

Mental Health Media Guidebook

for **MISSISSIPPI JOURNALISTS**



Introduction



Being a journalist is a demanding, stressful job that often requires covering stories on topics that the journalist has no background in. Mental health and suicide topics can be especially difficult and confusing to cover. This guide is to help Mississippi professional and student journalists navigate the often bumpy road of covering mental illness and suicide.

Research has shown that many people get their information about mental illness from mass media. Negative coverage doesn't just damage public perceptions; it also affects people with mental illness. However, appropriate news coverage of mental health issues can help break down stigma barriers and provide people who have a mental illness the opportunity to tell their personal stories.

The strong stigma surrounding mental illness is often a barrier for recovery. Fear of mental illness is a major problem in itself. Stigma gets in the way of proper treatment and recovery. Mental health problems are surprisingly common. In fact, they affect most families at some point. Studies also show that most people with mental illnesses get better and many recover completely.

All people should be valued and treated with respect, regardless of their gender, sexual orientation, physical disability, illness or mental illness. Having a mental illness is just one aspect of a person, as is having asthma or being confined to a wheelchair. In addition, just as physical illnesses can range from having a cold to having cancer, so can mental illnesses range in severity. Journalists can provide a valuable public service by helping increase understanding and awareness of mental health and suicide prevention.

This brochure was created to provide a tool and resource to help journalists in their effort to seek truth and provide a fair and comprehensive account of events and issues.



Mental Illness *in the* AP Stylebook



In 2013, the Associated Press added an entry on mental illness to the AP Stylebook. AP Senior Vice President and Executive Editor Kathleen Carroll said that now is the right time to address how journalists handle questions of mental illness in media coverage.

“This isn’t only a question of which words one uses to describe a person’s illness,” said Carroll. “There are important journalistic questions, too. When is such information relevant to a story? Who is an

authoritative source for a person’s illness, diagnosis and treatment? These are very delicate issues and this Stylebook entry is intended to help journalists work through them thoughtfully, accurately and fairly.”

Below is the AP Stylebook entry.

Mental Illness

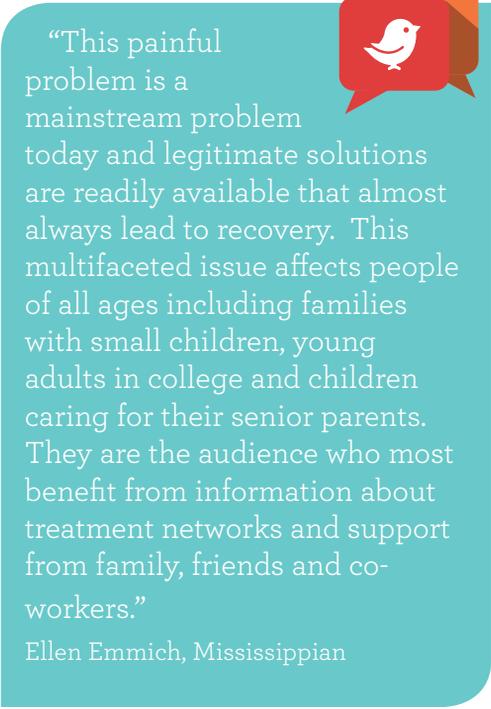
Do not describe an individual as mentally ill unless it is clearly pertinent to a story and the diagnosis is properly sourced.

When used, identify the source for the diagnosis. Seek firsthand knowledge; ask how the source knows. Don’t rely on hearsay or speculate on a diagnosis. Specify the time frame for the diagnosis and ask about treatment. A person’s condition can change over time, so a diagnosis of mental illness might not apply anymore. Avoid anonymous sources. On-the-record sources can be family members, mental health professionals, medical authorities, law enforcement officials and court records. Be sure they have accurate information to

make the diagnosis. Provide examples of symptoms. 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.

Some common mental disorders, according to the National Institute of Mental Health (mental illnesses or disorders are lowercase, except when known by the name of a person, such as Asperger’s syndrome):

- **Autism spectrum disorders.** These include Asperger’s syndrome, a mild form of autism. Many experts consider autism a developmental disorder, not a mental illness.
- **Bipolar disorder** (manic-depressive illness)
- **Depression**
- **Obsessive-compulsive disorder** (OCD)
- **Post-traumatic stress disorder** (PTSD)
- **Schizophrenia**



“This painful problem is a mainstream problem today and legitimate solutions are readily available that almost always lead to recovery. This multifaceted issue affects people of all ages including families with small children, young adults in college and children caring for their senior parents. They are the audience who most benefit from information about treatment networks and support from family, friends and co-workers.”

Ellen Emmich, Mississippian

Here is a link from the National Institute of Mental Health that can be used as a reference: www.nimh.nih.gov/index.shtml

Do not use derogatory terms, such as insane, crazy/crazed, nuts or deranged, unless they are part of a quotation that is essential to the story.

Do not assume that mental illness is a factor in a violent crime, and verify statements to that effect. A past history of mental illness is not



necessarily a reliable indicator. Studies have shown that the vast majority of people with mental illness are not violent, and **experts say most people who are violent do not suffer from mental illness.**

Avoid unsubstantiated statements by witnesses or first responders attributing violence to mental illness. A first responder often is quoted as saying, without direct knowledge, that a crime was committed by a person with a “history of mental illness.” Such comments should always be attributed to someone who has knowledge of the person’s history and can authoritatively speak to its relevance to the incident.

Avoid descriptions that connote pity, such as afflicted with, suffers from or victim of. Rather, he has obsessive-compulsive disorder.

Double-check specific symptoms and diagnoses. Avoid interpreting behavior common to many people as symptoms of mental illness. Sadness, anger, exuberance and the occasional desire to be alone are normal emotions experienced by people who have mental illness as well as those who don’t.

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. Use the term mental or psychiatric hospital, not asylum.



It is important for journalism students to learn more about reporting on mental health and suicide because they are the professional opinion leaders of society. People who have no idea what to think about certain subjects look to journalists and reporters for a clear and easily understandable analysis of what is going on and how they should feel about it.



Journalists have the power to influence stereotypes about people whether they are positive or negative. That power should be handled responsibly when it comes to issues such as mental health and suicide.

Students of journalism should be aware that they have the power to change the way people think about mental health in a manner that promotes a mutual respect among all people. They should be aware of the fact that a part of journalism is about presenting unbiased information. Likewise, a part of presenting this unbiased information is being careful not to write or report insensitive words or phrases that make one group of people stand out in a negative light. Journalists have the power to influence whether a person wants to help or shun those who have mental health issues or are suicide victims or contemplators. This is a responsibility that should not be taken lightly.

Toni L. Robinson
Belhaven University
Communication Major



Reporting on Suicide - Tips on How to Cover Stories Involving Suicide

IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

Suicide Contagion or "Copycat Suicide" occurs when one or more suicides are reported in a way that contributes to another suicide.

References and additional information can be found at: www.ReportingOnSuicide.org.

INSTEAD OF THIS:



- Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.
- Describing a suicide as inexplicable or "without warning."
- "John Doe left a suicide note saying..."
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as "successful," "unsuccessful" or a "failed attempt."

DO THIS:



- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
- Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) in your article if possible.
- "A note from the deceased was found and is being reviewed by the medical examiner."
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as "died by suicide" or "completed" or "killed him/herself."

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafely.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.

AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.

SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information of how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.



THE NATIONAL SUICIDE PREVENTION LIFELINE 800.273.TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.



FACTS

FACT 1 *Stigma and discrimination of individuals and families prevent people from seeking mental health care.*

Misunderstanding and stigma surrounding mental health are widespread. Despite the existence of effective treatments for mental disorders, there is a belief that they are untreatable or that people with mental disorders are difficult, not intelligent, or incapable of making decisions. This stigma can lead to abuse, rejection and isolation and exclude people from health care or support. (World Health Organization, WHO)

FACT 2 *Mental illnesses are common.*

According to the National Institute of Mental Health, one in five adults has a diagnosable mental illness. Mental illnesses are more common than cancer, diabetes or heart disease.

FACT 3 *Productive lives are possible.*

According to the National Mental Health Association, more than 2/3 of Americans who have a mental illness live in the community and lead productive lives.

FACT 4 *Treatment works.*

According to the National Alliance on Mental Illness, with proper care and treatment between 70 and 90 percent of people with a mental illness experience a significant reduction of symptoms and an improved quality of life.

FACT 5 *Early intervention is important.*

The sooner an individual experiencing an episode of mental illness can get treatment, the more effective treatment is. Early intervention increases the likelihood of a speedy recovery. According to the

about Mental Health

Substance Abuse and Mental Health Services Administration, half of all mental illnesses show first signs before a person turns 14 years old and three-fourths of adult mental health conditions appear before the age of 24. Mental illnesses often appear for the first time during adolescence and young adulthood. Unfortunately, less than 20% of children and adolescents with diagnosable mental health conditions receive the treatment they need. Early mental health support can help a child before problems interfere with developmental needs.

FACT 6 *Mental health and violence do not go hand-in-hand.*

People with mental health conditions are no more likely to be violent than anyone else. Most people with a mental illness are not violent and only 3-5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are 10 times more likely to be victims of violent crime than the general population.

FACT 7 *Recovery is possible.*

Recovery is a process of healing through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is unique to each individual and can truly only be defined by the individuals themselves. Recovery not only benefits the individual, it benefits the entire community.

FACT 8 *Stigma causes problems.*

One major barrier to recovery is stigma – the aura of fear and blame that surrounds mental health problems. This embarrassment about mental health problems is a major problem in itself. Stigma gets in the way of proper treatment and recovery. Most people don't think twice about seeking treatment for diabetes, asthma, high blood pressure or other health conditions. People should seek treatment for substance abuse and mental health with the same urgency as they would any other health condition.



Violence *and* Mental Illness

The U.S. Surgeon General has reported that the likelihood of violence from people with mental illness is low. In fact, “the overall contribution of mental disorders to the total level of violence in society is exceptionally small.”

It doesn't get much more clear cut than that. To put it simply, acts of violence committed by people who have a mental illness are the exceptions; they are not the norm.

Regardless of that fact, much of the stigma people often feel toward those individuals living with mental illnesses relates to their fear of violence. Research has shown, however, that the overall likelihood of violence in mentally ill individuals is low, and mental illness contributes very little to the overall amount of violence in society today. The common perception that a mental illness equates to violence is unfounded and not backed up by the facts.

Violence, unfortunately, exists in our society. Individuals living with severe mental illnesses

“The vast majority of people with mental illness are not violent. Actually, they are 2.5 times more likely to be victims of violence than members of the general population, according to a study published in the *International Journal of Law and Psychiatry*.”



are much more likely to be the victim of a violent crime than the perpetrator of a violent crime.

Mental illness should not be assumed to be a factor in violent crimes. Even if a family member, acquaintance, or even a first responder makes a statement such as “he seemed on edge lately,” or “I thought she was acting bipolar,” you should consider the source.

- Are the individuals saying those things qualified to make

statements about someone's mental health?

- Do court records indicate the individual you're writing about had, in fact, ever received treatment related to mental health issues in the past?

Even when records do show a history of treatment, consider the relevancy to the story you're writing. A history of mental illness may not be relevant to the story in the present.

When possible, consider including a mental health professional in your reporting of a story. Perhaps that professional could discuss service options that are available in your area, or maybe even talk about ways family members and friends can help a loved one with a diagnosis of mental illness stay in treatment.

Anyone directly involved in treating an individual will be unlikely to provide any comments due to privacy considerations, but another expert could be able to provide perspective. If a diagnosis of a mental illness has been confirmed, mental health professionals could potentially offer insight into how that diagnosis can affect someone's life. Mental health professionals will also be able to reinforce the

fact that those people living with mental illnesses who do commit violent acts are not typical of others who have a diagnosis. As mentioned previously, perhaps they can discuss ways to handle those situations where mental illness has been shown to be a factor in violence.

It is especially important for the media to drive home the fact that mental illnesses are treatable and recovery is possible.

If nothing else, remember these things when your reporting involves mental illness and violence:

- Reporting can have a significant impact on the way people perceive those with a diagnosis of mental illness and the things they believe about mental illnesses.
- Recovery from mental illness happens, treatment is effective, and there is much more to people than any diagnosis he or she has.

Sources

U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
<http://www.nami.org/Template.cfm?Section=April6&Template=/ContentManagement/ContentDisplay.cfm&ContentID=45403>
<http://www.psychologytoday.com/blog/witness/201301/the-best-predictor-future-behavior-is-past-behavior-0>



“A study published in the Archives of General Psychiatry finds that mental illness alone does not increase the chances that a person will become violent.”





Tips for *Eliminating* Stigmatizing Language *in* News Coverage

- 1 Refer to the 2013 Mental Health entry to the AP Stylebook. This information is very good and gives some excellent basic information for eliminating stigmatizing language.
- 2 Avoid the obvious slurs, like “crazy,” “psycho,” “lunatic,” “nuts,” and even “insane,” which is a legal term and not a medical term. These words are not just imprecise, but clearly negative and should not be used when describing individuals.
- 3 Be sensitive to the effects of your words. Would you interject an individual’s diagnosis of cancer or some other disease into a story if it wasn’t absolutely relevant? Probably not. Remember to use the same standard when writing about an individual with a mental illness.
- 4 Having a diagnosis of a mental illness does not define someone. Try to use what we call “people-first” language:
 - a. Instead of referring to someone as mentally ill, say they are living with a diagnosis of a mental illness
 - b. Try saying someone has received mental health services instead of saying they were a mental patient
 - c. Use longer descriptions when referring to substance abuse, you may want to say a person experienced a substance abuse issue instead of saying they were an addict
 - d. Consider being descriptive when discussing a person or their symptoms. Instead of simply saying someone is bipolar, say he or she has a diagnosis of bipolar disorder and can experience mood swings as symptoms of that illness.
 - e. When interviewing someone who has been diagnosed with a mental illness, ask how they would like to be described. Preferences could include being described as a person with a

mental illness, a person diagnosed with a mental illness, or as a person recovering from a mental illness.

- As a person with a mental illness,
- As a person diagnosed with a mental illness,
- As a person recovering from a mental illness.

f. Individuals living with a mental illness should never be reduced to a walking diagnosis.

5 Consider the fact that stigmatizing language robs a person of his/her identity. (Read the blog by Kathie Snow, www.disabilityisnatural.com.)

6 Write everything with these facts in mind:

- One in four people will experience a mental illness in their lifetime.
- In all likelihood, you will be affected by a mental illness or someone in your family, your friends, or your church family.
- We are all just one major crisis away from the possibility of post-traumatic stress syndrome or major depression.
- Given that...how would you want to be described?

“Some of the main barriers to seeking help are the misconceptions and stereotypes we have of mental illness and mental healthcare.”

Ed LeGrand, Former Mississippi Department of Mental Health Executive Director



Interviewing people affected by



Mental Illness or Suicide

With one in four adults – approximately 61.5 million Americans – experiencing a mental illness in a given year, there’s a good chance that many of your readers, viewers or listeners are affected.

Personal stories of mental illness and suicide enrich media reporting and illustrate the real life impact of these issues.

Interviewing:

Many people with a mental illness may experience feelings of anxiety and despair as part of their condition. This is important to remember when looking for someone to interview. As medical conditions such as depression, anxiety, bipolar disorder, personality disorder and schizophrenia become better understood by the community, people affected are more willing to share their experience with the media.

When someone dies by suicide, family and friends can experience intense grief, which is often intensified if the person who died had a mental illness.

This understandably affects how people are able to cope. Supportive friends and colleagues who acknowledge this grief, listen, and offer support can make a big difference in helping people learn to cope with the loss.



A content analysis of newspaper coverage in Washington State concluded that news stories about a person with mental illness being violent and harming others are, by far, the most common topic of news stories in which mental illness is a factor. This creates the misperception that there is a strong link between mental illness and violence where none exists.

They may also feel angry and disappointed that services have let them down. This may also be the motivation for someone to want to share his/her story, to raise awareness and advocate for improved services. Usually people with a mental illness are motivated to share their experience because they want to educate the community and create greater acceptance.

Things to consider:

- Ensure you have ‘informed consent’: that the interviewee’s consent to be interviewed would be the same today as it would be next week. If someone is experiencing an episode of illness such as psychosis or mania, they may later feel differently about being involved or what they choose to share. If interviewing someone affected by suicide, it is important to consider the timing of the interview and consider if further grief or distress could be caused to the interviewee or the community by any potential publicity.
- Clearly explain the purpose of the interview and the issues you’d like to cover.
- Consider providing questions in advance to help the interviewee prepare.
- Allow a friend or family member to be present.
- Discuss the use of photos prior to the interview.
- Be clear on the angle of the story.
- Wherever possible, allow the person to review the final article and double check their quotes and paraphrasing.
- Discuss the option of anonymity.
- Clearly identify which media outlets will be covering the story if the story will appear in more than one media outlet.
- If the interviewee is under the age of 18, consent should also be discussed with a parent or guardian – minors are likely to be unaware of media practices.

- Advise the cameraman, photographer or photo editor to avoid using images which perpetrate inaccurate and outdated stereotypes of mental illness (e.g. use of mirrors to create multiple reflections of an interviewee diagnosed with schizophrenia).
- If the interviewee is being treated by a mental health professional, consider allowing that professional to be present when you interview the individual.

Reporting:

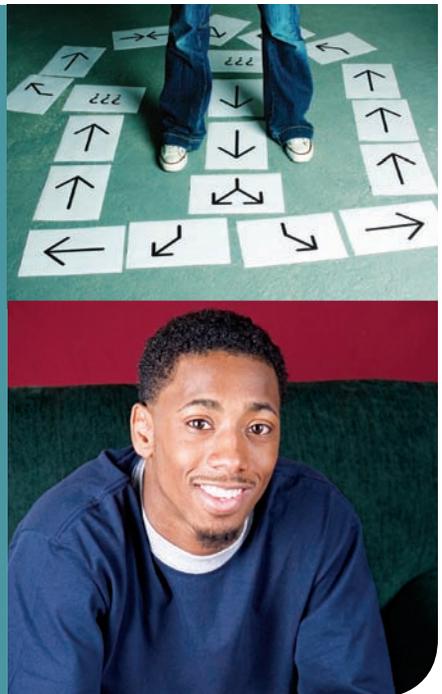
Media reporting can have a powerful role to play in demystifying mental illness and raising awareness. This is generally achieved through ensuring the report provides context and remains balanced. Including relevant factual information and, where suitable, expert opinion is advised.

The addition of helpline numbers and sources of further information also has a powerful positive impact on vulnerable people, encouraging them to seek help.

Information provided by the SANE Media Centre.

“We are not criminals. We are regular people who just have higher hurdles to jump than others. Having a mental illness is just like having asthma, or diabetes or any other medical illness.”

Amanda Clement,
Mississippian





“I feel like positive media coverage is good. I feel like they should talk about it and take action to raise awareness because different people have different types of illnesses and help is needed.”



Jamal M., Young Adult in Mississippi

“The negative sensationalizing of mental illness feeds the stigma associated with mental disorders and makes those struggling with a mental illness feel persecuted. It further marginalizes them in their communities. It causes a barrier to recovery and prevents many from seeking treatment for fear of being ostracized from their community.”

David Connell, Mississippian



Fighting the Monster:

A Journalist's Personal Story of Surviving an Anxiety Disorder

{ BY ROBIN STREET }

My home is on fire. I am standing outside, fearing that my family members are trapped in the blaze.

That scene is not real. However, experiencing that level of overwhelming, helpless anxiety multiple times a day was painfully real for me when I developed an anxiety disorder.

My disorder began when I was caring for my aging father, who lived alone. He was forgetting to turn his coffee pot off, so I began checking it when I visited him. But soon I found myself checking my own coffee pot repeatedly, unable to trust that I had turned it off. Anxious thoughts would engulf me such as “Are you sure it was off? It will be your fault if it starts a fire.” So I would check it again.

Soon, that anxiety spread to checking almost everything, including the oven and the door lock. I began to worry that food I cooked was not safe to eat or that I might have hit someone with my car. Rationally, I knew these thoughts were bizarre, but the anxiety would overwhelm me.

I was exhausted. I could not sleep or eat. I looked so awful that people asked if I was ill. I was ill, but with a mental illness. I needed help or I could not go on.

That help came from a wonderful therapist from one of the community mental health centers coordinated by the Mississippi Department of Mental Health. She diagnosed me with Obsessive-Compulsive Disorder (OCD). In OCD, obsessive thoughts such as “Did I turn off the coffee pot?” cause the compulsive checking or other actions. OCD is a type of anxiety disorder. In anxiety disorders, which affect an estimated 40 million Americans, anxiety runs amuck, threatening to control your life.

My therapist taught me to think of the anxiety as a “monster” trying to take over. I had to learn to fight the monster. Medication reduced my symptoms and she counseled me on how to work through the anxiety.

I learned that mental health problems are not caused by personal weakness or flaws. As with any other health problem, such as having the flu, the person is not to blame for being ill. You cannot “pull yourself together” from a mental illness, any more than you could will yourself well from the flu.

As a journalist, I have written often about mental health issues, trying to help people understand them. As a college journalism instructor, I implore journalists and journalism students to take time to understand and report on mental health issues.

Am I cured? No. But I think of it as like having diabetes. I will live with it the rest of my life. I have not killed “the monster,” but it can barely raise its head. Thanks to my therapist and the services offered through the Department of Mental Health, I have not only survived, but thrived.

Robin Street teaches journalism and public relations at the University of Mississippi. She specializes in writing about health, mental health, fitness and nutrition topics. Her articles on those topics have been published in The (Jackson, Miss.) Clarion-Ledger and in leading national magazines including Woman's Day, Better Homes and Gardens, Good Housekeeping and Cooking Light. Street holds both a M.A. degree in journalism and a M.S. degree in health promotion from Ole Miss.



How Can the Media Help?

- Continue the discussion of mental illness and suicide to break down the walls of stigma.
- Promote a message that suicide is preventable.
- Promote a message that recovery is possible for individuals with a mental illness.
- Contact a mental health professional for information when covering a news story.
- Provide people who have a mental illness the opportunity to share their personal story.
- Expose myths about mental illness and suicide.
- Follow the checklist on page 25.
- Remember the effect your story can have on a person who has a mental illness, the family members of a person who has a mental illness, and people who have attempted suicide or are thinking about suicide.
- Include information on how people can seek help if needed.



How to seek help?

For more information about services or if you or a loved one needs help, call the Mississippi Department of Mental Health's Helpline at 1-877-210-8513. Staff are available to provide help with mental health issues and suicide intervention around the clock. You can also visit www.dmh.ms.gov to learn about services in your area.



Thinking about suicide?

If you or someone you know is thinking, talking or writing about suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).



Checklist for Journalists

Before your story is complete try to take a few moments to review this checklist.

- ✓ Is mental illness actually relevant to this story?
- ✓ If mental illness is relevant to the story, did I contact a mental health professional for information?
- ✓ Did I use language that would imply people with mental illnesses are violent?
- ✓ Did I use Person First Language? Instead of saying “Shelia is a schizophrenic” say “Shelia has a diagnosis of schizophrenia.” Instead of saying “a mentally ill person” or “the mentally ill,” say “a person with mental illness.”
- ✓ Did I verify statements that mental illness is a factor in a violent crime?
- ✓ Did I use stereotypical words or phrases in describing people with a mental illness? Steer clear of words such as: crazy, deranged, demented, lunatic, psycho, emotionally disturbed, etc.



Mental Health in Mississippi -



Commonly Asked Questions

What is the Mississippi Department of Mental Health?

The Mississippi Department of Mental Health (DMH) certifies, provides and/or financially supports a network of services for people with mental illness, intellectual/developmental disabilities, substance abuse problems, and Alzheimer's disease and/or other dementia. It is our goal to improve the lives of Mississippians by supporting a better tomorrow...today. DMH directly operates four behavioral health programs, a specialized behavioral health program for youth, one mental health community living center, five programs for persons with intellectual and developmental disabilities, and one specialized program that serves adolescents with intellectual and developmental disabilities. The programs serve designated counties or service areas and offer community living and/or community services.

What is Mississippi's public mental health system?

Mississippi's public mental health service delivery system is comprised of three major components: 1) state-operated programs, 2) regional community mental health centers, and 3) other nonprofit/profit service agencies/organizations.

What is mental illness?

A mental illness is a health condition that causes changes in a person's thinking, mood or behavior. It is sometimes easy to forget that our brain, like all of our other organs, is vulnerable to disease. Mental illness is a health condition just like diabetes or asthma is a health condition. Good mental health is an essential component of good physical health. For more information, contact the Mississippi Department of Mental Health at 601.359.1288.

Notes

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Notes

A series of horizontal dotted lines for writing notes.

PARTNERS INCLUDE:

Think Again Network

Mississippi Department of Mental Health

University of Mississippi

University of Southern Mississippi

Belhaven College

Tougaloo College

Alcorn State University

MS Certified Peer Support Specialist Network

NFusion



Mississippi Department of Mental Health

1101 Robert E. Lee Building
239 N. Lamar Street
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Toll-Free Helpline: 1.877.210.8513