



## **CRISIS MEDIA FOR TRAGIC EVENTS**

NAMI leaders sometime face media requests for comment about tragedies involving mental illness. There are three basic scenarios:

- An act of violence by a person living with mental illness or who has speculation around his/her mental health.
- Police actions while responding to a person in psychiatric crisis.
- Suicide.

### ***Approaches to Handling Crisis***

Past experience generally has reflected three approaches. Which approach is chosen requires balancing a range of factors. They include the nature of the tragedy, facts that are available, self-confidence in talking to reporters and whether it is necessary or appropriate at all to have NAMI become part of the story.

- **Avoidance.** No public statements are made. When facts are very uncertain or extremely horrific, this strategy is often prudent; however, media coverage will then be shaped entirely by voices outside NAMI. Without balanced perspective, there is greater risk of stigma or other adverse impacts.
- **Passive.** Public statements are made only in response to contacts initiated by the news media. This is probably the most common approach.
- **Proactive.** NAMI leaders initiate calls to key editors and reporters and issue a press release as the story unfolds. The goal is to influence reporting by providing balanced perspective and public education about mental illness—and in some cases by encouraging an investigation of problems in the mental health care system.

### ***Tragedy Checklist***

- Rely on initial news reports for basic facts, but don't speculate about a diagnosis or rely on hearsay information from others.
- Check membership lists. Is the individual or family involved NAMI members? Ask education and support group coordinators whether they have ever had contact with the individual or family.
- Reach out to the family involved to offer moral support and any guidance that is appropriate. In many cases, outreach will need to be made indirectly through a relative, friend or the family's lawyer. Respect privacy and confidentiality. These contacts are not for discussion with reporters.
- If an event is major statewide news, NAMI Affiliates are encouraged to confer with the NAMI State Organization to share information and advice and determine if a state press statement should be issued.
- NAMI State Organizations are encouraged to contact NAMI Affiliates in the community where a tragic event has occurred to help assess the situation and determine with them what statements or actions might be appropriate (if any). NAMI's national office is also available for consultation.

### ***Do's and Don'ts***

- Don't speculate about a person's diagnosis.

- Speak only in general terms about mental illness or a specific disorder that already has been reported based on a credible source.
- Don't try to analyze specific facts to offer an opinion.
- Deliver a consistent message.
- Pose key questions that need to be pursued.

### ***Mental Illness and Violence***

When violent tragedies occur and an individual living with a mental illness has been arrested and charged, NAMI seeks to provide balanced perspective and better public education about the nature of mental illness and mental health care. Statements also seek to offset stigma.

Headlines shape public perceptions. Much of what the news media reports involves conflict, controversies, accidents and deaths. Inevitably, perceptions become distorted: events that represent small percentages or remote risks loom large in the public mind.

### ***Suicides***

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 and duration coverage.

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Risk of "copycat" suicides increases when the story explicitly describes the suicide method, uses dramatic or graphic headlines or images, provides repeated or extensive coverage or sensationalizes or glamorizes the person's death.

- Remind reporters that the U.S. Surgeon General and Centers for Disease Control (CDC) have helped developed reporting guidelines for the news media to minimize risks. Send them this link: [www.reportingonsuicide.org](http://www.reportingonsuicide.org).
- Apply the same standards to NAMI publications.
- Don't speculate on factors that may have led to a person taking their own life. Don't describe methods, at least not in detail.
- Encourage reporters to use the story as an opportunity for public education about suicide prevention and warning signs and to publicize the national suicide prevention hotline: 1-(800)-273-TALK (8255).

### ***Suggested Talking Points for Violent Tragedies***

- We extend our sympathy to the families.
- NAMI is an organization of individuals and families who themselves have had their lives affected deeply by mental illness.
- When tragedies occur, it is essential to understand the nature of mental illness.

Acts of violence are exceptional. They are a sign that something has gone terribly wrong. Unfortunately, that often means the mental health care system. Here are questions that public authorities and the news media need to pursue:

- Was there an actual diagnosis?

- What is the full medical history?
- Did the person or family seek treatment, but have it delayed or denied?
- Where was the person treated? By whom? How often?
- Was treatment coordinated among different professionals or programs?
- Was medication prescribed? Was it being taken? If not, why not?
- Was substance abuse present?
- What events or actions may have triggered the psychiatric crisis?
- Did family members ever receive education and support?