# Briefing for IPSO, The Editor's Code of Practise

**Deadline:** Submission must be sent to codereview2020@gmail.com. The closing date for submissions is Friday March 27.

## Submission by Mind, Rethink Mental Illness and Time to Change

Mental health charities <u>Mind</u> and <u>Rethink Mental Illness</u> and our joint anti stigma campaign <u>Time to</u> <u>Change</u> are pleased to have the opportunity to respond to this consultation.

Our many supporters frequently draw our attention to what they perceive to be negative, damaging and stigmatising newspaper coverage. We hope that our submission will address some of the main issues concerning the large group of people we represent.

Mind and Rethink Mental Illness are both registered charities.

### About us

Mind believes no one should have to face a mental health problem alone. We listen, give support and advice, and push for a better deal for everyone experiencing a mental health problem. We provide advice and support to empower anyone experiencing a mental health problem, and campaign to improve services, raise awareness and promote understanding.

Rethink Mental Illness is a leading charity provider of mental health services in England. No matter how bad things are, we can help people severely affected by mental illness to improve their lives. We support tens of thousands of people through our groups, services and advice and information. And we train employees, employers and members of the public on how best to support someone affected by mental illness. All of this work guides our campaigning for the rights of people with mental illness and their carers.

Mind and Rethink Mental Illness also jointly run Time to Change, England's most ambitious programme to change the way the public thinks and acts about mental health problems. The programme is funded by the Department of Health and Social Care, Comic Relief and the Big Lottery Fund using National Lottery funding.

A key part of our remit is to work with the media to improve standards of reporting and representations of mental health issues.

## **Questions for IPSO**

- How many cases are brought forward annually?
- How many of those cases are not in breach?
- How many cases are raised but do not meet ISPO requirements?
- Do they have any support systems in place for people with mental health problems who wish to raise a complaint with ISPO?

## Questions in the consultation that apply to Mind

## The Code – our suggestions

The Code	Our recommendations
1. Accuracy	
i) The Press must take care not to publish	There is an ongoing issue of newspaper
inaccurate, misleading or distorted information	headlines specifically communicating that
or images, including headlines not supported by	mental health comes with a "risk of violence".
the text.	While reporting is definitely improving, we still
	see some very poor examples:
ii) A significant inaccuracy, misleading	Tate Modern: Boy, 6, was 'thrown off
statement or distortion must be corrected,	balcony by mentally ill teen who
promptly and with due prominence, and —	escaped carers'

where appropriate — an apology published. In cases involving IPSO, due prominence should be as required by the regulator.	<ul> <li><u>Violent criminal still at large after</u> escaping mental health unit</li> </ul>
<ul> <li>iii) A fair opportunity to reply to significant inaccuracies should be given, when reasonably called for.</li> <li>iv) The Press, while free to editorialise and campaign, must distinguish clearly between comment, conjecture and fact.</li> <li>v) A publication must report fairly and accurately the outcome of an action for defamation to which it has been a party, unless an agreed settlement states otherwise, or an agreed statement is published.</li> </ul>	In fact, people with mental health problems are far more likely to be the victim of a crime than the perpetrator, and are far more likely to harm themselves than someone else. The casual use of stigmatising language, particularly in headlines, only perpetuates inaccurate stereotypes about people living with mental health problems, especially as this relates to the reporting of violent crime. The choice to highlight someone's mental health problem in the headline when a causal link is only speculation or indeed where their mental health is immaterial to the crime committed only fuels prejudice.
	We would like to recommend the accuracy clause, to replace the words 'must take care' to 'must make every effort' in order to reinforce the message that the highest standards are expected and journalists must be able to demonstrate the steps they have taken to meet them.
<ul> <li>2. Privacy</li> <li>i) Everyone is entitled to respect for his or her private and family life, home, health and correspondence, including digital communications.</li> <li>ii) Editors will be expected to justify intrusions into any individual's private life without consent. In considering an individual's reasonable expectation of privacy, account will be taken of the complainant's own public disclosures of information and the extent to which the material complained about is already in the public domain or will become so.</li> <li>iii) It is unacceptable to photograph individuals, without their consent, in public or private places where there is a reasonable expectation of privacy.</li> </ul>	The code currently states, 'everyone is entitled to respect for his or her private and family life, home and health'. We recommend that this is revised to say 'physical and mental health' to make it clear that mental health is considered private. Speculation about mental health is commonplace, especially when it comes to people in the public eye. There is a precedent for this under point 12. Discrimination, which references 'physical and mental illness'.
<ul> <li>3. Harassment</li> <li>i) Journalists must not engage in intimidation, harassment or persistent pursuit.</li> <li>ii) They must not persist in questioning, telephoning, pursuing or photographing individuals once asked to desist; nor remain on</li> </ul>	The code currently states that 'Journalists must not engage in intimidation, harassment or persistent pursuit.' We are concerned that this clause is not rigorously adhered to at present. We urge IPSO to give consideration to the distress such behaviour causes to the individual and the damaging consequences for the individual's mental health and wellbeing.
property when asked to leave and must not follow them. If requested, they must identify	We recommend the clause is amended to

themselves and whom they represent.	include direct harassment on social media channels.
iii) Editors must ensure these principles are observed by those working for them and take care not to use non-compliant material from other sources.	We also believe that when the individual concerned lacks capacity due to a mental health problem to make representations for themselves to request the media to desist, consideration should be given to requests made on their behalf from relatives, friends, guardians or groups representing mental health.
<ul> <li>4. Intrusion into grief or shock</li> <li>In cases involving personal grief or shock, enquiries and approaches must be made with sympathy and discretion and publication handled sensitively. These provisions should not restrict the right to report legal proceedings.</li> </ul>	We recommend more detail is included with regards to 'sympathy and discretion', as this could be subjective to each individual and is not sufficiently clear.
5. Reporting suicide When reporting suicide, to prevent simulative acts care should be taken to avoid excessive detail of the method used, while taking into account the media's right to report legal proceedings.	We support any submission made by Samaritans in response to the consultation and strongly advise suggesting all journalists must refer to Samaritans <u>guidelines on how to report</u> <u>on suicide</u> . This includes not speculating over the reasons behind someone taking their own life, not including any details on the method used and not using any graphic imagery. Evidence shows that an increase in the number
	of suicides using a particular method can occur as a result of extensive media coverage. This is due to people replicating the method they have been seen described in social media. We are often contacted by journalists wanting clarity on what constitutes 'excessive' detail. In our view, any detail about method is unhelpful and potentially dangerous. We would recommend that the word 'excessive' is removed to make it clearer.
	We would also urge IPSO to include guidance on speculation or simplification of the motives of suicide. Every suicide is a tragedy and the reasons someone takes their own life are many and complex. Coverage of the recent suicides of former Love Island contestants, for example, while useful for a wider debate about duty of care, have at times overlooked this complexity.
8. Hospitals	The code states 'obtain permission from a
i) Journalists must identify themselves and obtain permission from a responsible executive before entering non-public areas of hospitals or similar institutions to pursue enquiries.	responsible executive', we recommend that a line is added that if the individual in question is in hospital for a mental health issue, permission should also be obtained from a mental health expert. While no assumption should be made about a person's capacity, they must have the
ii) The restrictions on intruding into privacy are	ability to give consent.

particularly relevant to enquiries about individuals in hospitals or similar institutions.	It's important that we encourage the media to draw on the personal experience of individuals with mental health problems but it's crucial this is done in a responsible and safe way.
<ul> <li>12. Discrimination</li> <li>i) The press must avoid prejudicial or pejorative reference to an individual's race, colour, religion, sex, gender identity, sexual orientation or to any physical or mental illness or disability.</li> <li>ii) Details of an individual's race, colour, religion, gender identity, sexual orientation, physical or mental illness or disability must be avoided unless genuinely relevant to the story.</li> </ul>	We believe there is a need to strengthen the language in this clause and strongly advise replacing 'must avoid' with 'must not make prejudicial or pejorative reference' Our view is that the current language does not send a strong enough message about the damaging impact of such reports on both the mental wellbeing of people living with a mental health problem and social attitudes towards mental health.
<ul> <li>17. Duty of care</li> <li>i)The press must implement a duty of care plan for any individuals they work with. This should include supportive measures available throughout the process and an aftercare plan.</li> <li>ii)All individuals taking part in press requests should have the right to withdraw from taking part at any time.</li> </ul>	We recommend a new clause is included that sets out expectations around duty of care for people with or at risk of developing mental health problems. Recent suicides of and testimonies from people involved in reality and entertainment TV programmes (Jeremy Kyle, Love Island) has prompted an important debate about the duty of care programme-makers have to those taking part. In our view, this duty of care extends to all forms of media and in particular to news reporting around mental health. Personal experiences are key to raising awareness of mental health problems in a powerful and authentic way and we would never want to dissuade journalists from including people with lived experience in their reporting. However, the impact on those who take part cannot be underestimated and care must be taken to support them properly before, during and after a media opportunity. Journalists can and should reach out to third party organisations (such as charities) who can provide support and aftercare, if they are unable to do so themselves.