

MEDIA GUIDE

RECOMMENDATIONS FOR MENTAL HEALTH REPORTING IN THE PERINATAL STAGE

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WHY THIS GUIDE?

It is difficult to inform about mental health issues in an accurate way, without falling into stigma and sensationalism, but it is even more complicated when it affects women during pregnancy and postpartum, supposedly happy stages, in which, in addition, there is a baby at stake.

- 2 Sometimes, the media do not reflect the reality of this issue, either because they emphasize a catastrophic event, with a final sequence of an uncontrolled maternal mental disorder, reinforcing the stigma of mental illness; or on the contrary, minimizing the fact that the mother may feel emotionally ill in the perinatal stage.

This guide is intended to support communication professionals in addressing and developing news related to the mental health of mothers in the pregnancy and postpartum stages.

THE LANGUAGE OF WORDS AND IMAGES

In order to make equal and non-stigmatizing use of language when addressing the dissemination and communication of news related to women's mental health in the perinatal period, the following issues should be considered:



We refer to women who have or have had a mental illness during pregnancy or

postpartum. We should refer to them as "people" or "women" with a depression/crisis of distress / a bipolar disorder, etc., avoiding the generic use of "mentally ill" (it would be taking the part for a whole).



Similarly, if situations of emotional complexity are reported in the perinatal stage, the media will look for adjectives that do not address mental health in a pejorative way. In this sense, it is recommended to avoid expressions such as "given the schizophrenic situation of the mother...", using instead statements like "... given the emotional complexity of the situation experienced by the mother...".



The health resources used by women during the perinatal stage are the same as those used in any other health specialty; specialized outpatient care, admission to hospital units, day hospital follow-up... We must use this same terminology when talking about mental health care, avoiding disused words such as "asylum", "confinement", "seclusion", etc. which no longer have place in any health specialty.



Women with mental disorders during pregnancy and/or postpartum are susceptible to treatment, reverse their symptoms and improve their quality of life. The images that accompany this information should reflect this reality. Images that convey fear, isolation, unbalance, despair or social danger should be avoided because they do not illustrate reality.

INFORMATIVE PIECES



Testimonials from people who have experienced a perinatal mental health problem are very valuable. Showing a true story in a respectful way helps to break down stereotypes and make the content more interesting.

When interviewing women with a perinatal mental health problem, we recommend considering the following:

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- **Avoid the diagnostic question at the beginning of the interview.**

Asking it at the end or waiting for the interviewee to say it will help avoid biasing the interview with stereotypes derived from the diagnosis.

- **Listen and respect.** Allow the person being interviewed to set the depth and pace of the statements and do not presuppose or anticipate their words; these are hard experiences that are not always easy to verbalize.

- **Focus on the positive.** Look for stories that show a real recovery of the person. **Take advantage of this opportunity to inform about the resources** available for recovering. Avoid focusing on isolation or difficulties in both text and images or other resources.

- **Avoid sensationalism,** showing maximum respect for the person and her story. Avoid yellowish or morbid content in the headlines.

- Both the person suffering from the perinatal mental health problem and her immediate environment can **be the subject of an interview.** Including the closest partner or family in the interviews helps to make visible the importance of the support network in the perinatal stage.

- Take advantage of the interview to **include clear and concise information** about warning signs, how to act, resources to go to and protective and preventive factors and behaviors.

- **Complete the interviews using expert sources of information** to clarify concepts and issues discussed in the interview, giving an objective and realistic view of the problem.

EVENTS NEWS

Before covering a story involving someone who may have a perinatal mental health problem, it is a good idea to do some preliminary thinking:



Relevance of possible perinatal mental health disorder:

Is it relevant to the story that the person named has a perinatal mental disorder? If it is relevant, it is advisable to include in the news clear and concise information about warning signs, how to act, resources to go to and protective and preventive factors and behaviors.



Person's intimacy:

Is it necessary or relevant to mention the person's mental disorder in the headline or at the beginning? The right to privacy of people with perinatal mental health problems and their families must be respected.



Reliability and veracity of the sources:

Which are the sources used and can they be trusted? We must avoid any speculation or information that is not contrasted. Including the opinion of an expert in perinatal mental health can help convey information in a responsible manner.



Context in which the fact is produced:

What has been the context in which a person with a perinatal mental disorder has been involved in a violent act? Take advantage of the news to insist on the importance of women with a perinatal mental disorder being correctly diagnosed, treated and accompanied

DOCUMENTARIES AND REPORTS

Documentaries and reports are widely used journalistic formats in the media because of their interest and social impact. They allow the treatment of relevant and current issues in greater detail and usually include the vision of different agents involved, i.e., the subject is treated from different perspectives. These characteristics make them ideal formats for denouncing injustices, stirring consciences, raising awareness and making problems visible, generating changes in attitudes and behaviors, etc. In short, they have a great power to mobilize towards certain ends.

When the documentary and report deal with aspects related to perinatal mental health it would be convenient:



1. BUILDING A PLURAL AND RICH MENTAL HEALTH MESSAGE:

Through the participation of different sources of information such as, for example, through the testimony of experts in this field and women who can talk about their experience in first person (or their partners, relatives, etc.). Scientific societies in the field of perinatal mental health can facilitate these contacts.



2. REVIEW OF THE FINAL TEXT:

Scientific societies are interested in awareness and dissemination of information related to perinatal mental health, so they have professionals who can provide updated data and collaborate with journalists in writing and reviewing the texts.



3. BEFORE THE INTERVIEW:

a. It is convenient to **facilitate the questions** that will be asked so that the people interviewed can think and structure their answers in a more complete and natural way. When the interviewee is a woman who has suffered a perinatal mental disorder, this procedure will help her regulate the emotion derived from reconnecting with the lived experience.



b. Select a calm and appropriate environment for the interview, **ensuring the welfare** of respondents and their families, especially if she comes with relatives or her baby.



c. Environments such as parks or the home itself, as well as the offices of professionals are **suitable spaces** because they are associated with the child and professional world.



4. DURING THE INTERVIEW:

a. The questions should help **demystify stereotypes** about mental illness and the person with a mental disorder. The interview should cover the time before the onset of the problem, during the problem, and the time of recovery.



b. The construction of the story should include the perspective of several of its protagonists, in cases of perinatal mental health, in addition to the woman, it could **include the vision of her partner, family, friends and professionals** who have worked in her recovery.



5. AFTER THE INTERVIEW (THE EDITION):

Sometimes images and audios are used as support for the report and documentary that do not describe the different manifestations of perinatal mental health (and their different seriousness) or do not faithfully show the woman's experience, rather, they reflect social stereotypes (e.g., image of a depressed mother not looking at or holding her baby).

ERRORS AND GOOD COMMUNICATION PRACTICES AT PMH

YES, PLEASE	NO, THANKS Most frequent errors in Perinatal Mental Health issues:
<i>Recognize pregnancy, labor and postpartum as a period when, in some cases, a woman's mental health may be affected. Destigmatize!</i>	<i>Assuming that the perinatal stage is the happiest in a woman's life and, as such, cannot be associated with emotional suffering</i>
<i>To point out the importance of receiving adequate specialized attention for any possible psychological discomfort that affect PMH</i>	<i>Minimize the emotional distress of women in the perinatal stage by attributing it to normal hormonal changes and not paying attention to them</i>
<i>Remember that not everything is postpartum depression! There are other emotional disorders that can appear in the perinatal stage</i>	<i>To associate possible PMH problems exclusively with postpartum depression</i>
<i>Caring for language, not focusing on the violent or catastrophic event that the mother is accused of, emphasizing the importance of resources and support network</i>	<i>Emphasize situations that may put the baby or herself at risk, generating guilt and fear in mothers with psychological distress in the perinatal stage</i>
<i>To emphasize that, mothers with PMH problems, with proper treatment and support, can overcome the disease and normalize their life and care of their baby</i>	<i>Consider that these are mothers who are not trained to care for their babies and that mental disorders in the perinatal stage are incurable</i>
<i>Transmit that the PMH also includes the couple and people close to them</i>	<i>Associate PMH complications only with women, forgetting about couples who also face changes</i>
<i>Recognize and address emotional difficulties that the couple may have</i>	<i>Avoiding that the couple may suffer emotional difficulties during this period</i>
<i>Consider the mother and baby as a dyad, recognizing that PMH affects both and must be preserved</i>	<i>Minimize the effect that poor maternal mental health can have on her and her baby</i>
<i>Preserve privacy, respect the time, and needs of affected mothers and families</i>	<i>Prioritize the news, breaking and violating the intimacy of the mother and the family</i>
<i>Document the news using reliable sources from PMH experts</i>	<i>Go for sensationalist content, not based on PMH expert voices</i>