-19-pandemic/
[2] Lam, L.C.W. et al. (2015). Prevalence, psychosocial correlates and service utilisation of depressive and anxiety disorders in Hong Kong: the Hong Kong Mental Morbidity Survey (HKMMS). Soc Psychiatry Psychiatr Epidemiol. 50(9): 1379-88. https://pubmed.ncbi.nlm.nih.gov/25660760/

The stigma around mental health conditions

First, we wanted to touch on the stigma around mental health and explain the impact this has on Hong Kong.

Prof. Graham Thornicroft, a Professor of Community Psychiatry at King's College London, defines mental health stigma as a problem of knowledge (ignorance or misinformation), attitudes (prejudice) and behaviour (discrimination). Simply put, our negative thoughts and feelings translate to discriminatory and marginalising behaviours.

Stigma shows up in two primary forms, public stigma and self-stigma.

Public stigma

The gap in knowledge and negative attitudes about mental health that is perpetuated by society as a whole, which leads to direct and indirect discriminatory behaviours and practices.

Self-stigma

The gap in knowledge and internalised negative attitudes that individuals who struggle with their mental health have about themselves and their own condition, which may lead to low self-worth and not seeking help or disclosing their struggles.

Mind HK's research found that 3 in 5 people diagnosed with a mental health condition in Hong Kong reported that they have **never disclosed their diagnosis to anyone**, with 43% reporting concerns of stigmatisation and discrimination (Mind HK, 2021).

The strong public and self-stigma translate into how they perceive and act towards individuals diagnosed with a mental health condition. In a 2023 study by Mind HK of 1,014 people, we looked at the prevalence of stigma in Hong Kong[3].

47%
would not be willing to live nearby someone struggling with their mental health

1 in 4
would be willing to end a friendship with someone diagnosed with a mental health condition

44%
believe that a "lack of self-discipline and willpower" is the main cause of mental ill health

55%
have experienced or know someone who experienced the stigma around mental health struggles[4]

These data points highlight the extent of stigma around mental health in Hong Kong and provide some insights into the types of negative attitudes and probable behaviours which exist, emphasising the need for a collaborative and comprehensive approach, inclusive of improving media reporting on mental health, to reduce the stigma.

[3] Mind HK, (2023).
[4] Mind HK. (2018). https://www.mind.org.hk/press-releases/timetochangehkresearch/

Why we need responsible headlines

The increase in social media use over the past decade has changed the way people consume news. Browsing on newsfeeds, whether hosted by Facebook, Twitter or by publications themselves, people see a stream of headlines, subheads and photos, with much less context around each article than they might have had reading a newspaper.

As shown by a 2016 Columbia University study, 59% of people do not click on articles before sharing them[5]. The majority of people consuming news in this way are typically only reading headlines.

The research found that evocative headlines (those using more sensational language or including graphic details) were more likely to go viral and get boosted up people's news feeds by algorithms that assess their value based on the number of social interactions rather than the worth of the content. Readers, in most cases, are not as likely to engage with the full narrative or messaging found in the body of the article.

It is, therefore, imperative that headlines for articles on sensitive topics, such as mental health conditions and suicide, are written responsibly, with awareness as to the stigma they can either perpetuate or break down.

Writing responsible headlines does not have to come at a cost to engagement, however. A study conducted by the U.S. Centres for Disease Control and Prevention in partnership with Facebook found that articles that better adhered to suicide-reporting guidelines actually had more audience engagement[6].

The researchers found that with each additional use of a guideline, the articles saw an increase of around 19% on re-shares, while the most guideline-compliant articles got 470% more re-shares than the least compliant articles.

[5] Gabrielkov, M., Ramachandran, A., Chainttreau, A., & Legout, A. (2016). Social Clicks: What and Who Gets Read on Twitter? https://hal.inria.fr/hal-01281190/document
[6] Sumner, S.A., Burke, M., & Kooti, F. (2020). Adherence to suicide reporting guidelines by news shared on social networking platform. Proc Natl Acad Sci USA. 117(28): 16267-16272
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368318/

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It should be noted that the same study also found that the vast majority of articles it surveyed did not follow suicide-reporting guidelines, instead including harmful elements and excluding protective elements. The most frequently-included harmful elements, featured in 50-60% of articles, were reporting the name of the individual involved in the suicide, featuring the word "suicide" prominently in the headline, publicising details about the location of the suicide, and describing the method of the suicide. The study found that over 60% of the articles reviewed did not include any protective elements.

Examples of helpful and unhelpful headlines

Helpful

"**Rise** in Hong Kong suicides during Covid **shows need to boost mental health infrastructure"**

- Here we can see the difference in the evocative language being used to depict a rise in suicides
- The helpful headline also offers how we can address the problem

Unhelpful

"**Alarm raised** as suicide index hits '**crisis level**' amid Hong Kong Covid surge"

Helpful

"Woman dies by suicide"
OR
"Woman takes her own life"

- Refrain from using words associated with criminality
- Avoid too much detail on the individual, method of suicide, and location

Unhelpful

"23-year old depressive woman **commits** suicide"
"**21-year-old** Hong Kong **university student falls** to her death in **Sheung Shui**"

Impact of mental health reporting

A recent study done in Hong Kong showed that most people are unable to identify subtle symptoms of mental health conditions, and this was associated with a reluctance to seek professional help[7]. Therefore, because the media's depictions of mental health generally and specific mental health conditions have an influence on the general public's knowledge and attitudes towards mental health, they also have the greatest potential to cause radical change for good or serious harm.

A study done in 2017[8], analysing the news coverage of mental and physical health stories, found that while physical health stories were largely neutral, mental health stories were primarily negative.

Violence and Mental Health Conditions
The negative impact of the media's depiction of mental health is particularly evident when linking mental health conditions and violence.

Only 3% to 5% of violent acts can be attributed to persons with severe mental illness, and individuals living with mental health conditions are significantly more likely to be victims of violence themselves[9]. Over 18% of mental health stories indicated an association with violence, compared with 0.3% of physical health articles. However, individuals struggling with mental ill health were twice more likely to be portrayed as the perpetrators rather than victims.

[7] Fung, A.W.T., Lam, L.C.W., Chan, S.S.M., & Lee, S. (2021). Knowledge of mental health symptoms and help seeking attitude in a population-based sample in Hong Kong. Int J Ment Health Syst. 15: 39 https://ijmhs.biomedcentral.com/articles/10.1186/s13033-021-00462-2#citeas
[8] Chen, M., & Lawrie, S. (2017). Newspaper depictions of mental and physical health. BJPsych. Bull. 41(6): 308-313 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5709678/pdf/pbrcpsych_41_6_002.pdf
[9] SAMHSA, 2023

Debunking myths is important

Mental health conditions are far more common than most people think. Research shows that 1 in 7 people in Hong Kong will experience a common mental health problem in their lifetime[10]; the number is likely higher.

While mental health conditions are prevalent, not enough people know that they are recoverable. It is estimated that 70-90% of individuals with a mental health diagnosis will find symptom relief, particularly if they seek help[11]. The vast majority of those who suffer from symptoms of poor mental health do so in silence. A survey conducted by Mind HK in 2021 found that 81% of individuals had not previously accessed any mental health-related information, and 85% reported that apart from hospitals, they did not know any other places where they could seek support[12].

The media can help address these problems with balanced reporting that highlights hope of recovery and provides practical resource information, which can encourage people to seek the appropriate help when experiencing symptoms.

[10] Lam, L.C.W. et al. (2015). Prevalence, psychosocial correlates and service utilisation of depressive and anxiety disorders in Hong Kong: the Hong Kong Mental Morbidity Survey (HKMMS). Soc Psychiatry Psychiatr Epidemiol. 50(9): 1379-88. https://pubmed.ncbi.nlm.nih.gov/25660760/
[11] Kessler et al. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry. 62(6): 593-602. https://pubmed.ncbi.nlm.nih.gov/15939837/
[12] Mind HK. (2021)

GUIDELINES

1 Use trigger warnings when appropriate

While "trigger warnings" about difficult content are important for audiences to be better informed, they can also be stigmatising if not done correctly. Studies have shown that trigger warnings which identify people who should avoid the content - for example, survivors of trauma or those recovering from eating disorders - can further stigmatise those individuals and paint all targeted individuals with the same brush[13].

It is more helpful to provide a general warning that the content is difficult and to remind the audience to take a break or pause as they feel appropriate. It is also important to note that not all mental health articles require a trigger warning. Typically, these should only be used when the content focuses heavily and in detail on suicide or graphic traumatic events.

Please see an example of an appropriate trigger warning below.

"We will be discussing difficult topics, including discussion of [trauma/suicidality]. This is an important conversation to have, but we also know that it can bring up very difficult feelings. Please take care, you can always pause and take a break if you need it and return when you are ready. We will be providing a list of support resources."

[13] Kimble, M., Flack, W., Koide, J., Bennion, K., Brenneman, M., & Meyersburg, C. (2021). Student reactions to traumatic material in literature: Implications for trigger warnings. PLoS One. 16(3): e0247579 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7993791/

2 **Choose language carefully**

Our use of language impacts the way stories are consumed and processed. When covering mental health stories, it is crucial to use accurate and neutral language and to ensure not to perpetuate misconceptions and stigma.

The table below offers more responsible alternatives to stigmatising language.

Do use...	Refrain from using...	Why?
"Died by suicide" "Killed him/herself"	"Committed suicide" "Successful suicide"	The word "committed" is most often associated with criminality (i.e. committed murder, or committed to a prison sentence.) We do not want to associate death with success.
For an attempted suicide, you can say "attempted suicide survivor".	"Failed suicide attempt"	We do not want to associate survival with failure.
"A person diagnosed with [mental health condition]". You can also use "living with [mental health condition]". *If you are reporting a story on a person with lived experience, ask them how they identify. A person's mental health diagnosis is not their whole identity, and an article should reflect that.	Describing a person as Schizophrenic/Bipolar/OCD.	Oftentimes people who are struggling are defined or identified by their diagnosis, when in reality, their diagnosis is only a part of their experience or identity. Portray a person in their complexity and dimensionality to show that they are more than a label.

Do use...	Refrain from using...	Why?
Use proper terminology that is reflective of the person's diagnosis, not short forms or slang. Include a definition to explain what the diagnosis is.	Using slang like psycho or crazy, mad, deranged.	These terms are highly stigmatising and not reflective of the condition a person is struggling with.
Avoid making simplistic or inaccurate links between mental ill health and violence. Provide the environmental and social context in which the event happened.	Using words like dangerous, unhinged or unpredictable to label mental illnesses.	Violent acts are primarily driven by substance misuse, sociodemographic, and economic stressors rather than by the mental health condition alone. The fear of violence by those diagnosed with a mental health condition is a persistent stigma faced by people struggling with their mental health.
Use appropriate terminology.	The casual use of clinical terms such as Obsessive-Compulsive DIsorder ('OCD'), Post-traumatic stress disorder ('PTSD'), 'Schizophrenic' to describe one's behaviour when not applied to the diagnosable condition.	Mental health conditions cause significant distress and impact on an individual's life - overusing clinical terms undermines the impact of mental health conditions and affects public attitudes towards them.

3 Be responsible with your messaging

How we frame the conversation makes a difference, both in people's perceptions and their willingness to seek help. When reporting on mental health problems, it is essential to frame the story around the hope of recovery and the need to seek help early.

Additionally, it is important not to get too focused on the singular details of one person's problem but to have a more broad discussion on the societal pressures that can be addressed to support recovery and positive mental health.

What responsible reporting looks like	What stigmatising reporting looks like
Provide Accurate Factual Information We want to provide the audience with useful information to raise awareness and reduce the stigma of mental health. Providing sensational statistics without full context can contribute to discrimination and stigmatisation of individuals struggling with their mental health. Consulting with unqualified individuals risks the dissemination of inaccuracies and misconceptions.	

• Including relevant data and verifiable statistics
• Getting a comment from an expert
  ○ The expert should have relevant experience in the topic being discussed
  ○ Ensure you check the expert's credentials
• Providing warning signs to raise the public's awareness and understanding
• Stating evidence-based treatment options
  ○ However, avoid providing any specific advice (i.e. naming specific medications or therapies)
• Being specific and referring to specific mental health conditions rather than simply referring to mental health conditions/mental illness in a story
	• Spinning the data to sensationalise the story without providing context
	• Do not speculate as to the reasons for a suicide or mental health problem
	• Including comments from unqualified individuals. It is important to thoroughly check a professional's qualifications
	• Not providing helpful information for the readers to understand mental health issues better
	• Referring to "mental health" generally in a negative manner

What responsible reporting looks like	What stigmatising reporting looks like

Provide Accurate Information - Avoid Linking Violence and Mental Health

Violent behaviour is often linked or attributed to mental ill health. However, a substantial body of research shows that perpetrating violence is relatively uncommon in those diagnosed with severe mental health conditions[14]. When someone struggling with a mental health condition does engage in violent behaviour, it is often driven by other interrelated factors such as substance use, history of trauma, and sociodemographic and economic stress factors (i.e. unemployment). Violence is contextual.

Those with mental health conditions are at risk of being victims of violence, either due to abuse or bullying or due to self-harm. It is important that context is offered when reporting on violence, and mental illness is not blamed for the violent behaviour, as this further stigmatises mental ill health.

• Providing context and discussing the stressors leading to the use of violence • Exploring the life conditions which lead to the incidence and any structural or societal lessons to be learned	• Using simplistic or inaccurate links between a mental health condition and violence • Questioning the mental health of a perpetrator of a violent act, rather than exploring the social factors most predictive of violent behaviour - substance misuse, sociodemographic and economic factors and history of trauma • Using stigmatising language such as dangerous and unpredictable

Emphasise Hope in Recovery

One misconception which contributes to stigma is the idea that one cannot recover from a mental health condition. However, it is estimated that 70-90% of individuals with mental health diagnoses find symptom relief[15]. Recovery is complex and is defined by the individual. It is important to allow the audience to see the hope in recovery and the importance of seeking professional help.

• Featuring an individual with lived experience of the mental health condition being discussed, who can talk about their experience with recovery	• Portraying a person's condition as inevitable or hopeless

[14] DeAngelis, T. (2022). Mental illness and violence: Debunking myths, addressing realities. Monitor on Psychology. 52(3). https://www.apa.org/monitor/2021/04/ce-mental-illness

[15] Kessler et al. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry. 62(6): 593-602. https://pubmed.ncbi.nlm.nih.gov/15939837/

What responsible reporting looks like	What stigmatising reporting looks like
Don't Provide Unhelpful Voyeuristic Details Voyeuristic details do not contribute to a productive conversation. Instead, they can further contribute to stigma and discrimination. These details can also contribute to the perpetuation of harmful practices and benchmarking.	

• Provide information which will help the audience to understand the situation better and to raise awareness. Here are some ideas:
  ○ What prompted a person to seek help
  ○ What supported their recovery
  ○ Who is in their support network
• Discuss the stressors contributing to a person's feelings of hopelessness and despair
• Provide context that illustrates the complexity of mental health conditions
	• When reporting on eating disorders, refrain from providing details on methods and measurements
	  ○ Do not provide specific weight loss methods used
	  ○ Do not provide specific weight measurements
	
	• When reporting on suicide:
	  ○ Do not provide the details of the individual involved
	  ○ Do not provide details on the method used
	  ○ Do not report specific location of the occurrence

Use the Story to Raise Awareness and Spark a Conversation Find the bigger message that a particular story or event speaks to in order to spark a wider conversation about stressors that exist or solutions to wider problems impacting our mental health. Mental health problems are multifactorial and are influenced by social stressors such as discrimination (i.e. racism, sexism, or LGBTQ+ discrimination), poverty and inequity, or global events (i.e. the COVID-19 pandemic, climate crisis).	
• Identify the broader social concern and how it may impact our mental health • Discuss the impacts stigma and discrimination have on individuals who are struggling	• Don't overlook or disregard the broader contributing issues

What responsible reporting looks like	What stigmatising reporting looks like
Provide Support Resources As mentioned, most people are not aware of where to turn to for help, the media is ideally placed to disseminate resource information to the public.	
Provide numbers to support lines and ensure they are specific to the issue being discussed • General crisis hotlines • Suicide support hotlines • LGBTQ+ support hotlines • Psychosis supports • Eating disorder supports • Youth community supports and crisis hotlines *A full list of crisis resources are listed on our website: Find Help Now **Non-crisis resources are listed here: Community Directory • Provide information on options for seeking help (i.e. GPs, psychiatrists, psychologists, counsellors) *Comprehensive information on seeking mental health support in Hong Kong is available through our website: Getting Help	• While general hotlines are good to provide, it is more impactful, if you are addressing a specific mental health issue or population, to identify if there is any community support addressing it specifically • Do not promote specific, inaccessible private resources that are not likely to serve the broader community

Find help now   Community Directory   Getting Help

What responsible reporting looks like	What stigmatising reporting looks like
Headlines The vast majority of people consume headlines, which means that those charged to craft the headline have to be as responsible with the headline as with the body of the article.	
• Use the headline to highlight a social or public health issue	• Don't include details about suicide in the headline • Don't overstate the problem by using evocative words such as "epidemic" or "skyrocketing" • Avoid stigmatising language in the headline, e.g. linking violence and diagnosis of depression
Imagery Images are powerful in telling a story and can evoke many emotions. Stigmatising images can be very powerful in perpetuating stigma Before posting any images/footage consider what purpose does it serve; is it used for shock factor or is there a greater message you wish to get across	

• Images of crowds illustrating the reality that anyone can experience a mental health problem and to highlight that people are not alone
 • If the story includes a person with lived experience, with their consent and approval, include an image of them
    ◦ Image should be neutral or positive
    ◦ Background should be neutral or a place of comfort or support to them (i.e. picture them in a place where they feel empowered)
 • Images of contributors
	• Do not feature images of a suicide scene or a depiction of a suicide method (i.e. buildings if the method was jumping off a building)
	 • Potentially triggering images of self-harm, individuals in distress, "skinny" figures (when discussing eating disorders)
	 • Stereotypical images of people isolated or clutching their heads
	 • Don't use stereotyped images from popular culture (i.e. images of celebrity breakdowns, images from movies)
	 • Ask for permission from the individual/s depicted or from their family members (if they are no longer with us)

4 Report on suicide with caution

Reporting on suicide can be highly consequential. If done irresponsibly can contribute, not only to perpetuating stigma but to harmful impacts such as contagion and copycat methods.

Several studies have examined the impact that celebrity suicide reporting has on public mental health and suicide risks. Following a celebrity suicide, coverage of the suicide is high (can be daily), found on multiple outlets and platforms, the suicide method may be discussed in detail, and there may be a romanticisation that lands itself to glorifying the act. Studies show a significant increase in suicide and suicidal ideation rates, particularly the use of similar methods both in the short and long term[16].

The impact was particularly noticeable in individuals who were experiencing mental health problems during the time of the reporting[17], meaning that the reporting doesn't necessarily induce suicidal thoughts, but it does seem to further distress and affirm the distress of those experiencing suicidal thoughts at the time of the breaking story.

In a study by Dr. Yip et al. (2006) following the death of the Hong Kong actor and singer Leslie Cheung in 2003, for instance, it was noted that there were 1,243 news articles that included Leslie Cheung's English or Chinese name published between April 2 and April 9 (Leslie Cheung died by suicide on April 1, 2003). A great number of these articles were featured prominently by the publications that ran them, with evocative headlines, images and details.

The study also found that there was a 64% increase in suicides in the month of April compared to the previous 3 months' average rate.

[16] Yip, P.S.F. et al. (2006). The effects of a celebrity suicide on suicide rates in Hong Kong. J Affect Disord. 93(1): 245-252 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7112587/#!po=69.5122
[17] Fu, K.W., & Yip, P.S.F. (2007). Long-term impact of celebrity suicide on suicidal ideation: results from a population-based study. J Epidemiology and Community Health. 61(6): 540-546 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2465733/

It is of critical importance that in reporting suicides, media outlets do not focus on the method's details and do use the opportunity to discuss warning signs of suicidal ideation, hope in recovery, help-seeking, and practical resources.

The Hong Kong Jockey Club Centre for Suicide Research and Prevention has published a guide on reporting and online information dissemination for media professionals, which can be found *here*.

5 Take care of your own mental health

There are unique factors which make journalists and other media professionals vulnerable to mental health conditions, including anxiety and trauma; it is important to take care of your own mental health and wellbeing, as well as seek help if you are experiencing symptoms of a mental health distress.

Additional Resources

For information about mental health and mental health conditions, visit Mind HK's Mental Health A-Z page: https://www.mind.org.hk/mental-health-a-to-z/

Types of mental health problems: https://www.mind.org.hk/mental-health-a-to-z/mental-health-problems/type-of-mental-health-problems/

For information on mental health in Hong Kong: https://www.mind.org.hk/mental-health-in-hong-kong/

For a list of non-urgent mental health services: https://www.mind.org.hk/community-directory/

For urgent mental health services: https://www.mind.org.hk/find-help-now/

For further information or enquiries, please email
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Thank you so much!

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