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PRACTICAL GUIDE FOR MEDIA PROFESSIONALS

ON THE COVERAGE OF MENTAL
HEALTH AND SUBSTANCE USE



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ON THE COVERAGE OF MENTAL HEALTH AND SUBSTANCE USE

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Content

P.3

Acknowledgments

P.4

Introduction

P.6

Section 1: What everyone needs to know about mental health and substance use

P.18

Section 2: Why are we talking about mental health and the media?

P.24

Section 3: Terminology guide

P.28

Section 4: Responsible interviewing

P.32

Section 5: Responsible reporting, coverage, and portrayals

P.38, P. 40

Annex 1: Links for reliable information on mental and substance use disorders

Annex 2: Self-care

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Introduction



Mental disorders affect one in four of us!

With such a high proportion of your audience being at risk, reading this guide is surely worth the time.

We are all at risk!

But persons with mental health conditions hide their illness from their family, friends, co-workers and health professionals out of fear of being rejected and shamed. In a culture where mental disorders are seen as rooted incurable conditions, fear of speaking up and getting help is a challenge that hinders care, employment, education and housing.

Yet, as challenging as it may be, people can recover from mental disorders and have a normal and productive life. People recover more easily in a supportive and caring society rather than in a society that devalues and undermines everybody's right to life, health, wellbeing, dignity and support. Each of us needs care and support when we are well, let alone when we are unwell.

In the midst of all this, the media have an important role to play! When writing a story or creating a character or any other media output related to mental health or substance use, being true and genuine is the key.

Media – responsible, balanced and accurate media – can help the community understand the experience of mental and substance use disorders and instil hope for persons with similar conditions. By promoting true facts about mental health and substance use, you can help persons living with these disorders recover and lead successful lives. You can also help their families and friends to support them in their journey towards recovery. You can help the audience recognize when someone is unwell and needs treatment. This is how you contribute to the wellbeing of all people living in Lebanon.



Healthier people mean better lives for everyone.

However, getting it wrong may lead to negative consequences and reinforce stereotypes. It can also risk annoying your audience.

The Ministry of Public Health (MOPH) emphasizes your role and influence as media professionals. This is highlighted in the “Mental Health and Substance Use Prevention, Promotion and Treatment Strategy for Lebanon (2015-2020)”² and the “Inter-Ministerial Substance Use Response Strategy for Lebanon (2016-2021)”³.

Together,
we can instil hope
and inspire recovery!

The present guide helps you produce successful media outputs on mental health and substance use. It was prepared based on findings from interviews with media professionals. It is aimed to explore their needs and the challenges they face when addressing mental health and substance use topics. The media professionals interviewed were journalists, radio and television reporters, presenters, bloggers, producers and editors in chief of social programs.

The guide is designed to be used by journalists, news reporters, anchors, television shows hosts, social media bloggers, script writers and other media professionals. It is contextualized and culturally adapted to the media scene in Lebanon so as to answer questions related to mental health and substance use.

GET TO KNOW WHAT IS IN THE GUIDE:

- **What do I know about mental health or substance use? How credible and reliable is my source of information? Who can I talk to?**
 - » Check the first chapter for more information on mental health and substance use: disorders, definitions, statistics, treatment, mental health professionals, links and resources.
- **What difference does it make? Why is this important for me? What is my role?**
 - » Check the second chapter on the positive and negative impacts of media as well as your roles and responsibilities as a media professional.
- **How do I convey the information? What is the most adequate and accurate wording and language to use?**
 - » Check chapter 3 on proper terminologies to use.
- **Are there any specific considerations for interviewing persons with mental and substance use disorders?**
 - » Check chapter 4 for more guidance on interviewing.
- **How do I cover my story? What are the dos and don'ts?**
 - » Check chapter 5 on proper reporting, coverage, and portrayals of mental health and substance use in print, digital, and visual media platforms.

² For more information, check the following link:
https://moph.gov.lb/userfiles/files/Mental%20Health%20and%20Substance%20Use%20Strategy%20for%20Lebanon%202015-2020-V1_1-English.pdf

³ For more information, check the following link:
https://moph.gov.lb/userfiles/files/Inter-ministerial%20Substance%20Use%20Response%20Strategy%20for%20Lebanon%202016-2021-V1_1-English.pdf



Section 1:

What everyone needs to know about mental health and substance use

WHAT IS MENTAL HEALTH?

Mental health is a state of well being where every individual realizes his or her own potential. Mental health includes emotional, psychological and social well being. As such, we realize that the mental health of one person touches all those around him or her. Our mental health affects how we think, feel and act. It also helps determining how we handle stress, establish and maintain relationships with others, work productively and make choices.

FACTS ABOUT MENTAL AND SUBSTANCE USE DISORDERS



Myths and misconceptions about mental and substance use disorders are common and can cause harm

The information below should help you develop more interesting media outputs not only without causing harm, but also by helping to normalize the talk around mental health and substance use.

Mental and substance use disorders are health conditions. Imagine having a broken leg: you would not expect from someone to tell you to get over it, get up and be strong. It is necessary to get treatment and support and allow time for your leg to heal. It is quite similar with mental and substance use disorders.

There are different types of mental and substance use disorders, each with its specific symptoms. They generally affect the person's thoughts, emotions, perceptions, behaviour and relationships with others as well as the ability to perform daily activities such as personal care, work, school, university, social interaction etc. Just like other health conditions, mental and substance use disorders are caused by a combination of factors, including:

- Biological factors, such as chronic illnesses (chronic pain, cancer, etc.);
- Social factors, such as poverty, displacement, unemployment, family problems and others;
- Psychological factors, such as stressful, traumatic events and others.



There are efficient treatments for mental and substance use disorders such as medical, psychological and social interventions

Mental and substance use disorders impose a high burden on the concerned person, the caregiver, the family as well as the society at large. They significantly impact health and wellbeing, leading to major social, human rights and economic consequences in all countries around the world.

It is important for you to be able to present to the public the most accurate information about mental and substance use disorders. Below are some facts that you can use while preparing your media outputs.

Did you know?

- Mental disorders are common. They affect **1 in every 4 individuals** at any point in their lives.⁴
- There are effective treatments for mental and substance use disorders; with adequate care and support, persons are able to live, work, learn and participate fully in their communities. However, in several countries, **only 1 to 2 persons out of 10 persons** with mental and substance use disorders receive treatment.⁵
- Aggressive behaviour is often linked to mental or substance use disorders in the media. However, **numerous persons exhibiting violence have no history of mental disorders and most persons with mental disorders have no history of violence.** On the contrary, persons with mental disorders are much more likely to be victims of violence and crime.
- Just like the case of aggressive behaviour, mass shooters and terrorists are often associated with a mental disorder in the media. But, most terrorists do not have a mental disorder.

⁴ http://www.who.int/whr/2001/media_centre/press_release/en/

⁵ <http://www.who.int/mediacentre/factsheets/fs396/en/>

THESE ARE EXAMPLES OF THE MOST COMMON MENTAL HEALTH CONDITIONS:

DEPRESSION

It is a common health condition that causes persistent sadness and loss of interest. Depression affects how we feel, think and behave. It can cause various emotional and physical problems such as the inability to carry out normal day-to-day activities like work, studies, or other. Everyone feels sad from time to time, but persons with depression experience some of the following main symptoms for at least two weeks:

- Persistent sad or anxious mood;
- Low interest in activities that were previously enjoyable;
- Fatigue and loss of energy.

In addition, persons with depression may experience other symptoms such as:

- Irritability, angry outbursts, or frustration;
- Hopelessness - feeling that life is not worth living;
- Reduced concentration or difficulties making decisions or remembering ideas;
- Feelings of guilt and worthlessness;
- Appetite problems (reduced appetite or increased cravings, accompanied by significant weight loss or gain);
- Increased or decreased sleep (including insomnia, repetitive awakenings or sleeping too much);
- Thoughts of self-harm or suicide.

Did you know?

- Globally, more than 300 million people of all ages are affected by depression.⁶
- **Depression is a health condition; it is not a sign of weakness.**
- Recovering from depression is not a matter of will power. Being able to talk about depression and seeking support and treatment is a sign of strength.

⁶ <http://www.who.int/mediacentre/factsheets/fs396/en/>

SELF-HARM AND SUICIDE

Suicide is a serious condition that needs immediate care and support. Suicide is a tragic reaction to stressful life situations. People who experience suicidal thoughts and feelings are suffering tremendous emotional pain. People who died by suicide typically had overwhelming feelings of hopelessness, despair, and helplessness. Suicide is not about a moral weakness or a character flaw. People considering suicide feel as though their pain will never end and that suicide is the only way to stop their suffering.

- **Self-harm:** It is the act of deliberately harming oneself with no intention to end one's life. It is not a suicidal attempt. Rather, the concerned persons are trying to cope with the personal distress that they are going through. It is mainly an unhealthy way to reduce and manage stress and get distracted from painful emotions through physical pain.
- **Suicide:** It is the act of voluntarily and intentionally ending one's own life. Nonfatal suicidal thoughts and behaviours are classified into:
 - » Suicidal thought or ideation: thinking about engaging in behaviour intended to end one's life;
 - » Suicidal plan: formulation of a specific plan through which one intends to end his or her life;
 - » Suicidal attempt: attempt to end one's own life by engaging in potentially self-injurious behaviour.

Suicide is preventable. Persons considering suicide might show some common warning signs. If those signs are detected and addressed, many lives can be saved. Not everyone will show the same warning signs; some of those signs are:

- Previously attempting suicide;
- Talking about suicide such as saying, "I want to kill myself," or "I no longer want to live";
- Planning for suicide by formulating the specific method to be used;
- Being completely isolated or wanting to be totally left alone (unlike usual normal state);
- Being in a state of extreme agitation, violence, or distress;
- Refusing to communicate (unlike usual normal state);
- Showing marked personality changes and serious mood changes;
- Making statements about hopelessness, helplessness or worthlessness.

Did
you
know?

- Globally, around to 800,000 people die due to suicide every year.⁷
- **Worldwide, one person dies due to suicide every 40 seconds.**
- **In Lebanon, one person dies due to suicide every 3 days.**⁸

⁷ <http://www.who.int/mediacentre/factsheets/fs398/en/>

⁸ <https://www.embracefund.org/>

Did you know?

- Suicide is the second leading cause of death among 15-29-year-olds.⁹
- Any person who mentions ideas about suicide is at risk of attempting suicide. Every expression of suicide should be taken seriously and not considered as a call for attention, but rather as a call for help.
- **Talking about suicide will not make a person at risk to attempt suicide; instead it can encourage him or her to speak up and seek help.**



1564

is a national suicide prevention hotline (Embrace Lifeline) that is available to assist persons who are at risk.

ANXIETY

Experiencing occasional anxiousness is a normal part of life, especially when facing a stressful situation, for example before exams, when expecting a baby, during job interviews, or when doing health examinations. However, persons with anxiety disorders frequently have intense, excessive, and persistent worry and fear about everyday situations. Anxiety disorders involve persistent worry that may get worse over time and may interfere with daily functioning. Symptoms include psychological and physical manifestations such as stomach problems, increased heartbeat, irritability, muscle tension, headaches, restlessness, trouble breathing, difficulty controlling worries, etc. Examples of anxiety disorders include generalized anxiety disorder, panic disorder, and phobia.

- **Panic disorders:** These disorders involve recurrent and unexpected episodes of panic attacks which are sudden feelings of intense fear that trigger severe physical symptoms (such as rapid breathing, increased heartbeat, sweating, feeling breathless, shivering or shaking, etc.) These feelings reach a peak within minutes, when there is no real danger or apparent cause. After a panic attack, a person might spend a long time in constant fear of another attack. Panic attacks do not cause death but they can be very frightening and significantly affect the person's quality of life.
- **Phobia:** Type of anxiety disorder characterized by irrational and unreasonable fears that appear when a person is faced with an object or a situation that poses little real danger. They provoke anxiety and avoidance and affect daily functioning. Examples of phobias are: phobia from closed places (or claustrophobia), heights (or acrophobia), animals (or zoophobia), social phobia, etc.

⁹ <http://www.who.int/mediacentre/factsheets/fs398/en/>

**Did
you
know?**

- Globally, **264 million people** are living with anxiety disorders.¹⁰
- Asking people with anxiety disorders not to be anxious and to control their thought does not help; on the contrary, it makes negative thoughts stronger and more frequent.

SCHIZOPHRENIA

It is a severe mental disorder leading to distortions in the affected person's thinking, perception, language, emotions, and sense of reality. The common symptoms are explained as follows:

- In terms of emotions and feelings:
 - » Disturbance and confusion;
 - » Marked indifference or disconnection between the emotion reported by the person and what is observed such as facial expression or body language.
- In terms of thoughts and perception:
 - » Hallucinations: hearing, seeing or feeling things that do not exist. Yet, for persons with schizophrenia, hallucinations have the full force and impact of a normal experience, thus the affected person is unable to differentiate hallucinations from reality.
 - » Delusions: false beliefs or suspicions that are not based on reality and not shared by others in the affected person's culture and that are firmly held even when there is evidence to the contrary. For example, persons might think they are harassed or that others are talking about them behind their back and planning to hurt them. Persons might also think that they have special and exceptional abilities.
- In terms of social interaction and behaviour:
 - » Strange or abnormal behaviour such as wandering aimlessly, talking or smiling to oneself, neglect of physical appearance or appearing messy, agitation, inactivity, or hyperactivity;
 - » Avoiding contact with people;
 - » Disorganized, incoherent or irrelevant speech.

¹⁰ <http://apps.who.int/iris/bitstream/10665/254610/1/WHO-MSD-MER-2017.2-eng.pdf>

Did you know?

- Globally, approximately 1% of all individuals are diagnosed with schizophrenia.
- Schizophrenia affects around 23 million people worldwide.¹¹
- People with schizophrenia are two to three times more likely to die early compared to the general population. This is often due to preventable physical diseases, such as cardiovascular disease, metabolic disease and infections.
- The severity of psychosis is linked to the fact that without proper care, it can significantly impact the life of the affected persons and interfere with their capacity to care for themselves, continue their education and work and have fruitful intimate and social relationships. But, **with proper care the affected persons can lead their lives productively.**

SUBSTANCE USE DISORDERS

These are health conditions that include the harmful or hazardous use of psychoactive substances, which can lead to dependence.

Psychoactive substances are substances that cause an alteration to the mental processes (thinking, mood, etc.) when taken, ingested, or administered. Psychoactive substances include legal (coffee, alcohol, tobacco, medication) and illegal substances (cannabis, heroin, cocaine, etc.).

- Harmful use is a pattern of psychoactive substance use that causes physical or mental damage to the person; physical damage like hepatitis after drug injection, and mental damage such as a depressive episode due to heavy alcohol intake. Harmful use might sometimes also have social consequences on the person.
- Hazardous use refers to a pattern of psychoactive substance use that increases the risk of harmful consequences for the person, as explained above. In addition, a hazardous use of substances includes extended consequences that might pose a risk to the community at large. For instance, someone with hazardous use of alcohol might drink and drive and pose risk to self and others.

Substance use disorders occur when the recurrent use of the substance leads to health problems as well as to the inability to fulfil major responsibilities at work, school, or home. The overuse of substances leads to detrimental effects on the person's physical and mental health and might lead to addiction.

¹¹ <http://www.who.int/news-room/fact-sheets/detail/schizophrenia>

The exact causes of substance use disorders are not known. It is an interaction among many factors such as genes, emotional distress, and mental disorders such as depression, etc.

Symptoms or behaviours of addiction include:

- Craving or having a strong urge or desire to use the substance (daily or even several times a day); these urges block out any other thoughts;
- Over time, needing more quantities of the substance to get the same effect;
- Continuing to use the substance, despite the physical or psychological harm it is causing;
- Making sure to maintain a regular supply of the substance;
- Spending money on the drug even though the person cannot afford it;
- Failing in attempts to stop using the substance;
- Failing to meet responsibilities at work; reducing social or recreational activities because of the use of substance;
- Experiencing withdrawal symptoms (restlessness, muscle pain, irritability, anxiety, insomnia, headaches) when the person attempts to stop taking the substance.

Did you know?

- The harmful use of alcohol results in 3.3 million deaths worldwide each year.¹²
- Globally, at least 15.3 million persons have substance use disorders.¹³
- Data from Lebanese schools in 2016 indicate that 31.5% of school children aged 13 to 15 years are using tobacco products, 17.5% are drinking alcohol, and 2% are using drugs (marijuana).¹⁴
- Substance use disorders generally involve behaviour patterns in which persons continue to use a substance despite having problems caused by its use.
- **Persons with substance use disorders often need support and assistance to begin the journey toward abstinence.** It is not a personal choice to keep using addictive substances. Addiction is marked by observable and predictable changes in the brain, which make it difficult to quit using. With this in mind, it is easier not to judge.

¹² http://www.who.int/substance_abuse/facts/en/

¹³ http://www.who.int/substance_abuse/facts/en/

¹⁴ http://www.who.int/ncds/surveillance/gshs/Lebanon_2017_GSHS_FS.pdf?ua=1



The Lebanese Drug Law No. 673/1998 highlights the importance of offering treatment and support for persons using illegal substances, differentiating between drug use and drug dealing (illegal business). This law provides persons arrested for drug use with the possibility to be referred to a ministerial committee, the Drug Addiction Committee (DAC), which has the authority to offer the person the option between treatment or sanction, before, during or after sentence (Articles 183, 189 and 198). Pursuit can be dropped if the person voluntarily presents in front of the DAC (Article 183). The procedure begins by the presentation of persons with drug use disorders before the DAC, which refer them to specialized treatment facilities following clear procedures for rehabilitation (articles 182-198). According to article 189, persons who earn a certificate of recovery will be exempted completely from legal pursuit.

EATING DISORDERS

These are mental health conditions associated with specific eating behaviours that negatively impact a person's health, nutrition, emotions, and productivity in important areas of life. Eating, exercise, body weight, and shape become an unhealthy preoccupation of the person's life. The most common eating disorders are:

- **Anorexia nervosa:** It is characterized by an intense fear of being overweight, even when the person is dangerously underweight, accompanied by a range of behaviours to reduce weight such as extreme dieting, excessive exercise, use of laxatives or diuretics or vomiting after eating. Persons with anorexia usually have abnormally low body weight and a distorted perception of weight or shape.
- **Bulimia nervosa:** It is characterized by repetitive episodes of eating large amount of food in a very short period followed by purging and efforts to compensate for the overeating, such as forced vomiting or excessive exercise or the use of laxatives, etc. Body weight is usually normal.
- **Binge-eating disorder:** It is when persons lose control over their eating. They might eat quickly, in large amounts even if they are not hungry. After a binge episode, the person might feel guilty or ashamed by the behaviour. The difference with bulimia nervosa is that the person with binge eating disorder does not compensate and does not try to eliminate the extra calories ingested.

Did you know?

- Eating disorders often develop in the teens years and early 20's.
- Girls and young women are more likely to develop eating disorders than men.
- **Eating disorders are serious and potentially life-threatening conditions** that cause severe disturbances to a person's eating behaviours.

Did you know?

- The earlier an eating disorder is detected, the better the chance for recovery. **With appropriate treatment and support, the persons with eating disorders can return to healthier eating habits** and alleviate the health complications caused by the disorder.

CHILD DEVELOPMENTAL DISORDERS

They cover intellectual disability and other disorders, such as autism. These disorders affect how the person behaves, communicates, socializes and thinks. The symptoms are translated as a major delay in the child's development in one or more of the following areas:

- **Motor skills:** moving, manipulating objects with his or her hands, etc.
- **Language and communication skills:** understanding and using the language.
- **Social skills:** interaction with other persons.
- **Cognitive skills:** thinking, learning and understanding.

What is autism?

Autism is referred to as Autism Spectrum Disorder. It refers to a wide range of conditions related to brain development, that influence how a person perceives and socializes with others, leading to problems in social interaction, communication and language. Autism usually begins in childhood, mostly in the first five years of life.

Although there is no cure for autism, however intensive evidence-based treatment during early stages of life can show a difference in the functioning of persons with autism.

Did you know?

- Not all children reach their developmental milestones at the same pace. **Any delay in reaching the developmental milestones is not considered a developmental disorder.** The assessment is usually conducted by a specialist and can be confirmed after a series of examinations.
- Early detection and initiation of treatment can make a big difference in the lives of many children.



If you don't find the disorder that you are looking for, please check the following link:

<http://www.who.int/mediacentre/factsheets/fs396/en/>

or feel free to visit any of the links available in Annex 1.

WHAT ARE THE TREATMENT OPTIONS?

Mental and substance use disorders are effectively treated and managed by lifestyle changes, psychological treatment, and/or prescribed medications.

- **Lifestyle changes** can help in coping with mental disorders, examples: getting enough sleep, engaging in physical exercise, and participating in social activities that the person enjoys. Many of us often undermine the impact of lifestyle changes on our mental health. Studies have shown that these are effective in preventing as well as treating mental disorders.
- **Psychological treatment** can help the person better understand his/her condition and develop skills to cope with life stressors and day to day challenges.
- **Medications** can help in alleviating symptoms and accelerating recovery. There are different types of medications that are proven efficient in treating mental and substance use disorders. **Medications should only be prescribed by a physician.**

WHO ARE THE DIFFERENT MENTAL HEALTH SPECIALISTS?

A psychiatrist:

- Holds a medical degree (Medical Doctor), specialized in mental and substance use disorders;
- Is a member of the Lebanese Order of Physicians (<http://oml.org.lb/en/Home>);
- Prescribes medications;
- Admits patients to hospitals for treating severe cases of mental and substance use disorders.

A psychotherapist:

- Holds a degree in Psychology (clinical psychologist) and is properly trained and supervised to provide psychological treatments/ psychotherapy using talk therapy through different modalities (such as Cognitive Behavioral Therapy (CBT), Interpersonal Psychotherapy (IPT), psychoanalysis, and others).
- Does not prescribe medications;
- Does not admit to the hospital. Might collaborate with the psychiatrist during hospital treatment.

- Should be licensed by the MOPH to provide psychological treatment. Recently, a law was adopted aiming at regulating the psychotherapeutic profession (Law No. 8 dated 10-2-2017).



According to Lebanese Law No. 8, any individual who completed the required academic and training education and wishes to practice in Lebanon should obtain a licence issued by the MOPH. More information with respect to the required documents and applicable terms and conditions are available on the following address: <https://www.moph.gov.lb/e-services>.



Attention:
People often confuse psychiatrists with neurologists.

A neurologist is:

- A medical doctor;
- Specialized in brain and nervous system disorders such as epilepsy, Parkinson, and strokes;
- Is a member of the Lebanese Order of Physicians (<http://oml.org.lb/en/Home>);
- He/she prescribes medications for treating such disorders and admits patients to hospitals for treating neurological disorders.

The MOPH-National Mental Health Programme can connect you with reliable, knowledgeable, and trustworthy sources. Do not hesitate to contact us on mentalhealth@moph.gov.lb

Section 2:

Why are we talking about mental health and the media?

In this section, we will explore how media portrays mental health and substance use. We will also examine the consequences of these portrayals, in addition to our roles and responsibilities.

HOW DOES MEDIA IMPACT MENTAL HEALTH? THE EVIDENCE BEHIND THIS.

What people know about mental health and substance use comes mostly from the media. Exposure to media starts at an early age. Thus, its effects can be early and long-lasting. This provides a great opportunity to offer educational and sensitive material around mental health. While media can give a great scope for dispelling inaccurate and negative images on mental health, they can also reinforce prevailing misconceptions. For a long time, the media have been more on this side of the spectrum than the other. We are exposed every day to television, radio, newspaper, and social media accounts that present persons with mental health conditions in all sorts of forms, but essentially they are portrayed as different from other people, all of which leading to negative images and stereotypes.¹⁵ The exclusive emphasis on dysfunctional aspects in the absence of personal recovery and success stories further promotes pessimistic and cynical views on mental disorders and treatments.

Misconceptions around mental disorders in the media are both frequent and potent.¹⁶ In fact, according to several studies, the overall presentation of persons with mental disorders in the media is negative, inaccurate, and overwhelmingly dramatic.¹⁷ In some instances, they are portrayed as dangerous, violent, aggressive, criminals, and possessed, while in other cases they are portrayed as irresponsible, incompetent, helpless, unpredictable, and incapable of managing their own lives.¹⁸

¹⁵ <https://www.theodysseyonline.com/mental-illness-media>

¹⁶ <https://www.ncbi.nlm.nih.gov/pubmed/18661386>

¹⁷ Media Portrayal of Mental Illness and Its... (PDF Download Available). Available on: https://www.researchgate.net/publication/7299322_Media_Portrayal_of_Mental_Illness_and_Its_Treatments_What_Effect_Does_It_Have_on_People_with_Mental_Illness [accessed May 14 2018].

¹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4921198/>



Moreover, in the movies,

characters with mental health conditions are oftentimes portrayed as objects of mockery, amusement, and fear.¹⁹

Misconceptions also result from portraying some quite rare mental disorders as very common or presenting misleading information about a particular disorder, its symptoms, and its treatment. Evidence shows that exposure to media portrayals of mental health conditions not only nurtures misinformation and misconceptions about persons with mental health conditions but also mislinks mental disorders with crime and negatively influences the way the public looks at mental health. The repeatedly negative framings used by the media to portray mental health conditions often contribute to the development and persistence of the public's negative attitudes toward persons with mental disorders.²⁰ Media oftentimes reinforces the misconception that persons are unable to recover from a mental health condition and that there are no effective treatments. Only few media outputs describe successful treatment for or recovery from mental disorders.

Media can also be a platform for learning new behaviours (by imitation), especially for persons who are already inclined to a certain behaviour such as attempting suicide or using substances.²¹ Taking the example of suicide, research demonstrates that a clear and strong link exists between some types of media coverage and rise in rates of suicide. **In fact, the extensive, detailed, and sensationalized coverage of suicide is associated with a significant increase in the rate of suicide for a period of 10 days after the coverage, especially in case of a celebrity.**²² Also, there is a relationship between the method of suicide portrayed in a television program and increased rates of suicide using that method. Also, when suicide is followed by rewards (such as public attention), this could portray it as a desirable outcome rather than a tragic loss of life.²³

¹⁹ Media Portrayal of Mental Illness and Its... (PDF Download Available). Available on: https://www.researchgate.net/publication/7299322_Media_Portrayal_of_Mental_Illness_and_Its_Treatments_What_Effect_Does_It_Have_on_People_with_Mental_Illness [accessed May 14 2018].

²⁰ <https://www.tandfonline.com/doi/abs/10.1080/0963823031000118249>

²¹ <http://www.columbia.edu/itc/hs/medical/bioethics/nyspi/material/SuicideAndTheMedia.pdf>

²² http://apps.who.int/iris/bitstream/handle/10665/43954/9789241597074_eng.pdf;jsessionid=0ADA4818886841E7B50436144B3878EB?sequence=1

²³ <http://www.columbia.edu/itc/hs/medical/bioethics/nyspi/material/SuicideAndTheMedia.pdf>

WHAT ARE THE CONSEQUENCES OF THESE PORTRAYALS?

Distorted coverage results in misconceptions amongst the public and emphasizes the desire for isolation of persons with mental health conditions. This leads to stigma or negative labels, which are not scientific and can be very damaging. In brief, stigma is a negative stereotype that stems from a lack of understanding rather than facts-based information.

Nobody is stigmatized by society for having a broken leg. Why should someone be stigmatized for having a depression?

Stigma is a reality for persons with mental disorders, that affects them the most.²⁴ It is considered as one of the major obstacles to seeking help. Studies show that persons with mental disorders consider the media coverage of mental health as unfair, negative, and unbalanced and negatively affecting their own mental health.²⁵

What is stigma?

Stigma is when a person views another person in a negative way based on a distinctive characteristic (such as black skin, different race, gender, etc.), or a disorder (mental or substance use, Human Immunodeficiency Virus (HIV) / AIDS).

Persons with mental health conditions have to bear a double burden. The first is coping with a disorder and the second is contending people's negative attitudes toward them and their disorder.

HOW DOES STIGMA AFFECT PEOPLE'S LIVES?

The expectation that someone will be stigmatized because he or she has a mental health condition results in social dysfunction. It makes it harder for persons with mental disorders to disclose and talk about their condition and to seek the needed care and support. Research shows that even when mental health services are available and people know about them, people refuse to access them out of fear of being found out, stigmatized, and rejected.²⁶ As such, media have profound implications for persons with mental health conditions not only in terms of self-image and esteem, help-seeking behaviour, and recovery, but also in terms of the levels of fear and intolerance that these persons experience when interacting with the general public.

While stigma differs from discrimination, the latter can be defined as the result of stigma.

²⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489832/>

²⁵ Media Portrayal of Mental Illness and Its... (PDF Download Available). Available on: https://www.researchgate.net/publication/7299322_Media_Portrayal_of_Mental_Illness_and_Its_Treatments_What_Effect_Does_It_Have_on_People_with_Mental_Illness [accessed May 14 2018].

²⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4852850/>

Stigma and discrimination are some of the greatest barriers to a productive and satisfying life. As such, media can be seen as directly affecting persons with mental health conditions, interfering with their recovery, and impeding their social participations.

What is discrimination?

Discrimination is the unfair treatment of a person on the basis of gender, medical condition, race, disability, religion and others.

Discrimination against persons with mental disorders can range from saying negative remarks to them, to avoiding contacts, refusing to treat them, and excluding them from the education or work system.

HOW CAN MEDIA IMPROVE THE SITUATION?

While the harmful effects of media on mental health and substance use are proven, the benefits of responsible media should not be underestimated.

Credible and reliable information delivered through media will help rectify myths and misconceptions around mental health and substance use, challenge stigma and promulgate mental health messages. Portraying persons with successful recovery from a mental disorder or a drug addiction can help reduce stigma and discrimination and improve public perceptions of treatment effectiveness.²⁷

It is proven that the delivery of accurate information around mental health through media allows:

- Increased knowledge and awareness around mental health among the general public;
- Identification of common mental and substance use disorders symptoms;
- Reduction of stigma and discrimination leading to increased acceptance/integration of persons with mental health or substance use disorders;
- Encouragement of persons to open-up and seek appropriate care.

Media can significantly boost our anti-stigma efforts. Having media professionals who are eager and responsive to fight stigma and proactively lobby for mental health is an opportunity. This is especially true if this facilitates access to better information and improves communication between media professionals and mental health experts (including persons with mental disorders as well as providers of mental health care).²⁸

²⁷ <https://www.ncbi.nlm.nih.gov/pubmed/25528557>

²⁸ Media Portrayal of Mental Illness and Its... (PDF Download Available). Available on: https://www.researchgate.net/publication/7299322_Media_Portrayal_of_Mental_Illness_and_Its_Treatments_What_Effect_Does_It_Have_on_People_with_Mental_Illness [accessed May 14 2018].

Thus, media not only raise public awareness around mental health, but can also instill hope and promote recovery for persons with mental disorders.

The stories we choose to tell have consequences. For this reason, we ask your help. By explaining to the public that mental and substance use disorders can be treated and must be addressed, the attitudes and behaviours towards mental health and substance use will change.



**By shifting our discourse on mental health,
we can make the world a better place
for persons with mental and substance use disorders.**

Thus, the time has come to start focusing on ways through which media can improve life chances and highlight the potentials for recovery for the one in four persons living with a mental disorder.

WHAT ARE OUR ROLES AND RESPONSIBILITIES?

The MOPH's National Mental Health Programme (NMHP) encourages all media professionals to join efforts to raise awareness about mental health and decrease stigma and discrimination against persons with mental and substance use disorders. Together, we can build a mental health culture of acceptance instead of isolation, hope instead of negativism, productivity instead of incompetence, and recovery instead of illness. People will then feel valued and safe, which in turn will contribute to the wellbeing of our community and country at large.

Together we are responsible for:

- Collaborating to deliver reliable, clear, consistent, and coordinated awareness and advocacy messages;
- Using positive, person-centred, and respectful language, in line with human rights standards when referring to mental health and substance use;
- Highlighting the national efforts on mental health and substance use response;
- Maximizing opportunities to educate the public on mental health and broadcasting local mental health awareness campaigns (such as the NMHP's annual mental health campaign);
- Encouraging a culture of hope by communicating positive expectations and messages about recovery and success stories.



What does the law say?

Law No. 382/1994 regulating audio-visual broadcasting in Lebanon highlights the commitment of the media institution to respect the freedom and rights of others and the pluralistic nature of the expression of ideas and opinions.

The Lebanese Criminal Code No. 340/1943 explicitly sanctions the use of any public means of dissemination, including printing press, in a way that impairs the dignity of individuals.

WHAT CAN YOU DO?



1. Normalize talking about mental health.
2. Highlight that mental disorders are common and treatable health conditions.
3. Discuss risk factors, protective factors, warning signs, recovery rates, self-care, positive practices, among others and avoid reporting only on the debilitating aspects of mental disorders.
4. Showcase successful recovery stories - feature stories about people with a mental disorders playing an active role in the community.
5. Allow people who have experienced mental disorders to tell their own stories, this will further diminish stigma by improving their contact with the public. Refer to chapter 4 on interviewing persons with mental disorders.
6. Encourage people to speak up and seek help.
7. Emphasize the impact of mental disorders on family members, friends and caregivers.
8. Avoid linking any act of violence to mental disorders.
9. Correct the myths that people have around mental disorders.
10. Refrain from labeling. Refer to section 3 on proper terminologies to use.

The MOPH-National Mental Health Programme can offer a variety of support, ranging from training on how to use this guide to referring you to mental health experts. Do not hesitate to contact us on mentalhealth@moph.gov.lb

Section 3:

Terminology guide

Words and terminology used by media are powerful instruments and can help reduce stigma around mental and substance use disorders.



**Focus should be on the person
not on the condition.**

Why do people have a sense of negativity when they read newspapers or watch television programs featuring mental health conditions? Why does it matter to use inoffensive words when talking about mental health and persons with mental disorders?



**Well, a certain language can be offensive and
might also be inaccurate and
can further increase stigma and
discrimination.**

Following are examples of terms that hold negative connotations, their alternative suggestions and the rationale behind the suggested terms.

AVOID USING 	INSTEAD USE 	WHY 
• Crazy • Insane • Lunatic • Abnormal • Nuts • Dumb • Madman • Maniac • Odd • Wacko • Cuckoo • Brain dead • Mentally deranged	A person with a mental disorder or a mental health condition	The mental disorder (just like any other physical condition) is only one aspect of a person's life, and not the defining characteristic. Therefore, these words are considered offensive, inappropriate, and destructive because they usually cause humiliation and shame and can also instil fear, reinforce stigma and stereotyped views regarding persons with mental disorders. In addition, they often influence the person's decision to seek care or not. The alternative term emphasizes and acknowledges that the person is a person first, not a psychiatric diagnosis. Also, by placing the emphasis on the term disorder or condition, it acknowledges the need for medical treatment.
• Junkie • Addict • Criminal • Drug abuser	A person with alcohol or substance use disorder	Substance use is a health disorder. Persons using substances should not be described with derogatory and offensive terms which add to the stigma they face and prevent them from seeking appropriate care.
• The victim • The afflicted	A person with a mental disorder or substance use disorder	People with mental and substance use disorders should not be victimized and their condition should not be portrayed as a disaster or a terminal illness. Mental and substance use disorders can be treated and managed.
• Schizo • Psycho • Having multiple personalities or split personalities • Having two minds	A person who has experienced psychosis or a person who has schizophrenia	This terminology is not accurate (check definitions of mental health disorders in the first section). Persons with psychosis or schizophrenia do not have split or multiple personalities. This disorder is also known as dissociative identity disorder (<i>Check the box after the table for a better clarification</i>).
• Mentally ill • Depressive • Schizophrenic	Someone who has a diagnosis of... Someone is currently experiencing... Someone is being treated for...	"Mental disorders" is a general term for various conditions. Specific disorders should be used whenever possible. The alternative terms also emphasize and acknowledge that the person is a person first, not a psychiatric diagnosis.

AVOID USING 	INSTEAD USE 	WHY 
• Psych meds • Crazy pills	Medications for mental disorders/ Psychotropic medications	This terminology is not accurate. The alternative terms are scientific terms to describe the medications prescribed for mental disorders.
• Madhouse • Hospital of the insane	Psychiatric/Mental health hospital or Inpatient facilities	These words reinforce stigma, discrimination and labelling of people with mental health and substance disorders.
• Successful / unsuccessful suicide	Ended his/her life Death resulting from suicide Attempted suicide	What is meant by "successful" or "unsuccessful" suicide is that the person attempted suicide and either "succeeded" in ending his/her life or did not manage to succeed. However, this connotation inadvertently gives a positive attribute to an act aimed to end a person's life. The use of the adjective "successful" presents suicide or death as a desirable or positive outcome. This term also glamorizes suicide. Is this what we want to convey?
• Suicide is a crime or sin	Died of suicide	The vast majority of suicides occur because of mental disorders, and should not be associated with crime or sin. The persons feel they are left with no other coping ways than suicide. Using a terminology that decriminalises suicide will not encourage people to attempt more suicide; on the contrary it will help changing attitudes towards this issue, will contribute to lifting the taboo and encourage people to seek help.
• Political/ professional/ social suicide	These terms reflect a severe deterioration in certain aspects of life rather than a description of a suicide case. Therefore, it is better to refrain from using the term suicide in other situations than actual suicide.	The medical terminology in this case is used out of context. This is an unnecessary use of the term "Suicide" metaphorically. The term is used to dramatize an action, showing a severe negative consequence to a person's professional or social life, where suicide is not meant literally. This may also lead to desensitization of the public to the gravity of suicide. It is preferable to describe the situation at hand and avoid using the term "suicide" to refer to the serious implications, for example "destroyed his/her professional life".

What is dissociative identity disorder?

- Formerly known as multiple personality disorder.
- It is a mental health condition where the person involuntarily experiences a disconnection and a lack of continuity between his/her thoughts, actions, memories, surroundings, as well as identity, in ways that impair his/her functioning in everyday life.
- Persons with a dissociative identity disorder feel that they are watching themselves in a movie and that things around them are far from being real. Symptoms also include memory loss of certain events, time periods, and people.

With the support needed, the affected persons learn how to cope and lead healthy, productive lives.

Did you know?

In Lebanon, psychiatric hospitals are known under the term "Asfourieh" and it is because the first psychiatric hospital was built in the real estate area between Aramoun and Hazmieh, belonging to the family of "Al Asfour" and the area had a large population of forest birds, hence the term "Birdland". Thus the hospital was named "Asfourieh" and since then, every psychiatric hospital is referred to as a "Asfouriya."

The MOPH-National Mental Health Programme can offer a variety of support, ranging from training on how to use this guide to referring you to mental health experts. Do not hesitate to contact us on mentalhealth@moph.gov.lb

Section 4:

Responsible interviewing

This section serves as a guide to help you interview persons with mental or substance use disorders, either for broadcasting or for gathering information to prepare a media output. It will help you ethically deliver the information to your audience while respecting your interviewee's dignity, protecting his/her privacy, and securing a safe environment where he/she can feel comfortable.

Below are guidelines that must be taken into consideration during the three stages of interviewing:



BEFORE the interview

1. Get an informed consent (oral/written) from the interviewee especially if you will be recording the interview and/or using his/her photos in your media output.
2. Check if your interviewee wants to reveal his/her identity or remain anonymous and if he/she wants his/her face covered or voice altered.
3. Do not force individuals to do something they did not willingly consent to.
4. Make sure to inquire about and comply with the cultural, religious and social context of the community, especially if the interview is taking place in the interviewee's household.
5. Do not conduct the interview if the interviewee is a minor (under 18 years old).
6. Explain the purpose of the interview and the issues covered by your questions.
7. Research and gather reliable information about the specific disorder of the interviewee.
8. Conduct your interview constructively focusing on the positive angles, strength and coping mechanisms of your interviewee.
9. Consider sharing your questions with your interviewee prior to the formal interview.
10. Make sure to inform your interviewee in case you want to include other guests, especially health care providers, in order to avoid reactions that might disrupt the interview.
11. Avoid sensational and intrusive personal questions around your interviewee's life.



DURING the interview

1. Right before starting your interview:
 - » Explain to your interviewee that he/she has the right to refuse to answer any question and that he/she can ask you to stop the interview at any time;
 - » Make sure the interviewee is comfortable.
2. If your interviewee is reluctant to answer or is showing signs of anxiety (fidgeting, breathing rapidly, touching hands) do not put more pressure.
3. When you ask the person about his/her disorder, allow him/her to start talking for a few minutes about his/her own experience before asking questions.
4. Use the interviewee's own words when reformulating what he/she said to you. Twisting feedback, over-dramatizing or diverting from the initial feedback is unethical, misleading and can have detrimental effects.
5. Do not insist on getting an answer. Clearly state to the person that if he/she prefers not to answer a question he/she is free to do so and only has to say "I'm not comfortable talking about this" for example.
6. Do not provide diagnosis, nor encourage other guests to do so during the interview.
7. Do not mention names of any professionals, facilities, medications, etc. This might have several consequences such as having an impact on the professionals'/facilities' reputation, promoting self-medicalization, and other unintended effects.
8. If the interviewee is emotional or extremely stressed at any point during the interview:
 - » Show empathy and compassion by giving him/her some time to recover;
 - » Respect the sadness and tears, and ask if he/she feels comfortable and is willing to continue the interview;
 - » Do not physically touch the interviewee (e.g. trying to hug him/her), as this might cause him/her discomfort.



AFTER the interview

1. It is important to ask the interviewee if he/she:
 - » Is feeling anxious. In this case, DO NOT leave him/her alone, make sure he/she has calmed down before leaving. If needed, contact a relative or friend to accompany him/her;
 - » Needs transportation.

2. Let the interviewee know about the changes/editing processes your story is likely to go through before it is published or broadcast.
3. Allow the interviewee to review the final version of your content and approve it before it is aired or published.
4. Do Not use un-dignifying and inaccurate illustrations when a certain disorder is mentioned, such as showing a person with split head when talking about schizophrenia.
5. Do Not use images that depict violence or stigmatize persons with mental disorders when advertising for the show.



SPECIAL CONSIDERATIONS FOR INTERVIEWING PEOPLE AFTER A TRAUMATIC EVENT

Interviewing survivors of a traumatic event requires cautiousness, sensitivity, and empathy. First of all, this is important for the survivor who might be fragile at the time. However, this is also very important for producing a correct and impressive media output. Examples of traumatic events are explosions, terrorist attacks, wars, earthquakes, physical and sexual abuses. Media ratings might depend on prime coverage including exclusive news and scoops. Yet, it is very important to take into consideration the survivors' feelings, grief, and privacy. On the longer term, correctly produced media outputs are far more impressive. A story that is correctly covered never gets old.

To ensure professional and ethical coverage of traumatic scenes, the media professional needs to take the following into consideration:

DOs ✓	DON'Ts ✗
Be honest, trustworthy and calm. Introduce yourself to the survivor and specify which media channel you belong to. Clarify the purpose and use of the collected information and specify when it will appear on media.	Don't lie about your identity or about the type of information you will be collecting and how you will be using it. This will not make your story more popular, it will only cause harm.
Respect the person's age and gender as well as his/her cultural and religious background.	Don't make false promises or give false information.
Ask the survivor if he/she needs any urgent medical care before you start the interview. Her/his life might be at risk.	Don't pressure the survivor with a rush of questions before ensuring he/she is in a stable medical condition.

DOs ✓	DON'Ts ✗
Conduct the interview when the survivor is ready and willing to be interviewed.	Don't push or force people to tell you their story. This can lead to "re-traumatization" and might exacerbate their condition. Pressuring them might cause more harm and they might give you information that they will later regret or information that you will not necessarily use in your output.
Show empathy and compassion in your approach. Show honest attention and care towards the survivor's answers and feelings. Kindness sells better than carelessness. Your audience prefers genuine and caring stories.	Don't pressure the survivor to remember every single detail because he/she might experience memory loss and expect haziness in answers. Be mindful of his/her feelings.
Encourage people who are distressed to seek help, and provide resource guides or sources of help for vulnerable viewers.	Don't instantly rush to interview grieving individuals who lost a loved one, especially if they have just received the heart breaking news. Bereaved individuals need some time to accept their loss, they may not be fully conscious and aware at the time of the interview. Be respectful of their pain.
Mention disclaimers before showing graphic content that might trigger emotional distress for some viewers.	



Remember to take care of yourself:

Interviewing a highly distressed individual may cause emotional distress and exhaustion to the interviewer. Make sure to take care of yourself. Some self-care tips are available in Annex 2.

If you wish to interview a mental health professional or a person that experienced mental or substance use disorders, the MOPH-National Mental Health Programme is ready to connect you with reliable, knowledgeable and trustworthy sources. Do not hesitate to contact us on mentalhealth@moph.gov.lb

Section 5:

Responsible reporting, coverage, and portrayals

Some might say that the job of the media professional is not to tell stories, but rather to sell stories. But careful attention should be placed on the approaches used to report on and portray mental health and substance use in documentaries, movies, series/soap operas, etc. Fiction can profoundly influence the general public. In this regard, we note that hope sells better than hatred.

In the following section, you will find examples of the best practices in reporting, covering, and portraying mental and substance use disorders, including self-harm and suicide. This can have a positive impact on people by helping them recognize illnesses or seeking help and treatment.

MENTAL DISORDERS

When reporting on or covering a story on mental health, it is of utmost importance to avoid stereotyping and negative labelling. Instead, highlight available treatment options and self-help tools and emphasize recovery.

✓ DOs

- Get your information about any mental health disorder from a reliable source. Understand symptoms and behaviours. Consult a mental health professional to ensure that the symptoms you are describing are relevant and accurate. Making a mental health professional a co-author or a partner in your publication can create more visibility to the larger public.
- Use appropriate language, accurate terminology and the correct diagnosis when reporting on mental disorders.
- Highlight success stories and achievements of people with mental disorders, and give hope to those living with such disorders (i.e. recovery, new treatments).

X DON'Ts

- Don't mention mental or substance use disorders if it is not directly relevant or related to your story.
- Don't rely on rumours or people's assumptions and portrayals.
- Don't use derogatory words.
- Don't relate in the story you are covering any irrational behaviour or violence to mental or substance use disorders, such as linking aggressive/or troublemaker behaviours to mental disorders.
- Don't focus your story on the negative aspects of mental disorders. Avoid negative portrayals and do not perpetuate stigmatizing messages. As much as possible, disseminate de-stigmatizing messages.
- Don't use dramatic filming practices and avoid creating or reporting uncommon, negative, and drama-based storylines of mental disorders for financial profit, fame, or dominance.
- Don't use pictures showing people as dangerous, aggressive or criminals as this might perpetuate stereotyping and stigma.
- Don't portray people with mental disorders in a stigmatizing way; such as the "mad man" or the "hysterical woman" who is a danger to the family.
- Don't portray an individual with a mental disorder as aggressive and/or troublemaker.



Important note:

Remember to include in your media output, where feasible, information about availability and access to local facilities where people can seek help (primary health care centres, clinics, hospitals) as well as reliable information, resources and helplines.

SELF-HARM AND SUICIDE

Media reporting about suicide can either minimize the risk of imitative (copycat) suicide or increase its risk depending on the way in which the suicide story was covered. For example, covering a suicide story in details might trigger people who have suicidal thoughts or people who have previously attempted suicide to seek new tips or methods and attempt again. To avoid unintended perpetuation of suicidal ideations and prompts, it is important to give careful consideration of the following:

✓ DOs

- Provide accurate information about where and how to seek help.
- Promote awareness about the link between suicide and mental disorders, mainly depression. The majority (90%) of persons dying because of suicide have a mental disorder.²⁹ Highlighting this fact will encourage people to seek help.
- Portray suicide as a sad painful loss of a human life and a very difficult legacy for the loved ones of the person lost to suicide.
- Educate the public about reliable facts on suicide and suicide prevention, without spreading myths. Report that suicide can be prevented by: knowing the risk factors and signs, paying attention and taking suicidal thoughts seriously, and seeking and trusting professional help (in primary health care centres, clinics, and hospitals).
- Report stories of coping mechanisms with life stressors or suicidal thoughts, and how to get help.
- Apply particular caution when reporting on suicides of celebrities or public figures.
- Recognize that media professionals themselves may be affected by stories about suicide.

✗ DON'Ts

- Don't place stories about suicide prominently, on the front page or during prime time, and do not unduly repeat such stories.
- Don't use the word 'suicide' in the headline.
- Don't assume or report that people who attempted suicide are weak or trying to seek attention.
- Don't use language that sensationalizes or normalizes suicide, or presents it as a constructive solution to problems.
- Don't explicitly describe the method used and never suggest that a certain method is easy or quick or painless.
- Don't provide details about the site/location.
- Don't use sensational headlines, pictures, or videos.
- Don't use photographs, video footage, or social media links.
- Don't speculate about the cause or trigger of a suicide, even if provided by close family or friends. Don't use simplistic explanations for suicide and avoid linking suicide to one single causal factor.

²⁹ http://www.who.int/mental_health/prevention/suicide/background/en/

SUBSTANCE USE DISORDERS

The responsible reporting, coverage and portrayal of substance use in the media plays an important role in preventing substance use and its related harms. This also contributes to decreasing stigma around substance use disorders. Constant exposure to substances such as tobacco, alcohol, and drugs in the media and the false impressions that they are an enjoyable and desirable social activity will encourage young people to try these substances. They will perceive substance use as an accepted, admired and rewarding experience. In order to take part in the substance use prevention and de-stigmatizing efforts it is important to follow the below:

✓ DOs

- Highlight in your reports that substance use disorders are a health condition and could be treated and/or prevented.
- Highlight that preventive measures against substance use disorders exist and that people can be protected from the harmful consequences of addictive behaviour.
- Provide information about availability and accessibility of resources: educational information, professionals to give advice or help, rehabilitation centres, etc.
- Describe the harmful effects of any substance accurately without exaggeration or minimisation.

✗ DON'Ts

- Don't report the lethal dose of any particular drug, its method of use nor its chemical composition to avoid harmful usage of the information.
- Don't link substance use and addiction to a single factor in the life of the person.
- Don't portray the use of alcohol or addictive substances as a way to deal with stressful situations.
- Don't normalize excessive alcohol use or substance use in TV programs and films.
- Don't portray the dangers involved with substance use as socially accepted, as this might encourage some viewers to experiment with the substance.
- Don't portray the use of alcohol or addictive substances as an appealing social activity.

In cases of overdose

The same guidelines related to suicide and self-harm must be followed, in addition to:

- Highlighting the fact that overdose is preventable;
- Avoiding stigmatizing the use of substance, the user or his/her death;

- Educating about the importance of recognizing signs of overdose (slow breathing, unresponsiveness, cold body, tiny pupils...) in order to prevent death;
- Encouraging the public to seek immediate medical care when suspecting overdose, in order to save lives.



SPECIAL CONSIDERATIONS FOR DIGITAL MEDIA REPORTING

In addition to the abovementioned guidelines on reporting, this section includes specific considerations when reporting on mental and substance use disorders in digital media.

With the ability to reach a large audience, social media platforms, such as Facebook and Twitter, offer an opportunity for communication on mental health. However, many risks and challenges arise from this form of communication. It is therefore important to be prepared and make sure that the quality of reporting and portrayal of mental health is safe, accurate, and efficient.

It is recommended to:

- Check the entire content before posting any tweet or link.
- Use a reliable and accurate source when sharing links on mental health and substance use information (Check Annex 1).
- Consider posting success stories about recovery and rehabilitation, instead of only sharing mental health-related negative content.
- Be ready to handle controversial comments.
- Make sure to respect and preserve privacy and confidentiality of interviewees.
- Report or comment on stigmatizing or critical posts content.
- Write conversationally and avoid textbook or press release style. People are more receptive when they feel connected with a real person behind the account.
- Avoid posting stereotypical, weird or threatening images of persons with mental and substance use disorders.
- Avoid directing users to detailed suicidal attempts material in social media. Refrain from using any video or audio footage (i.e. emergency calls) or social media links to the critical and offensive scene of a suicide.
- Share links to suicide prevention resources periodically.

- Always remember that family members of suicidal persons may see your posts. Don't write something you would not say directly to them.
- Use appropriate hashtags to make your posts easy to find, like: #mentalhealth, #suicide, #endstigma, #suicideprevention, #recovery, #seekhelp, and #selfcare.
- Follow trending topics on Twitter, Facebook, Instagram, and other channels that may be related to mental health or substance use disorders. Post helpful resources and use the same hashtags or keywords that appear in the trending topics so your posts are easily accessible.



SPECIAL CONSIDERATIONS FOR SCRIPT-WRITERS

The following will help you develop realistic characters and storylines on mental health.

- Be authentic and genuine by making sure to research your character's symptoms, treatment options, and other relevant aspects. Consult with and speak to persons with mental health conditions; this will allow you to make a plausible and accurate storyline. It should be noted that the majority of persons with mental disorders are not violent, thus it is unrealistic for a storyline to always have violence or suicide.
- Be consistent in the symptoms and behaviours you show.
- Give attention to body language as it is as important as the character's storyline and speech.
- Do not emphasize only the role of medication in treatment; highlight as well the social and peer support, psychotherapies, etc.
- Show the different sides and roles of the person; your character is more than just a mental health condition.
- Think carefully about the other characters' reactions. Stigma and discrimination can be as devastating as the mental health condition itself.
- Do not always use a mental health condition to explain strange behaviour; address mental health issues with warmth and positivity.

If you wish to interview a mental health professional or a person that experienced mental or substance use disorders, the MOPH-National Mental Health Programme is ready to connect you with reliable, knowledgeable and trustworthy sources. Do not hesitate to contact us on mentalhealth@moph.gov.lb

Annex 1:

Links for reliable information on mental and substance use disorders

1. National Mental Health Programme - Ministry of Public Health, Lebanon:

The following resources are available at: <http://moph.gov.lb/en/Pages/6/553/nmhp>

- National Mental Health Strategy for Lebanon 2015-2020
- Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021
- Documentary about Mental Health in Lebanon: vision and achievements
- Turning adversity into opportunity: the Syrian crisis and mental health reform in Lebanon
- Laws and regulations related to mental health and substance use, including circulars and decisions issued by the MOPH
- The newsletters of the National Mental Health Programme
- Educational brochures on various topics (such as depression, psychosis, developmental disorders, dementia, post-traumatic stress disorder)
- National Mental Health Campaigns conducted by the NMHP and related awareness material:
 - » My Mental Health is my Right (2015)
 - » Depression: Let's talk about it to Get out of it (2017)
 - » Time to talk mental health (2018)

2. Reliable Local and International Resources on Mental Health and Substance Use

This is a list of references that are considered reliable and include accurate sources of information for your use. Accurate sources generally include government agencies, professional associations, UN agencies, known national Non-Governmental Organizations and academic journals. They are specialized entities and their information is based on evidence.

- Lebanese Psychiatric Society (LPS): <http://www.lpsonline.org>
- World Health Organization: <https://www.who.int>
- World Health Organization Lebanon Country Office: <http://www.emro.who.int/countries/lbn/index.html>
- National Institute of Mental Health: <https://www.nimh.nih.gov/index.shtml>
- Centers for Disease Control and Prevention: <https://www.cdc.gov>
- United Nations Office for Drugs and Crime: <https://www.unodc.org/>
- The Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/>

3. To learn more about the classic presentations of mental disorders (signs and symptoms), watch the below videos:

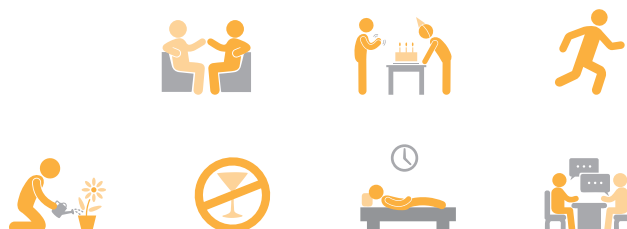
- Depression: <http://youtu.be/d4ccGUeP3aY>
- Psychosis: <http://youtu.be/2RCM767QKUQ>
- Substance use: <http://www.youtube.com/watch?v=2FqGwY8Awww>
- Alcohol use: <http://youtu.be/nqjdmJKpGaA>
- Suicide: <http://youtu.be/-3pN0s3vBeE>

4. Media resources:

- Mind Frame - National Media Initiative: <http://www.mindframe-media.info>
- Preventing suicide a resource for media professionals 2017:
<http://apps.who.int/iris/bitstream/10665/258814/1/WHO-MSD-MER-17.5-eng.pdf?ua=1>
- Team up: <http://www.eiconline.org/teamup/>
- Headline: <http://www.headline.ie/about-us/>
- Suicide and the media: <https://www.health.govt.nz/system/files/documents/publications/suicideandthemedial.pdf>

Annex 2:

Self-care



It is common and normal for media professionals to experience distress after witnessing a traumatic event or listening to someone's traumatic story. Media professionals are oftentimes faced with stressful assignments and might feel emotionally drained, especially if they are covering stories about persons in deep distress, pain, chronic illness, grief, loss, etc. Symptoms could range from sleeplessness, intrusive thoughts or images, lack of concentration, physical signs (i.e. rapid heartbeat, sweating, etc.) amongst others.

How you cope with this makes all the difference!

It is crucial to pay attention to your mental health and wellbeing, and be equipped with strategies of self-care.

The following techniques are suggestions to help you care for yourself and your wellbeing.

- Talk to someone you trust or speak about what you have witnessed or heard with other media professionals who might have shared similar experiences. This can help you process your stress.
- Understand that the emotions you feel are normal.
- See the stressful situations as challenges to learn from. Maintain a positive self-view. What you do is important and worthwhile.
- Keep a journal of emotions, thoughts and experiences.
- Exercise regularly (at least 150 minutes of moderate-intensity physical activity, such as jogging, throughout the week).
- Eat a healthy balanced diet. Keep yourself properly hydrated.
- Get enough sleep (around 7 to 9 hours of sleep every day).
- Try to take the time to rest and relax, even for short periods of time.
- Make time for simple activities that you enjoy. These can include, going for a walk, listening to music, or reading a book.
- Maintain social networks and activities.
- Minimize your intake of alcohol, caffeine, or nicotine, and avoid non-prescription medications and using substances (including alcohol and tobacco).
- Try to practice breathing techniques. Many videos describing breathing techniques are available online.

If the distress does not decrease over time, seek professional help.

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<https://www.moph.gov.lb/en/Pages/6/553/nmhp>