



Mental Health and Media

Trauma-informed Reporting Guide

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Whether it's a natural disaster, war, community-based violence or some other type of tragedy, covering crises is a critical part of covering the human condition as a journalist. Talking to witnesses and survivors, gathering footage and pictures, and verifying information is difficult work—especially when balanced with demands to get a story out as fast as possible.

That said, there is space to report responsibly when it comes to protecting those directly affected, your audience, and yourself. Trauma-informed reporting, similar to trauma-informed approaches across other fields such as medicine or law, involves practicing empathy on the job and using language and tactics that promote healing and avoid re-traumatizing those involved.

Beyond sources immediately touched by trauma, the risks extend to the broader public. Consuming negative news can lead to anxiety, sadness, anger, feelings of helplessness, and in some cases, PTSD. The same could be said for journalists covering these events themselves, underscoring the need for responsible reporting that is informed by these risks.

Information in this guide was sourced from other Mental Health America resources, leading journalistic institutions, and those with lived experience. This is not a comprehensive guide and should be considered a “living document” to be updated and fuel conversations about media ethics.

8 tips for trauma-informed reporting involving mental health

1 Include trigger/content warnings.

Note at the top of the story if any trigger/content warnings are present. This could apply to topics such as gun violence, graphic depictions of war, suicide, domestic violence, or sexual assault.

Example: "Content warning: This story contains references to suicidal ideation."

2 Always provide helpline information.

Include information on where the reader, viewer or listener can go to for help.

- "If you or someone you know is in crisis, call or text 988 for the Suicide and Crisis Lifeline, or contact the Crisis Text Line by texting TALK to 741741."
- "Find a local warmline [here](#)."
- "Find a list of other helplines [here](#)."

3 Be careful what details you include.

Think about whether or not the written imagery is absolutely necessary when reporting on suicide, a suicide attempt, or anything else related to a mental health condition. Never include the methods used for or details about suicides or suicide attempts, which can be triggering. Ask yourself: Does the general audience need to know gruesome specifics for a reason? What value is added by including, for example, self-harm methods?

4 Use person-first language.

Using person-first language avoids victimization and perpetuating stigma, and it does not define a person by a particular characteristic. Place the person before the diagnosis by being as specific as possible. For example, if someone you are reporting about has schizophrenia, describe them as “someone living with schizophrenia.” The same is true for other scenarios, such as an unhoused person—“he was experiencing homelessness” as opposed to “he was a homeless man.”

5 Be careful not to generalize a population.

Many communities are disproportionately affected by violence and traumatic events, sometimes due to systemic oppression. Be careful not to generalize or stereotype people or locations involved through a lens of historical tropes, but instead tell a person’s story independently, not assuming anything about them.

6 Be mindful of a person’s gender and sexuality.

If pertinent to the story, ask a person how they describe their gender and sexuality, and for their pronouns. Don’t accidentally out someone or misgender someone.

7 Dig deeper around the mental health narrative.

Understand that mental health conditions manifest differently for each person and mental health treatment has historically been fraught with abuse. Media can unintentionally perpetuate harmful stigmas—such as that those with mental health diagnoses are violent, murderous, unpredictable, and are to blame for their condition. [Research actually debunks the myth](#) that people with mental illness are more prone to commit acts of violence and aggression. (In reality, they are more likely to be victims of such violence.)

6 Practice empathy.

Consider how you or your family would feel if they were the subject of the story. Is sharing all the available details around someone’s diagnosis or past treatment or criminal justice history worth the risk of increasing individual or collective mental harm, for example?

Terms to avoid and what to use instead

General mental health terms

Avoid

Use instead

Mental illness

Mental health condition
Mental health diagnosis

A person suffers from [health condition]

They live with a mental health condition

Committed suicide, a successful suicide

Died by suicide

Unsuccessful suicide, failed attempt at suicide

The person attempted suicide

He is an alcoholic, she died from alcoholism

He has a substance use disorder, she died from complications of a substance use disorder

Addict, junkie

Unless in a direct quote, use “substance use disorder” or “used [drug name]”

Clean (when talking about drug use)

Unless in a direct quote, use phrases such as: being in remission/recovery; abstinent from drugs; not drinking/taking drugs; or testing negative

Terms to avoid and what to use instead



LGBTQ+ terms

Avoid

Use instead

They “identify as” a woman/man

Use the person’s preferred pronouns and gender identity

Referencing a person's birth name when they have changed their name as part of their gender transition, also known as their “deadname”

Use an individual’s current name and pronouns, even when referencing the past. A minor exception can be made if the person is well-known and had a recent name change that the public may not know. In this case, only use the deadname to educate the public then use the current name and/or pronouns

LGBTQ+ as a blanket term for a specific person (e.g., Zayne is LGBTQ+.)

Be as specific as the person is when talking about themselves, and only use sexual orientation if relevant to the story. (e.g., Zayne, who is queer, said they plan to attend the council meeting on trans rights.)

Terms to avoid and what to use instead

Race, ethnicity, and nationality terms

Avoid

Use instead

Minority, person of color, underserved

Ideally, be precise about what group(s) of people you are referencing; use inclusive language that focuses on the individual and their identity

Racially charged/motivated (and similar euphemisms)

Racist

African American, unless the subject uses this identity themselves

Black person/individual/family/etc.

Interchanging
Latino/Latina/Latine/Hispanic

Use “Hispanic” when referring to someone of Spanish-speaking origin or ancestry

Use “Latino/Latina/Latine” for someone of Latin American origin or ancestry

Middle Eastern

Arabs, Arab Americans, and/or Arab culture

“Middle Eastern” may be used in data sets and research, especially in U.S. Census data (see more about proposed changes [here](#)). However, this is a geographic area and not an identity and shouldn’t be treated as such. “Arab” more accurately reflects the ethnicity and/or national origin of community members who originate from the 22 countries that are members of the Arab League.

Caucasian

white

Terms to avoid and what to use instead

Other terms

Avoid	Use instead
Prisoner, convict, lifer, ex-convict, ex-offender	Person who was convicted; person who is/was incarcerated
Parolee	Individual on parole
Juvenile delinquent	Young person who was incarcerated/impacted by the justice system
Victim of abuse	Survivor of abuse (Note: "Victim" is OK to use if someone died as the result of violence, an overdose, etc.; but, do not describe them as a "victim of ..." if the death was unrelated.)
Sexual misconduct	Sexual assault/violence or, when accurate, rape

Find more terms outside of mental health language in the American Psychological Association's [Inclusive Language Guide](#).

6 ways media orgs can support staff covering crises

1 Check in frequently with staff.

Let journalists on the scene know they have your full physical (security) and mental (emotional) support. Make sure you also remember other staff, such as studio producers and copyeditors, who may not have a byline or be on camera, but who are still reading and seeing the same upsetting elements. You all want to do a good job of relaying to the public what is happening, but it's important to avoid pushing them to a breaking point.

2 Rotate staff.

To minimize the risk of PTSD, if possible, alternate who covers traumatic and emotionally-tolling stories. In racist or hate-based situations, be mindful of sending reporters and staff who may have a connection to the affected community, ask whether or not they are comfortable covering the story, and be truthful that there will be no repercussions for an employee to abstain from working on a particular incident in order for them to protect their mental health.

3 Debrief.

Talking about a tough situation can help your employees process and lean on each other for support. Provide a space for employees to engage in an open dialogue about the event. Consider bringing in a licensed therapist or social worker to lead the discussion. Even if you cannot gather as a team, encourage editors, supervisors, and managers to follow up with individual employees.



4

Provide time to rest and reflect.

Staff covering an intense situation may be running on adrenaline, but once the energy wears off, they will be emotionally and physically drained.

5

Offer mental health benefits.

Make sure provided insurance plans have adequate mental health coverage, offer an employee assistance program and encourage its use, pay for wellness apps and services, or set up a quiet room in the office (not a breakroom, but somewhere a person can sit, cry, meditate, or pray, for example). There are many ways you can support your staff—consider asking them what sorts of benefits would help.

6

Train for physical safety.

Journalists have a job to do during crises, protests, riots, and violent situations, but many may not have the training or experience to prepare them for these types of situations. Having the knowledge and equipment to stay physically safe can also help protect their mental health during and after a crisis. Offering training refunds, group classes, and other resources can go a long way to prepare staff ahead of uncertain situations.



Additional resources

[American Association of Suicidology reporting guidelines](#)

[American Foundation for Suicide Prevention's Top 10 Tips for Reporting on Suicide](#)

[American Psychological Association's Inclusive Language Guide](#)

[National Association of Hispanic Journalists Cultural Competence Handbook](#)

[People Matter, Words Matter language guides](#)

[GLAAD Reporting fact sheet for covering transgender topics](#)

[How the news media portray Latinos in stories and images: 5 studies to know](#)

[National Hispanic Media Coalition: The Impact of Media Stereotypes on Opinions and Attitudes Towards Latinos](#)

[Free Poynter Course on Journalism and Trauma](#)

[Best Practices for Trauma-informed Journalism from Mizzou's Donald W. Reynolds Journalism Institute](#)

[Columbia Journalism School's Dart Center for Journalism and Trauma Style Guide](#)

[Campaign for Trauma-informed Policy and Practice Journalism Toolkit](#)



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