



Schizophrenia Ireland, Lucia Foundation

GUIDE FOR JOURNALISTS AND BROADCASTERS REPORTING ON SCHIZOPHRENIA

Schizophrenia is a Serious but Treatable Mental Disorder

This is a reprint of the Guide for Journalists and Broadcasters Reporting on Schizophrenia which was first published in 1999.

FOREWARD FROM THE NATIONAL UNION OF JOURNALISTS

Dear Colleague,

Not another well-intentioned missive telling us what we should not write. That I suspect, will be the initial reaction of most NUJ members when this booklet lands uninvited, onto news desks in newsrooms around the country.

This reaction is understandable. Like all professionals, journalists take pride in their work and resent what might be perceived as outsider interference in the exercise of their professional duties.

This publication is not intended to preach at journalists. As part of our ongoing campaign to assist members in their work, the NUJ is happy to be associated with Schizophrenia Ireland and other members of the Lilly Advisory Committee on Schizophrenia, in promoting a greater awareness and understanding of schizophrenia.

Reporting complex issues with accuracy is itself a complex task, and we hope this Guide will assist reporters, sub-editors, feature writers and all who write and broadcast about health issues. Language is a powerful weapon and the ways in which we use words can powerfully shape the public's understanding- and misunderstanding- of schizophrenia.

Mental illness is itself associated with prejudice and discrimination, and journalists should neither originate nor process material which encourages discrimination on these grounds. Other issues, such as privacy or ridiculing people who are ill, have been raised by this booklet, and are covered by the NUJ Code of Conduct. This guide puts the Code of Conduct in context and has been prepared with the assistance of working journalists.

I hope it will be of assistance to NUJ members and to wider readership.

Seamus Dooley

Irish Organiser,
NUJ
(October 1999)



Guide for Journalists and Broadcasters reporting on Schizophrenia

SCHIZOPHRENIA THE FACTS

What is Schizophrenia?

Schizophrenia is a serious mental disorder which interferes with a person's ability to recognise what is real, manage his/her emotions, think clearly, make judgments and communicate. Schizophrenia is usually described as a psychotic illness.

Schizophrenia has nothing to do with split personality. People with schizophrenia do not harbour multiple personalities.

Contrary to widely held beliefs, schizophrenia is one of the most common illnesses and is found among all societies, all races and all social classes.

How common is Schizophrenia?

Schizophrenia affects 1 in every 100 people in Ireland at some point in their lives. Annually, 15 new cases occur per 100,000 population.

What Causes Schizophrenia?

The exact cause of schizophrenia is not yet known. Family history is a known risk factor for the illness. However, there are other risk factors which are less likely to be genetic such as season of birth (early spring and winter), a history of obstetric complications, and a history of head injury, influenza infections and urban place of birth.

What are the Symptoms of Schizophrenia?

In psychotic illness, thoughts and feelings do not relate to each other in a logical fashion because the normal chemical messages in the brain are out of balance and as a result the person with schizophrenia may experience a breakdown in usual behaviour.

Schizophrenia usually develops gradually in adult life over a period of months or even years and may show up as gradual worsening in ability to relate to other people. Often after a stressful situation the condition worsens. The majority of people with schizophrenia who receive treatment will make a substantial recovery.

In the early stages, the person with schizophrenia may become slowly more withdrawn and introverted and lose their drive and motivation for life. These are known as '*negative symptoms*'. During severe spells, the person with schizophrenia may suffer from delusions and hallucinations. These are known as '*positive symptoms*'.

Delusions are false ideas that do not respond to reasoned argument and are not appropriate to the person's background. They can take a variety of forms and may be dominated by delusions of grandeur, persecution or jealousy. When suffering from delusions, the person with schizophrenia may feel like they are being controlled by some outside force.

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Hallucinations are frequently experienced as voices that comment on behaviour or thoughts, occasionally in the form of conversations, which seem to give the person hearing them, a commentary on their behaviour. These hallucinations may occur without any external stimulus.

The person with schizophrenia may also have 'cognitive symptoms'. These refer to problems with learning and concentration. It may be harder for them to concentrate on things. They may also find it hard to learn new information, to focus on what someone else is saying or to gather their thoughts and explain how they feel.

When unwell, speech may seem incoherent, and those who are close to the person with schizophrenia will notice that they often appear puzzled. Sometimes, their natural emotional responses may be blunted and they may not be able to express any emotion.

How is Schizophrenia Diagnosed and Treated?

A psychiatrist will usually diagnose schizophrenia when the individual has had severe disturbances of thinking patterns for at least 6 months during which they may have had hallucinations or delusions. Diagnosis is usually made in the hospital after a full assessment.

In the hospital, the psychiatrist will prescribe an antipsychotic medicine, which reduces the symptoms of the illness and helps prevent relapse. Individual and family therapy should also be provided. Rehabilitation involves assistance from a range of professionals.

The early treatment of schizophrenia has implications for the future psychiatric and social wellbeing of the patient. In retrospective studies of first-onset patients, a longer duration of illness without treatment was associated with poorer outcome and lower levels of remission.

Schizophrenia and Violence – Is there a Link?

Latest research suggests that the commonly held view of the dangerously unbalanced, violent person with schizophrenia is a cliché with little basis in reality.

The risk of violent behaviour among people with schizophrenia is only marginally greater than among the rest of the community and only then if someone is experiencing acute, untreated symptoms.

Compared with other social factors (e.g. alcohol and drug abuse), the diagnosis of schizophrenia has little bearing on whether someone is likely to be violent.

Being diagnosed as having schizophrenia or having been in a psychiatric hospital has no direct bearing on the risk of someone becoming violent towards other people.

There is of course, a direct link with schizophrenia and violence against self. One in ten people with schizophrenia will kill themselves.



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SCHIZOPHRENIA ACCURATE REPORTING

Loose terminology makes it harder to challenge the stereotypes associated with schizophrenia (“psycho”, “maniac”, “schizo”) and to stimulate a more thoughtful approach to the subject.

All journalists should endeavour to use the correct and accepted terminology and avoid language that might create public fear, myth, bigotry and distress to individuals affected by the illness. Getting the description right is essential to fair reporting.

The best way to describe someone with schizophrenia, provided it is relevant to the piece, is just that: “a man/ woman/ teacher / Donegal man etc. with schizophrenia”. Calling someone a “schizophrenic” is dismissive, and has become a derogatory term. Equally, people with schizophrenia need understanding, not pity, and terms such as “sufferer” or “victim of” will not help them in their task of living with this illness

The majority of sub-editors and headline writers do not use words like *madman, nutter, maniac, psycho or lunatic*. These terms play to the worst prejudices of the public and have no real meaning other than as terms of abuse.

Schizophrenia is not a trivial illness. While humour has its place in some media items, mental illness deserves special consideration. How likely is someone with mental health problems to seek help if the stories they read are about people going *barmy, looney, crazy, off their rockers, etc?*

Multiple personality disorder and split personality (Jekyll and Hyde) have nothing to do with schizophrenia. Those who believe schizophrenia involves a split personality see people with schizophrenia as not responsible for their own actions, unpredictable, even violent. This is one misconception that needs to change quickly.

SCHIZOPHRENIA – ACCURATE REPORTING – HELP.

Help is at hand

Media stories about schizophrenia often result in people becoming worried and wanting more information about the disorder. The stigma and fear surrounding the disorder can make it difficult for individuals, their friends and families to come to terms with the diagnoses. Emotional and practical support from other people in the same situation can help people newly diagnosed with schizophrenia get their lives back together.

Schizophrenia Ireland is the Irish national organisation that promotes the interests of those affected by schizophrenia. By including the contact address and telephone number of Schizophrenia Ireland in the media, journalists can increase public understanding of schizophrenia as well as assisting people who are directly affected in getting help and support.

Schizophrenia Ireland was established in 1975 and provides a range of information, support and professional services for its membership, the general public and other service providers. Schizophrenia Ireland has offices in Dublin, Cork, Galway, Kilkenny, Longford, Ennis and Dundalk. The supports it provides include an information helpline (1890-621631), confidential one-to-one counselling, a community mental health advocacy service, social and vocational rehabilitation services, support groups for both relatives (Relatives’ Groups) and people with self-experience (Phrenz Groups), information events, education courses and an online Schizophrenia Information Resource (www.recover.ie).

In addition, **Schizophrenia Ireland** has a specialist audio-visual and reference library, holds a national conference every two years and runs training courses on coping skills for family members and group facilitators. The Association also runs a supported employment programme for people who have experienced schizophrenia and other mental disorders.

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APPENDIX ONE GLOSSARY OF TERMS

Cognitive symptoms

Additional symptoms which a person with schizophrenia might suffer from, characterized by problems with learning and concentration.

Delusion

False belief or impression

Discrimination

Unfavorable treatment based on prejudice (e.g. regarding race, colour, sex or history of mental illness).

Hallucinations

Apparent perception of something not actually present

Negative symptoms

The symptoms a person may experience prior to a diagnosis of schizophrenia, when they become slowly more withdrawn and introverted and lose their drive and motivation for life.

Positive symptoms

The symptoms a person with schizophrenia may experience during severe spells, characterized by delusions and hallucinations.

Psychosis

Severe mental derangement especially when resulting in delusions and loss of contact with reality

Schizophrenia

A mental disorder marked by a breakdown in the relation between thoughts, feelings and actions, frequently accompanied by delusions and retreat from social life.

Stigma

A mark or sign of disgrace or discredit

Victim

A person injured or killed as a result of an event or circumstance.



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APPENDIX TWO CODE OF CONDUCT

National Union of Journalists' Code of Conduct (revised 1998)

1. A journalist has a duty to maintain the highest professional and ethical standards.
2. A journalist shall at all times defend the principle of the freedom of the press and other media in relation to the collection of information and the expression of comment and criticism. He/she shall strive to eliminate distortion, news suppression and censorship.
3. A journalist shall strive to ensure that the information he/she disseminates is fair and accurate, avoid the expression of comment and conjecture as established fact and falsification by distortion, selection or misrepresentation.
4. A journalist shall rectify any harmful inaccuracies, ensure that correction and apologies receive due prominence and afford the right to reply to persons criticized when the issue is of significant importance.
5. A journalist shall obtain information, photography and illustrations only by straightforward means. The use of other means can be justified only by over-riding considerations of the public interest. The journalist is entitled to exercise a personal conscientious objection to the use of such means.
6. Subject to the justification by over-riding considerations of the public interest, a journalist shall do nothing which entails intrusion into private grief and distress.
7. A journalist shall protect confidential sources of information.
8. A journalist shall not accept bribes nor shall he/she allow other inducements to influence the performance of his/her professional duties.
9. A journalist shall not lend himself/herself to the distortion or suppression of the truth because of advertising or other considerations.
10. A journalist shall only mention a person's age, race, colour, creed, illegitimacy, disability, marital status (or lack of it) gender or sexual orientation if this information is strictly relevant. A journalist shall neither originate nor process material which encourages discrimination, ridicule, prejudice or hatred on any of the above- mentioned grounds.
11. A journalist shall not take private advantage of information gained in the course of his/her duties, before the information is public knowledge.
12. A journalist shall not by way of statement, voice or appearance endorse by advertisement, any commercial product or service, save for the promotion of his/her own work or of the medium by which he/she is employed.

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CONTACT DETAILS

If you have any suggestions for improving the Guide, we would welcome your advice and cooperation, but in the meantime we plan to regularly update the Guide based on the experience of journalists and the public.

Irish National Newspapers each have a readers' representative: if you like or dislike a particular item, make your views known to them. If you have difficulties with an item in a Regional Newspaper, write to the Editor directly.

If you wish to highlight media coverage of mental health issues within the Irish media, please contact **Headline**, the national media monitoring programme working to promote responsible and accurate coverage of mental health and suicide related issues within the Irish media. **Headline-The National Media Monitoring Programme for Mental Health and Suicide**, 36 Blessington Street, Dublin 7. Tel. 01-8279022. www.headline.ie

If you would like additional copies of the Guide, please contact **Headline-The National Media Monitoring Programme for Mental Health and Suicide**.

Useful Contacts

Aware

72 Lower Leeson Street
Dublin 2
Office Tel: (01) 661 7211
Helpline Tel: 1890 302 302
Fax: (01) 661 7217
Website address: www.aware.ie

Bodywhys - The Eating Disorders Association of Ireland.

PO Box 105
Blackrock
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Admin Tel: (01) 2834963
Fax: (01) 2056959
Email: info@bodywhys.ie
Helpline: 1890 200 444
E-Mail Support: alex@bodywhys.ie
Website address: www.bodywhys.ie

GROW in Ireland

Ormonde Home
Barrack Street
Kilkenny
Info Line: 1890 474 474
Email: info@grow.ie
Website address: www.grow.ie

Irish Advocacy Network

C/o Health Care Unit
Rooskey
Monaghan
Co. Monaghan
Tel: (047) 38918 / (047) 72863
Fax: (047) 38682
Email:
admin@irishadvocacynetwork.com
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Mental Health Ireland

Mensana House
6 Adelaide Street
Dun Laoghaire
Co Dublin
Tel: (01) 284 1166
Fax: (01) 284 1736
E-mail: info@mentalhealthireland.ie
Website: www.mentalhealthireland.ie

National Office for Suicide Prevention

Population Health Directorate
Health Service Executive
Dr Steeven's Hospital
Dublin 8
Tel: (01) 6352139 / (01) 635 2179
Email: info@nosp.ie

Samaritans

Samaritans
C/O 112 Malborough Street
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Schizophrenia Ireland

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This Guide has been endorsed by

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