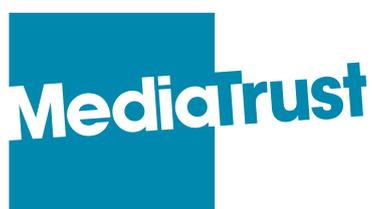


Guidelines for Reporting on Race and Mental Health



Racism is a reality for people of colour. It has an impact on all areas of life - including mental health.

Media Trust commissioned the Ethical Journalism Network and Bipolar UK to create this resource to bring these two linked areas together.

This guide is designed to help media outlets cover the realities of race and mental health - by helping us all understand the impact of poor reporting practices on communities of colour and to avoid common mistakes.

Here in the UK, many Black, Asian and other ethnic minority groups continue to experience significant disadvantages in life - from higher maternal mortality ratios to being the most common victims of the excessive use of force by the police.

Stories that limit individuals to their skin colour or mental health diagnosis reinforce stereotypes and create stigma - public perceptions of race, mental health (and other equalities issues) can be framed by media coverage.

Despite the counterweight of countless books, articles, documentaries and studies, too often, media coverage can simultaneously amplify the distress of racism, whilst making people of colour question their own experiences of racism.

This is known as racial gaslighting - where communities are left questioning if racism affects their daily lives despite the overwhelming evidence and documented lived experience. Research has shown that this experience can have an impact on the mental health of those exposed to it.

This guide examines how news reporting can contribute to racial gaslighting - and the steps media outlets can take to limit it:



1 Consider how you ask questions about race. Do your questions diminish or deny the existence of racism?

Media coverage of racism often leaves audiences confused about the scale of the problem in Britain.

There are many reasons for this, including:

- ▶ Misguided comparisons to America – which has a very different history compared with the UK
- ▶ Interviews that present consistent, well documented problems as isolated incidents
- ▶ Interviews that start from the premise “is this person telling the truth?”, rather than understanding the existence of racism across society

The UK Council of Psychotherapy has found:

“When the majority response across the media is a push-back and denial of lived experiences, it can become not only traumatising but re-traumatising. This constant denial of the true, painful and traumatising experiences that Black and Brown people experience in this country... is clearly preventing any real progress, and causing continued mental health struggles.”¹



¹ <https://www.mentalhealthtoday.co.uk/blog/awareness/meghan-markle-racial-gas-lighting-and-its-re-traumatising-effect-on-the-black-population>

2 Get your facts straight

To mitigate the impact of racial gaslighting, responsible outlets should base their coverage of racism and mental health on robust, recognised research.

Opinions must be backed up – or challenged by – credible, independent figures that help audiences to understand the experiences of those directly affected by racism.



Photo by Christina @ wocintechchat.com on Unsplash

3 Understand why mental health matters

Research suggests that racism can contribute to specific mental health problems including anxiety, psychosis, depression and suicidal thoughts.²

This means coverage of racism and mental health requires care and consideration. The best examples of good practice in this area share three qualities. They are usually:

- ▶ Empathetic
- ▶ Fact-based
- ▶ Experience led



In practical terms, this means:

- ▶ Contributors and storytellers sharing their experiences openly
- ▶ Treating the guest with lived experience as the expert
- ▶ Referring to established facts and research that will underline – or where appropriate, challenge – the account being shared
- ▶ Signposting viewers towards support from charitable organisations and/or the equivalent of the BBC’s Action Line
- ▶ Using diverse imagery that is more a ‘real world’ reflection of life as a person of colour, instead of reinforcing stereotypes

² <https://www.mind.org.uk/information-support/tips-for-everyday-living/racism-and-mental-health>

4 Consider the impact of language



Language impacts the way we see ourselves and the world around us. When outlets offer an incomplete picture of the person behind their protected characteristics, the audience's ability to understand and empathise with their perspective is limited too.

A mental health diagnosis should not be used to replace the identity of a person e.g., use 'he has schizophrenia' not 'he's a schizophrenic'.

In the mental health sector, a lot of work has been put into considering appropriate language. This guide, produced by Bipolar UK, suggests alternatives which de-stigmatise mental health conditions:

| CONSIDER USING | AVOID USING |
|--|--|
| Jason has bipolar | Jason is bipolar |
| Mental health condition | Mental health illness |
| Medication, medicines, meds, treatment | Drugs |
| Someone with bipolar | Patient, sufferer |
| Family, friends, loved one | Carer (unless in a healthcare context) |
| Adherence to treatment | Compliance with treatment |
| Telling someone, talking to someone | Disclosure (unless using in the legal context) |
| Hospital, psychiatric unit or ward | Secure unit |
| Self-harm | Self-mutilation, self-injury |
| Suicidal thinking | Suicide idealisation or ideation |
| People living with mental health conditions, people who use mental health services | Service users |
| Lost their life to suicide, taken their own life | Committed or completed suicide |

5 Think about story selection and public perception

Stories about racism often frame minorities first as victims, and then as the solution behind solving the problem.

This means minorities have the burden of exposing racism and finding answers – while those recognised as responsible avoid public accountability, which means the structural issues that contributed to the problem remain unaddressed.

This approach means that incidents avoid proper journalistic scrutiny and are easier to be denied and dismissed.

It's also important to ensure that a diverse range of contributors are approached for comment, including groups led by the communities affected. Allowing all communities the opportunity to participate publicly can help strengthen journalism.



Photo from nappy.co

Some areas to consider

The way interviews are conducted is an important part of how we cover race, as we have learnt with mental health. We've put together some common approaches and highlighted problems that can flow from them:

Question: Perhaps it was racist – but the UK is not as racist as America is it?

Problem raised: This can suggest that systemic racism is exclusively an American issue, rather than something specific and relevant to our audiences. “We are better than them” can mean a lack of focus on holding UK bodies to account and downplays the structural changes required at home regardless of what is happening abroad.

What would an improvement be? Only comparing relevant evidence from other countries, rather than making “whole country” comparisons.



Photo by Michal Czyz on Unsplash

Question: You think it's racist – but this person, also from a minority community, disagrees with you.

Problem raised: Contextualising experiences with evidence is crucial to helping audiences understand systemic racism. Black and Brown people may disagree but that does not change the evidence base. Referring to the most relevant research can make for more powerful, fact-based interviewing.

What would an improvement be? This person says it's not racist – but the overwhelming evidence on racism suggests otherwise.

Question: What examples of systemic racism do you have?

Problem raised: This places the burden of proof on the guest, can appear to dismiss the consistent evidence on the issue and questions the validity of the guest as a credible witness. That can create distance between the guest and the audience. It can also fail to account for mental health conditions connected to racial trauma – including but not limited to depression, hypervigilance, chronic stress and fatigue.

What would an improvement be? Your experience/reading of the event is unique to you – and the evidence suggests it was/was not an isolated incident. Independent statistics say...



Photo by Mikhail Nilov from Pexels

Question: Surely racism is not as bad as it was?

Problem raised: Racism changes over time and ‘bad’ or ‘good’ are not helpful descriptors. Questions like this can suggest that we should be satisfied with the progress made over time – that experiences now are a blip, rather than the consequence of ongoing systemic racism. Thinking about sexism, it is very unusual to ask sufferers if things “are better than they were”.

What would an improvement be? Using the latest factual evidence on racial attacks, for example, rather than making broad assertions. Asking whether enough is being done to tackle racism in Britain.

Question: Isn't this really about class?

Problem raised: This suggests systemic racism is not a problem that affects all classes and is therefore not an “all-society” problem. Although it touches on intersectionality it is too blunt a way of doing it. Race and class do combine to uniquely disadvantage minority communities, but this kind of language suggests that only one – class – is important.

What would an improvement be? We know that class and the realities of racism have a unique impact on minority communities – how are the two linked?



Photo by Sam McGhee on Unsplash

Question: Is it possible that this was actually a clumsy, administrative mistake?

Problem raised: This suggests that the interviewee has misunderstood what has happened to them, and questions their response to the racism. It suggests there are more 'realistic' possibilities that don't include systemic racism.

What would an improvement be? Some might see this as an administrative error – but the numbers show this happens time and time again to minority communities.



Photo by Christina Morillo from Pexels