

Nōku te Ao Media Resource

He rauemi āwhina i te hunga e pāho
ana i ngā take auhi hinengaro

A resource to support media covering
mental distress



Greetings to you all.

We welcome you to this collection of knowledge, this gathering of resources!

Step into the shelters of our whare, Nōku te Ao. Here you will find learnings to support you as journalists reporting on those with lived experience of mental distress.

This is your world, and your day!

Go forth in greatness.

Nei te reo o pōhiri e haere ake nei.

Nau piki mai, nau kake mai ki tēnei wānanga, ki tēnei kohinga kupu, ki tēnei whare kōrero!

Kuhu mai ki ngā tāwharautanga o tō mātou whare, o Nōku te Ao. Anei ngā akoranga hei āwhina i te hunga e pāho nei i ngā take auhi hinengaro, anō hoki ngā tāngata whaiora.

Nōu tēnei ao, me tēnei rā hoki.

Whano, whano, haramai te toki.

Purpose of this Resource

We want to support all media in Aotearoa with reporting on mental distress and tāngata whaiora because it can have a real impact on the people who are experiencing it. This Resource can help you report in a way that upholds the mana of the twenty percent of New Zealanders who experience mental distress every year.

We can also help you find exclusive and fresh talent. Reach out to purpose-driven communications studio, Māia, who supports our work to shift mental health narratives in the media, nokuteao@maiastudio.co.

We acknowledge many newsrooms have guidelines, policy, codes or standards they adhere to. This Resource is designed to supplement and support these, especially around discrimination, diversity and social responsibility.

This Resource is brought to you by Nōku te Ao¹, a Health NZ social movement programme working to end prejudice and discrimination of New Zealanders experiencing mental distress.

Nōku te Ao upholds Te Tiriti o Waitangi by prioritising Māori as leaders and applying

kaupapa Māori principles (Māori ideology), mātauranga Māori (body of knowledge originating from Māori ancestors), te ao Māori (Māori worldview), and a commitment to equity.



Our goal? To work together with the media to make Aotearoa a place where all people uphold the mana and human rights of people experiencing mental distress."

– Nōku te Ao

Te Tiriti and the Resource

– The voice of tāngata whaiora

This resource is informed by Te Tiriti o Waitangi, key research: Nōku te Ao: Sovereignty of the Māori Mind² and existing research on Māori and the media.

Every person possesses inherent mana. When we all strive to uphold each other's mana, we create an inclusive space for everyone.

We encourage you to protect the mana of the person at the centre of any story. When we protect the mana of a person experiencing mental distress, we honour their humanity.

Practical application of Te Tiriti for newsrooms

Newsrooms can practically apply Article Two of Te Tiriti and its inclusion of Tino Rangatiratanga (self-determination), by including the voices of tāngata whaiora (people with lived experience of mental distress) in media coverage. This resource provides advice and support for media to help tāngata whaiora authentically tell their own stories while upholding their mana (inherent value).

¹ www.nokuteao.org.nz/

² www.nokuteao.org.nz/kete-matauranga/noku-te-ao-sovereignty-of-the-maori-mind/

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He aha o whakaaro? Whakapā mai. What are your thoughts? Contact us.

We know newsrooms are busy and face challenges.

We also know that stigma and discrimination is often unintended. Our commitment is to be collaborative in our approach toward change. We welcome any questions, insights or feedback.

Contact us at nokuteao@maiastudio.co.

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When I started my journey, the only stories I saw in art and the news were stories of harm. It wasn't until I started creating my own stories and connecting to the stories of others that I saw the potential for something else. For hope, recovery, love, and care.

Safe and effective storytelling isn't just about 'following rules'. It's life giving. It's a way we show each other the potential for life that we all have. It's why stories are vital."

– Dan Goodwin,
Artist with Lived Experience

01

Introduction and Impact

How newsrooms can make a difference

20%

In Aotearoa, **1 in 5** of us will experience some form of mental distress this year.³

2x

Māori and LGBTQIA+ people are **almost twice** as likely to experience mental distress⁴

1.5x

Pacific Peoples are **1.5 times** more likely to experience mental distress⁵

When people are experiencing mental distress, one of the biggest challenges⁶ is prejudice and discrimination.

Journalists and editors can significantly influence how people treat tāngata whaiora living with mental distress. Media portrayal can generate fear, or facilitate curiosity, acceptance and understanding.

This can in turn shape the way tāngata whaiora are treated by their friends, whānau (family), neighbours and communities.

The stories you publish have the power to:

- change public misconceptions, myths and attitudes leading to less prejudice and discrimination
- support tāngata whaiora to safely share their stories and inspire others
- equip communities with language and tools to be inclusive and understanding towards friends and whānau when they're experiencing mental distress
- increase public understanding of the lived experience of tāngata whaiora
- promote hope and recovery
- encourage people to seek help.



3 www.nokuteao.org.nz/assets/files/Prejudice-and-discrimination-media-reporting.pdf

4 www.nokuteao.org.nz/kete-matauranga/noku-te-ao-sovereignty-of-the-maori-mind/

5 https://healthnz.figshare.com/articles/online_resource/Te_Kaveinga_Mental_health_and_wellbeing_of_Pacific_peoples_Results_from_the_New_Zealand_Mental_Health_Monitor_Health_and_Lifestyles_Survey/26536384

6 www.nokuteao.org.nz/kete-matauranga/noku-te-ao-sovereignty-of-the-maori-mind/

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Whakaarohia ngā pātū o te whare tapawhā – ko ngā taha e whai oranga te tangata. Ko te taha hinengaro, te taha wairua, te taha tinana me te taha whānau”

Consider all four walls of Te Whare Tapa Whā – the walls that encompass their overall wellbeing. This includes mental wellbeing, spiritual well being, physical wellbeing and family wellbeing.

– Tā Mason Durie, Te Whare Tapawhā

02

Approaches to Reporting

On a deadline?

If you have limited time, scan this page for some of the most critical considerations when covering mental distress and tāngata whaiora.

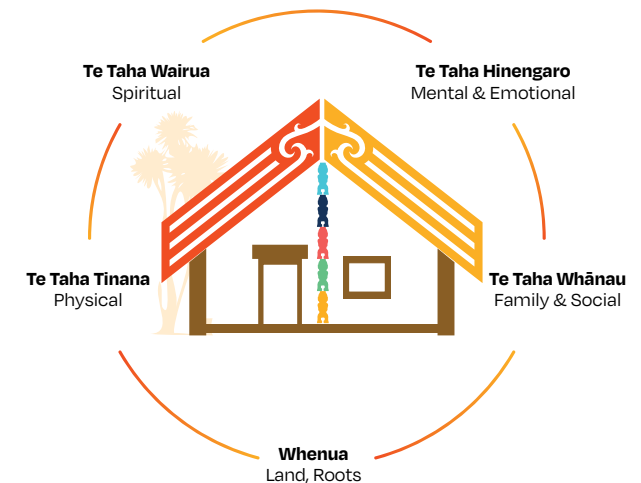
- 1. Protect the mana of those you're reporting on.**
Language matters. Use language that uplifts and honours lived experience journeys. For example, focus on the whole person, not just a diagnosis. A person can also be a parent, artist or manager.
 - 2. Take extra care when linking mental health with violence or crime.**
Consider leaving out a diagnosis if it isn't relevant, especially if there's no evidence linking it. For example, do you need to say "depressed armed assailant"?
Question any source of information that links violence to a person's mental distress; is it true, accurate, balanced?
 - 3. Include the voices of people with lived experience of mental distress.**
We can help you find these voices. Email nokuteao@maiastudio.co.
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- 4. Consider whether a person's diagnosis is relevant to the story.**
Avoid speculating whether someone is experiencing mental distress until a diagnosis can be confirmed by the person themselves or a formal statement.
 - 5. If a diagnosis is relevant, say that a person is 'living with', 'experiencing' or 'has a diagnosis of' that condition.**
This avoids labelling a person by the diagnoses. Ideally, ask a person how they'd like to be referred to.
Best practice example: "The person is living with mental distress."
 - 6. When describing a person's behaviour, say they are in 'distress' or 'showing signs of distress'.**
 - 7. Help share the message that mental distress is not forever.**
Include positive narratives that show people recovering and living well. If you need help finding a lived experience voice to give depth and context to your story, reach out to the Nōku te Ao team.
 - 8. Consider Māori and other cultural and social understandings of mental health.**
Consult with experts of that culture or group to ensure stories are not offensive and do not lead to further distress. If your organisation does not have practices and processes for consulting cultural advisors, please reach out to the Nōku te Ao team.
 - 9. When choosing photos, use images of real people, showing their faces or of people supporting each other with permission.**
Consider finding alternatives for dark or despairing images.
 - 10. Include helplines.**
If you can only include one, make it 'Free call or text 1737 any time for support from a trained counsellor'.
 - 11. Include a warning if any stories may cause distress.**
 - 12. Check for unintended stigma or discrimination.**
Contact us if you'd like advice on a story.

Reporting with a te ao Māori perspective

In te ao Māori, mental health is approached holistically, as seen in Te Whare Tapa Whā model⁷. This model reminds us that mental health is linked to and impacted by our environment and whānau, as well as our physical and spiritual health.

For a deep dive, refer to the Sovereignty of the Māori Mind [research](#)⁸ for a Māori worldview of factors that contribute to discrimination against Māori who experience mental distress.

Integrating te ao Māori into your reporting can influence the way you work with talent and the way you frame stories. It can add depth and sensitivity to your stories, regardless of whether they involve Māori. This section provides practical tips to help apply Māori principles to your coverage, ensuring it's compassionate, accurate, inclusive and respectful. This approach is designed for both Māori and non-Māori media.



⁷ <https://mentalhealth.org.nz/te-whare-tapa-wha>

⁸ www.nokuteao.org.nz/kete-matauranga/noku-te-ao-sovereignty-of-the-maori-mind/

Key takeaway – protecting mana

Often news coverage happens fast and there's no time to set up an ideal interview environment. If you can prioritise just one thing, make it this:

Protecting mana

Protecting the mana of tāngata whaiora in reporting means supporting, respecting and telling their stories in a way that considers their physical, cultural, spiritual and whānau health, as well as their mental and emotional health.

Protecting people's mana when reporting, particularly when discussing sensitive topics such as mental distress, requires a thoughtful and respectful approach that honours the dignity and agency of those involved.

Tips for protecting mana:

Informed consent:

Ensure that the people being reported on fully understand the context and potential impact of the story. Gain their explicit consent. Make sure they are aware of how their information will be shared and the possible effects.

Respect privacy and sensitivity:

Be mindful of what information is essential to share and what can be left out to protect personal privacy. Avoid sensationalising or overexposing someone's experiences, particularly if it involves trauma or distress.

Upholding mana:

Avoid diminishing or disempowering language. Instead, use language that uplifts and honours the person's journey, reinforcing their mana. Be conscious of how portrayals might affect the individual's reputation or standing within their community. Ask the person how they'd like to be described – some people like to use a diagnostic label and others don't.

Inclusive storytelling:

Invite the person to share their own perspectives (whakaaro) on the situation, and reflect their voice authentically. This helps maintain their agency and ensures the story aligns with their own values and lived experiences. Talk to them about their quotes and how you will describe them as a person, to check if it accurately represents them.

Contextualise the story:

Incorporate broader social and cultural contexts that help explain the person's situation without focusing solely on individual struggles. Also consider the discrimination they face that impacts their wellbeing. This can reduce stigma and place their experience within a framework of systemic or societal challenges.

Practical tips for incorporating te ao Māori

For fast turnaround news many of these tips can be applied from the newsroom, over the phone or email. We encourage all journalists to apply these tips where possible and within their own time constraints.

Save this on-the-go [checklist](#)⁹ somewhere easy to access.

Manaakitanga (care and respect)

- **Show empathy:**
Approach people and their stories with genuine care, protecting the mana of tāngata whaiora.
- **Ask how they're doing, on the phone, via email or in person:**
Check in on the wellbeing of your interviewee before and after the interview.
- **Offer a cuppa:**
When you're meeting with tāngata whaiora, offer a drink or bring kai (food) to indicate an intention of mutual respect for sharing their kōrero (story) and to create a relaxed environment.

- **Take your time:**
Don't rush kōrero (conversations); allow time for thoughtful discussion and breaks.
- **Ask for their whakaaro (thoughts):**
Ask tāngata whaiora to share their views and feelings to ensure their perspectives are fully represented.

Whakawhanaungatanga

- At the heart of building trust is building genuine relationships. This doesn't mean making friends, but acknowledging and understanding the collectives an individual belongs to (iwi, hapū, whānau, community) and interacting with them based on this understanding.
- Meeting people where they are on their cultural journey, letting the individual lead the expression of their own culture. For example, don't assume that all Māori can speak te reo Māori but allow the space for them to do so if they want to.



⁹ <https://www.nokuteao.org.nz/resources/media-hub/media-resource/>

Haumarū (safety)

- **Confidentiality and consent:**
Safeguard privacy and obtain informed consent before sharing personal stories.
- **Safe spaces:**
Ensure that sources feel comfortable and respected when sharing their experiences.
- **Support:**
Check if the interviewee would like a support person or people present and let them know they're welcome to bring one along or have one on the phone.

Mana tangata (human dignity)

- **Respect unique experiences:**
Avoid generalisations; recognise that each person's experience with mental distress is unique.
- **Empower through storytelling:**
When possible, focus on stories that showcase resilience and positive coping strategies.

Kawa and tikanga (protocols and customs)

- **Consult experts:**
Engage with lived experience advocates, mental health professionals and cultural advisors to ensure your reporting is informed and respectful.
- **Follow protocols:**
Adhere to appropriate customs and practices when handling sensitive topics.

Te reo Māori (Māori language)

- **Use correctly:**
Ensure accurate use of Māori terms and names, including correct pronunciation, spelling and tohūtō (macrons). Te reo Māori resources to help with pronunciation can be found at www.reomaori.co.nz.
- **Translate and explain:**
Provide translations and context for Māori words or phrases to make your reporting accessible.
- **Use your interviewee's preferred kupu (words):**
Ask how they'd like to be referred to and how they'd like to describe their experience, whether in te reo Māori or another language.

Crime scenes: If reporting from a crime scene, check for:

- **Rāhui:**
Is there a rāhui (temporary restriction) in place?
- **Remnants of tūpāpaku:**
Are there any remnants of the tūpāpaku (deceased) on the whenua (land)?
- **Iwi territory:**
Is the scene on iwi (tribal) land?
- **Consult mana whenua:**
Have you consulted with mana whenua (local authority) to access the area?
- **Tapu:**
Is the location tapu (sacred)?
- **Unforeseen raru (issues):**
Does sharing the location risk exposing people to any unforeseen issues?

Mātauranga Māori

- **Include traditional knowledge where appropriate:**
Integrate Māori perspectives on mental health, the importance of whānau and community support, and the practices of kaupapa Māori services.
- **Highlight diverse approaches:**
Avoid assuming that everyone understands mental health in the same way. Explore Māori and peer-led understandings of health, like Te Whare Tapa Whā, in your reporting.

Did you know? Opinions on diagnoses vary.

Some people feel like labels lock them into a box or don't reflect their understanding of health, while others feel reassured by having official or shared words to describe their experiences. This is why it's important to check with individuals on how they like to be referred to.

Consider a Māori approach to health and wellbeing

We recommend considering how a Hauora Māori (Māori health) approach to health, framed in te ao Māori, can inform reporting. This means understanding and addressing mental distress through the social, spiritual and physical components.

- **Community-centred:**
Engage with communities to ensure their perspectives are represented. Approach iwi offices, local kaumātua, iwi leaders, community representatives or community groups.
- **Strength-based approach:**
Emphasise resilience and positive aspects in all mental health stories.
- **Tell the wider story:**
 - Give context that shows the person is more than their diagnosis. Show the positives.
 - Explore how systemic determinants and trauma have contributed to the distress a community experiences. Emphasise that distress is a normal response to abnormal experiences.

For more information, check out Te Tiriti Framework for News Media¹⁰ and Mātauranga Māori in the Media¹¹.

Disclaimer:

These considerations should not be viewed as final, full or exhaustive. If your story relates to a particular rohe (area), consider engaging with iwi and hapū for area-specific advice.

We know most newsrooms have a dedicated Māori reporter, a 'Kaiururangi' or a Māori team to advise. Seek their guidance if you're unsure. If your newsroom doesn't have this, speak to your newsroom head about the need for it. We don't recommend approaching any Māori in the newsroom unless it is part of their role to provide cultural guidance.

¹⁰ <https://www.trc.org.nz/media-research/te-tiriti-framework-and-evidence-for-news-media/>

¹¹ www.bsa.govt.nz/assets/Matauranga-Maori-in-the-Media-Final-Aug22.pdf

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You can be an autistic person and still experience depression. Autism or ADHD is the lens that colours how you navigate the world. However, a mental distress experience is that experience at a particular time."

– Jono, Aotearoa

03

Framing and Language

Language guide

Some ideas for choosing language that promotes inclusivity and reduces prejudice and discrimination.

"He tangata tonu te tangata, ahakoa te aha.
A person is still a person, no matter what."

Describing a person with lived experience



If a diagnosis is relevant, say that a person is 'living with', 'experiencing' or 'has a diagnosis of' that condition.

Best practice example:

"The person is living with mental distress."

Where possible, ask the person for their own way of describing their experience, and use the words and terms provided.

Consider not:

Labelling a person by their mental distress or using language that implies people are their mental illness.

Examples:

- 'The person is mentally ill', 'The person is bipolar'.
- Solely biomedical explanations of mental health that ignore psychological, social, and environmental influences.
- Sweeping phrases like 'the mentally ill'.

Descriptions that promote inclusivity



When describing a person's behaviour, you could say a person is in 'distress' or 'showing signs of distress'.

Consider not:

Including derogatory descriptions such as: 'crazed', 'deranged', 'psychotic', 'manic', 'lunatic', 'looney', 'madman' or 'madwoman', 'schizo', 'psycho', 'hysteria', 'delusional'.

Only use medical language when talking specifically about medical concepts



- Find other adjectives to describe things or people.
- Use diagnostic labels only to describe an actual diagnosis.

Consider not:

- Using mental health diagnoses as adjectives to describe things that are not related to mental health, such as 'the weather is bipolar'.
- Describing someone's behaviour or personality using a diagnostic label, such as calling someone 'OCD' if they are particular but have not been diagnosed with OCD.

Consider Māori understandings of mental health. Try to avoid describing a Māori person by their diagnosis if it's not relevant to the story



- Understandings of mental health differ across cultures.
- For example, in te ao Māori, hearing voices can be a representation of someone's intrinsic connection to te ao wairua (the spiritual world). In Western ideology, this person may receive a clinical diagnosis of schizophrenia or psychosis.
- Include tāngata whaiora in your reporting and ask their preferred way of describing their experience.

Consider not:

- Labelling people as 'mentally ill Māori', 'Māori mental patient', to help reduce prejudice and discrimination.

Be aware of various cultures', communities' and people's views on mental distress and that some communities or individuals can be experiencing multiple types of discrimination



- As well as Māori, consider other people who experience the most discrimination in our society related to mental distress.
- These include Pacific Peoples and minority communities, including Rainbow, tāngata whaikaha (people living with disabilities), ethnic communities and people with experience of addictions.
- Consult with experts from that culture or group to ensure stories are not offensive and do not lead to further distress.

Consider not:

Labeling people with experience of mental distress using words that could increase prejudice for an entire group of people.

Example:

'Mentally ill former drug addict', 'mentally ill Pacific male'.

Keep in mind that someone with a diagnosis or experience of mental distress is not always unwell and won't always be unwell



- Be precise and accurate about the duration and intensity of mental distress.

Consider not:

Portraying people living with mental distress as victims, and mental illness as a life sentence.

Example:

Avoid language like 'victim of', 'suffering from', 'afflicted with', 'crippled with' and 'stricken with'.

Use correct names and job titles for mental health services and professionals.



Use actual names, such as 'mental health service', 'community service provider' or 'treatment centre', 'psychologist', 'psychiatrist' and 'Māori health worker'.

Consider not:

Using derogatory terms for mental health services. This can affect a person's willingness to seek help.

Example:

'Mental institutions', 'shrinks', 'mental patient' and 'mental hospital'.

Take extra care when reporting on mental health and violence

Including a person's mental health diagnosis in crime reporting can increase public stigma and fear toward individuals with that diagnosis



Question the source of information that links violence to a person's mental illness; is it true, accurate, balanced and relevant to the story?

Consider not:

- Overplaying the link between mental health and violence.
- Using sensationalist language such as 'crazed killer stabs neighbour' and 'armed suspect has been suicidal'.

The vast majority of people who are living with mental distress are never violent, and are more likely¹² to be victims than perpetrators of violence.

Safely report on people who have left or gone missing from mental health inpatient services



In line with the human rights to freedom and to refuse treatment, people in mental health wards are patients and are free to leave at any time.

Best practice example:

The person left the service on their own accord without notifying staff.

Consider not:

Describing mental health services, or people who have been staying in them, like prisons or prisoners. Using this language results in inaccurate portrayal of people as criminals and implies that people receiving mental health care are dangerous.

Example:

'Suspect escaped mental hospital'.

12 <https://pmc.ncbi.nlm.nih.gov/articles/PMC1525086/>

Framing mental distress in the media

How to talk about mental health in ways that honour the human rights and mana of tāngata whaiora who are struggling.

We encourage all people in Aotearoa to explore the story behind the headlines and delve into the different journeys we all go through in life.

Tell empowering, hopeful stories that show a person is more than their diagnosis or symptoms

This promotes hope and recovery and can help tāngata whaiora in recovery to seek help



Best Practice:

- Tell stories of hope and recovery.
- Include positive narratives that show people recovering and living well.
- Focus on the person and their attributes, rather than their diagnosis or symptoms. A person can also be a parent, artist or manager.
- Consider that experiences of mental distress may lead to people gaining resilience, empathy and strength.
- Mental distress is not forever.
- Consider showcasing possible solutions that address stigma and discrimination toward tāngata whaiora.

Consider not:

- Portraying mental distress as a hopeless situation, something someone 'suffers' with forever, and can't recover from. For example, don't suggest future employment and family life is not possible.
- Words that imply that mental distress is strange, scary or sad.
- Portraying mental distress as a defining quality, unless a person identifies strongly with their diagnosis and chooses to be defined in that way.

Choose a headline that aligns with the kupu guide above



Headlines can have a big impact, even if the rest of the story is in line with this Resource.

Let your talent know what headlines or promos are meant to do:

Take the time to explain your process so there are no surprises and make yourself available to them when the story comes out.

Consider not using headlines that:

- Label a person as their illness.
- Mention a diagnosis when it isn't relevant.
- Overplay a link between violence and mental illness, especially when there's no factual evidence they are linked.
- Exaggerate or sensationalise a person's experience.

Include the voices of tāngata whaiora



- When reporting on the experiences of people with mental distress, include their views, opinions and experiences.
- When this isn't possible, speak to their whānau.
- When covering broader mental health stories, ensure tāngata whaiora voices are included, alongside experts.

Example:

Consider mental health service users as an important voice in a story about service provision and rates of anxiety increasing.

Ensure cultural worldviews on mental distress are considered



- Include the views of Māori (such as kaumātua), and Pacific Peoples (such as matua) where appropriate.
- Consider minority communities, including Rainbow, tāngata whaikaha, ethnic communities, and people with experience of addictions.
- Include the perspectives of mental health experts who are knowledgeable about cultural and ethnic factors impacting experiences of distress and discrimination.

Consider whether a person's diagnosis is relevant to the story



Best Practice:

Only include that someone has a mental health diagnosis when this diagnosis can be confirmed by the person themselves or a formal statement.

We are all human with human weaknesses, and sometimes we behave badly. It's important that we hold people accountable for their actions and avoid conflating negative behaviour with mental distress.

Consider not:

Speculating about someone's mental health or whether they have a diagnosable mental illness.

Reducing stigma

Often we wouldn't attribute so-called good things, such as 'man donates to charity', to a mental health diagnosis. However, we tend to attribute bad things, such as 'company director embezzled funds' to a diagnosis. By considering whether a diagnosis is relevant to a story, we can avoid creating an unfounded association between mental health and crime.

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In the interview he [the journalist] was very respectful. The real key points that I wanted to get out, he really focused on them. I felt really respected and heard."

– Denise Caltaux, Tangata Whaiora,
Survivor of State Care and Autistic.

04

Practical Reporting Tips

Extending manaakitanga to interviewees

Taking extra care when interviewing tāngata whaiora with lived experience of mental distress.

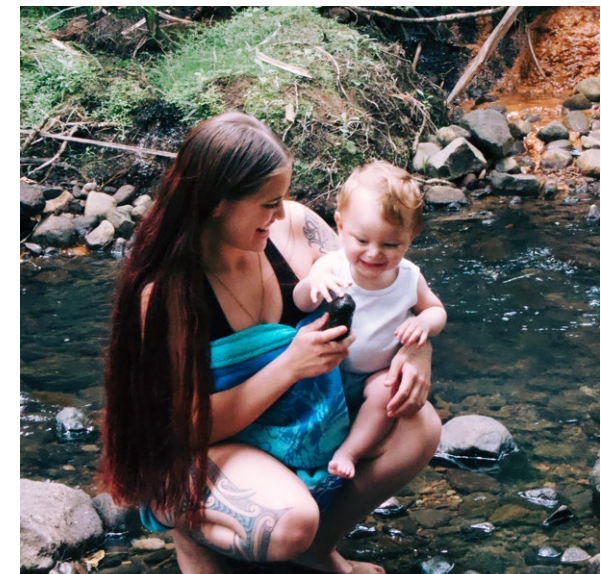
He aroha whakatō, he aroha ka puta mai.

If kindness is sown, then kindness is what you shall receive.

Including the voices and stories of those with lived experience of mental distress helps alleviate stigma. But appearing in the media can be a big deal for people who've never done it.

**Mā te whakarongo, ka mōhio;
mā te mōhio, ka mārama;
mā te mārama, ka matau;
mā te matau, ka ora.**

*Through listening, comes knowledge;
through knowledge, comes understanding;
through understanding, comes wisdom;
through wisdom, comes wellbeing.*



Here's how to include their voices safely, with compassion and sensitivity

1. In your story, use the language people use for themselves when describing their diagnosis, behaviour or experience.

Sometimes the language chosen by tāngata whaiora could be seen as derogatory. However, if the person is using it to describe themselves it's best to honour their choice, as reclaiming derogatory language can be powerful.

2. Discuss with the interviewee the potential consequences if you publicise their experience of mental distress.

This is particularly important if the story will be shared on social media and people will be able to make comments.

3. Ensure they are aware of how and where their story will be used, and whether it will remain available online.

4. Let them know when the story will be made public.

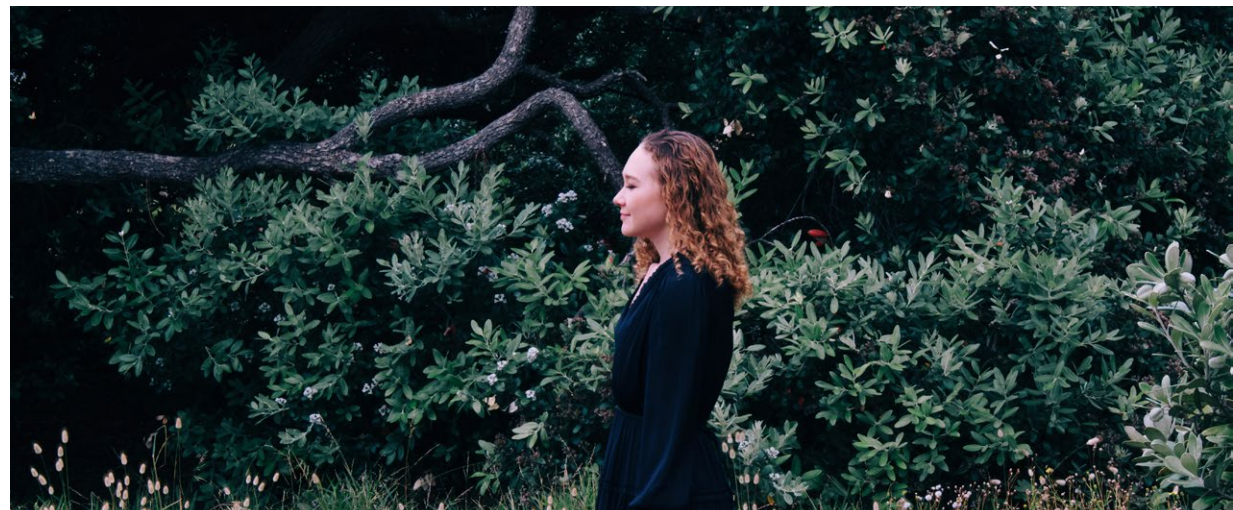
If this changes from what you've told them, let them know, as they may be waiting for it to be aired or published.

5. Endeavour to ensure interviewees are currently well.

6. Check they have support around them (if they wish) during and after the interview process.

7. Let them know you'll be there to support them.

Contact them after the story has run to check in and see if they're OK.



Social media and online

It's common for media stories to be shared on social media, with research¹³ showing an increase year-on-year of people getting their news this way. We acknowledge the media continues to adapt and is likely doing this work already, however when reporting on the experiences of tāngata whaiora, here are a few things to consider.

1. Let interviewees with lived experience know if their story will be shared online, and that there might be comments on the story.
2. Consider recommending that interviewees ignore social media if they can.
3. Consider careful moderation of comments on stories that include the voices of someone with lived experience, to ensure that community comments aren't harmful or discriminatory, or turn the comment function off.
4. Hide harmful comments as quickly as possible.
5. Consider avoiding sharing stories that imply mental distress causes violence.
6. When linking to violent or graphic stories, videos or images, consider adding a "content warning" that includes specific information about the content's nature, such as "This story contains graphic descriptions of [specific type of violence]."
7. If reposting or sharing a link to a story, look at the entire content before sharing it. Assess whether it contains inaccurate, stigmatising, or unsafe content.
8. Work with newsroom web teams to ensure social media copy and website copy reflects this resource, especially in headlines.



13 www.nzonair.govt.nz/research/where-are-the-audiences-2024/

International stories

We've noticed stigmatising reporting on mental distress is more common in international mental health or crime stories that have been syndicated to Aotearoa media platforms or social media pages.

How to safely publish an international story that covers mental distress.

If your newsroom is publishing or sharing content from an international source:

- Review the entire story.
- Look out for discriminatory, derogatory or sensationalist language, especially when those experiencing mental distress or their actions are described.
- Change images that are dark or distressing.
- Consider turning off comments if the story is shared on social media.
- Add local helplines¹⁴.

¹⁴ <https://mentalhealth.org.nz/helplines>

Intersectionality when reporting on mental distress

Intersectionality acknowledges that people who experience one form of discrimination may also experience other forms of discrimination. This can have a compounding negative impact on their lives.

Consider the converging effects of mental distress with ethnicity, gender, sexuality, disability, and other experiences and identities.

An individual can experience discrimination and exclusion from multiple sources based on the intersecting groups they identify as. It's important to be mindful of this when reporting to avoid accidentally perpetuating existing biases. There may be additional safety measures to consider, including turning comments off if the story is shared on social media.

When interviewing those with lived experience, check how they would like to be referred to and describe themselves.



Uphold the human rights of tāngata whaiora in vulnerable situations

Stories that may include people who haven't had the opportunity for diagnosis or support of mental distress.

When people are excluded from education and workplaces, they can find themselves on the outskirts of society. Consider how your reporting can help to uphold the human rights of tāngata whaiora when:

91%

of people in **prisons** experience mental distress or addictions.

30-70%

of people receiving **financial support** are experiencing mental distress

~40%

of people experiencing **homelessness** report experiencing mental distress

People in these settings are often vilified by society, despite experiencing immense mental distress due to factors like intergenerational discrimination and trauma. When mishandled, stories about these spaces, and the people in them, can contribute to the stigma and discrimination our most impacted communities face.

Consider:

- When covering stories about beneficiaries, emergency housing tenants or prisoners, these people may be experiencing mental distress.
- Including lived experience perspectives in stories about these settings.
- Upholding the human rights of the people at the centre of the story and drawing attention to the denial of human rights.

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We are more than our diagnosis."

– Tui Taurua, Chair, Nōku te Ao Lived Experience
Advisory Rōpu, tangata whaiora

05

Visuals and Helplines

Choosing images

When portraying someone living with mental distress, choosing images that emphasise connection and hope can help reduce stigma.



Most people with lived experience of mental distress show no outward signs of distress.

- Ask interviewees if there is a particular photograph they would like published or use a generic image of someone supported by friends and whānau.
- Consider using images of real people, showing their faces.
- Consider using images of people supporting each other.
- Where appropriate, choose images that illustrate that many people live well with mental health challenges.
- Use images that show people feeling supported or an accurate representation of how a person is feeling.
- Use images that show the interviewee is supported and involved in whānau, work or community activities (where possible and relevant).

The wrong image can reinforce prejudice and discrimination in the community, even when the story itself is positive.

Consider not using:

- Headclutcher poses or dark, distressing images that reinforce unhelpful stereotypes.
- Images that show people isolated or ones that exaggerate their experience.
- Generic hospital ward images (unless your story is about that ward). Most people who live with mental distress get treatment and recover within their community and whānau environment and will not be inpatients.
- Images of pills, as some people choose not to take medication and others find images of pills confronting.



This is an example of the kind of photo that reinforces unhelpful stereotypes

Including helplines

We recommend always including the six core New Zealand helplines and resources in stories about mental distress, so your audience knows who to contact if they need support.

The core six are:

Need to talk?

Free call or text 1737 any time for support from a trained counsellor.

Lifeline

0800 543 354 (0800 LIFELINE)
or free text 4357 (HELP).

Youthline

0800 376 633, free text 234,
email talk@youthline.co.nz or online chat.

Samaritans

0800 726 666

Depression resources

www.depression.org.nz

The Lowdown

www.thelowdown.co.nz

Consider including other¹⁵ helplines and resources that may be most appropriate for your story. Find more at mentalhealth.org.nz/helplines.

For example, for stories about alcohol addiction, include the Alcohol and Drug Helpline, or for stories about Rainbow communities, include OUTLine.

- If you can only include one helpline, please choose 1737.
- We also recommend including a warning if stories contain triggering or particularly distressing content.

Get in touch for guidance or if you have pātai (questions) on helplines:
nokuteao@maiastudio.co

¹⁵ <https://mentalhealth.org.nz/helplines>



06

Additional Resources

We're here to help

[Māia](#)¹⁶ is the Nōku te Ao media engagement partner, working alongside hauora advocate, Jase Te Patu.

Part of the role of Māia is to support and equip the news media sector with resources to accurately report on people experiencing mental distress.

If your team is covering a story or creating content involving mental distress, Māia can help with:

- support to access sources with lived experience
- data to inform your reports
- a quick turnaround peer review of draft content to scan for discrimination, stigma or bias.

Get in touch at nokuteao@maiastudio.co.

¹⁶ <https://www.maiastudio.co/>

Kuputaka Glossary

He kupu kōrero, he reo akiaki.
Words spoken should be of encouragement.

Below are definitions of frequently used terms in this resource.

Tangata / Tāngata whaiora	Meaning 'a person seeking wellness', tāngata whaiora refers to people who have lived experience of mental distress.
Lived experience	When someone has experienced mental distress.
Mental distress	Covers a range of distressing experiences, emotions and symptoms. These may persist over a period of time and disrupt daily life.
Tino rangatiratanga	Directly translates to 'self-determination'. Tino rangatiratanga is about being able to live in accordance with tikanga.
Mana motuhake	Mana through self-determination and control over your destiny.
Intersectionality	Intersectionality acknowledges that people who experience one form of discrimination may also experience other forms of discrimination.
Nōku te Ao: Sovereignty of the Māori Mind	A report based on research that presents a Māori world view of factors that contribute to discrimination against Māori who live with mental distress.
Te Whare Tapa Whā	A Māori health model developed by Tā Mason Durie (1984). This model has a holistic view of mental health, impacted by our environment and whānau, as well as our physical and spiritual health.
Tāngata whaikaha	Tāngata whaikaha means people who are determined to do well. Developed by Maaka Tibble (2016), used to refer to people living with disabilities.
He rauemi pāpāho - key kupu	<ul style="list-style-type: none"> • Mana - a person's inherent value • Kaupapa Māori principles - Māori ideology • Mātauranga Māori - the body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices • Te ao Māori - Māori world view • Manaakitanga - Hospitality, kindness, generosity, showing respect, and care for others • Hauora Māori - Māori health

For further useful kupu relating to mental distress check out the Nōku te Ao glossary www.nokuteao.org.nz/resources/media-hub/glossary/

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Tū pakari, tū taha.
Ko te kotahitanga o tō tātou kaupapa.
Nōku te Ao."

Stand proud. Stand alongside.
We are united by our purpose.
This is our world.

– Len Hetet
(Ngāti Maniapoto, Ngāti Tūwharetoa, Te Ātiawa, and Ngāti Apa)



info@nokuteao.org.nz

www.nokuteao.org.nz

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