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INSI HANDBOOK

Building a newsroom stress and trauma programme

A practical blueprint for newsroom leaders, built on the four pillars of journalist mental health

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THE FRAMEWORK - WHY IT MATTERS

The case for action

Journalists are vulnerable to emotional and psychological pressures and can be harmed by their work if measures are not taken to protect them. Many talented journalists burn out and run out of steam before their time. A newsroom that does not feel it is being looked after suffers from bad morale and produces poorer reporting. Excessive stress leads to poor judgement, and to costly mistakes.

External research underlines the scale of the problem. Surveys of journalists in the United States have found that more than half have thought about quitting because of exhaustion. The World Health Organization calculates that every dollar spent on workplace mental health returns four dollars in higher productivity, reduced absenteeism and better health. A separate study of 19 US employers found that every dollar spent on behavioural health saved an average of \$2.30 in healthcare costs.



The piecemeal problem

Many valiant efforts are being pursued to improve the management of journalists' mental health. Yet they generally only solve a piece of the puzzle, and usually in isolation. Workshops build resilience but cannot help journalists in deep distress. Crisis response programmes can stabilise emergencies but do not provide the longer-term support mental health problems often require. Peers unsupported by professional clinicians may think they can help colleagues more than they actually can. This guide outlines a consolidated approach that rests on four essential, self-reinforcing pillars.



LEGAL EXPOSURE

In some jurisdictions, such as Australia, courts are beginning to hold news organisations to account for failing in their duty of care to journalists exposed in their work to traumatic stories, or repeated immersion in tragedies. One successful lawsuit can cost a news organisation as much as an entire year's worth of mental health support for hundreds of journalists.

THE FRAMEWORK – COUNTING THE COST

Journalists and their mental health

Afflictions such as drug and alcohol abuse and an inability to re-adapt to normal life are not uncommon among war correspondents who spend their careers working in one conflict zone after another. But it is not just about war.

Toxic online spaces and widening public hostility toward journalism have turned even the most ordinary news assignments into potential minefields, while burnout and severe stress at work weigh on journalists' family lives and relationships.



Conflict reporting

War correspondents face direct exposure to violence and the difficulty of re-adapting to normal life, and are at higher risk of substance abuse.



Disasters

Journalists who cover natural disasters carry the sights, smells, and sounds of tragedy and desperation back into their home lives.



Tragedies close to home

The deaths of children in school shootings can haunt journalists who are parents themselves for years to come.



Far from the frontlines

Editors handling photos or videos of violence may suffer vicarious trauma, sleep disturbance or increased irritability.



High-pressure beats

Covering financial markets or major corporations brings its own intense pressures; mounting workloads fuel newsroom burnout.



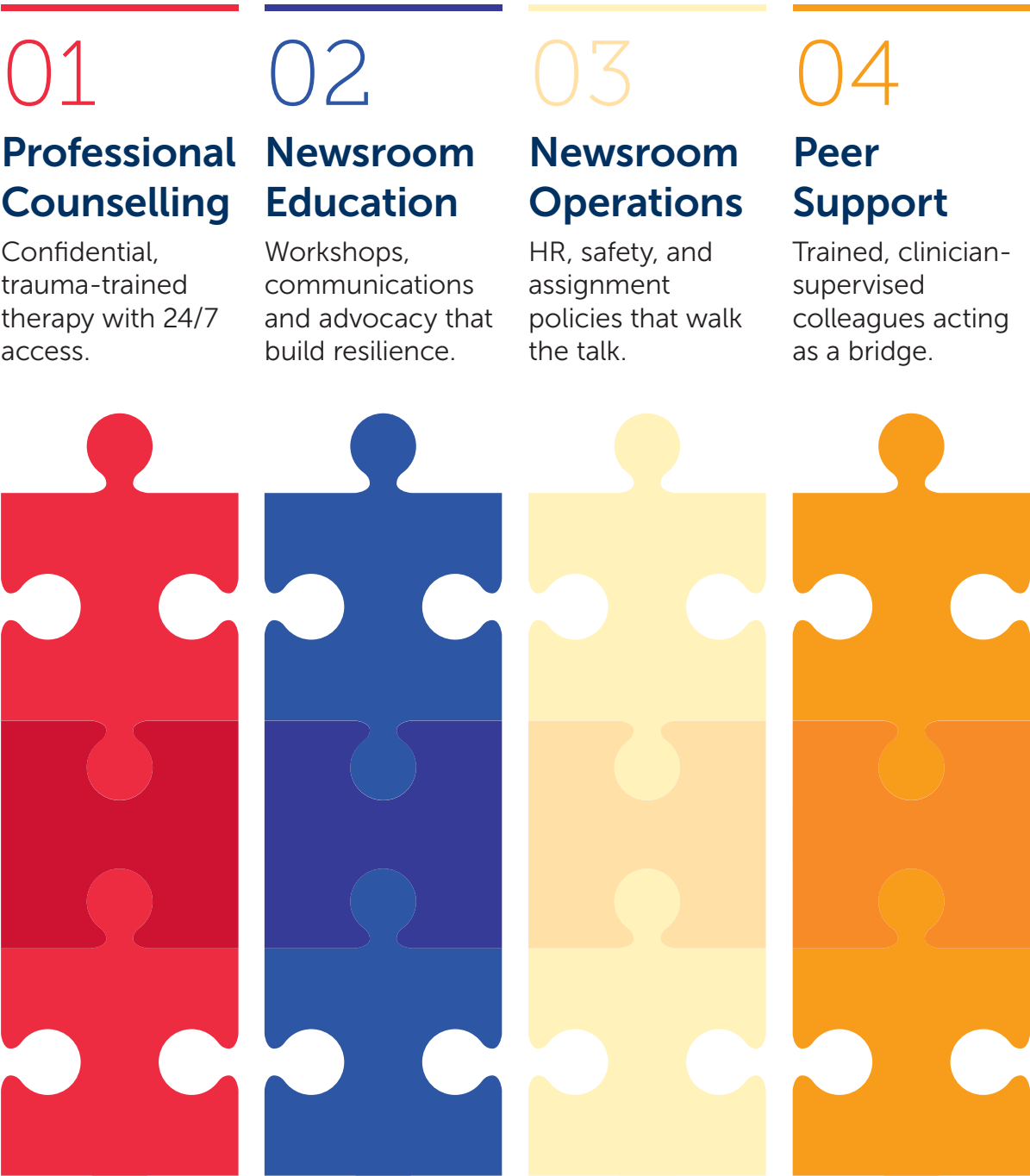
Online hostility

Online abuse has been weaponised against women, fact-checkers, journalists from marginalised groups, and reporters in general amid rising public distrust.

THE FRAMEWORK - AT A GLANCE

The four pillars of newsroom resilience

Mental health support works best when these four pillars stand together. Each reinforces the others. Strip one out and the structure weakens.



HOW TO USE THIS GUIDE

Not every recommendation will suit every newsroom. Resources, structure and risk profile vary widely. The pages that follow lay out the choices editorial managers face when designing a programme tailored to their organisation. The implementation checklist on page 25 turns those choices into a concrete plan.

PILLAR 01

Professional Counselling

Professional counselling is the most important pillar and often the most neglected. Some emotional distress will require qualified help. It cannot be safely managed by amateurs, peers, HR or time off alone.

Clinical experts are needed to decide when a case is serious, what kind of treatment will work, and when someone is at risk of harming themselves or others.

Two pathways

Most organisations choose between two routes, or combine them.

Pathway 1: Dedicated service	Pathway 2: Piecemeal provision
A dedicated, news-organisation-funded counselling service, usually through a private contractor that manages a network of trauma-trained therapists. The clearest signal that the company takes responsibility.	Existing services such as Employee Assistance Programmes, health insurance, national health systems, or private counselling paid by the journalist. Easier to set up, less integrated, more variable.



Pathway 1: a dedicated counselling service

A dedicated, free-to-use programme is the clearest and arguably most effective way to provide specialised support. Making it free signals that the organisation considers mental health important, takes responsibility for work-related stress, and removes barriers to use.

BASIC ELEMENTS

Must haves

- A 24/7 hotline, email or central contact point staffed by qualified clinicians, with a reasonable response time.
- The ability to make a preliminary clinical evaluation if the journalist is facing an emergency or at risk of harming themselves or others.
- Referral to a trauma-trained therapist, in person or online, with experience working with journalists.
- A network that mirrors the organisation's footprint and profile, with a mechanism for finding new clinicians where coverage is thin.
- Confidentiality, with consultations shielded from the company paying for them. Centralised costs.

USEFUL ADDITIONS

Highly recommended

- Workshops for journalists and managers; participation in safety training; internal communications and advocacy campaigns.
- Special projects for high-risk teams or vicarious trauma.
- An incident response mechanism for newsroom-wide trauma.
- Post-assignment debriefs.
- Supervision of an internal peer network.
- Anonymised quarterly reports on trends.

Key decisions when designing the service

Who manages it	It may be better for the programme to be run by editorial management. Journalists can view human resources departments with some scepticism, and HR's obligations can sometimes conflict with the aims of a mental health programme.
Who is eligible	Focusing only on journalists can allow counsellors to specialize in the particular issues they face. But support personnel from drivers to translators and field technicians may end up in the same traumatic situations. Online training, at least, can be made accessible more widely.
Work or personal	Limiting the programme to work-related issues sharpens its mission, but personal and work-related issues often intermingle. Professional counsellors can triage such issues on a case-by-case basis.

Key decisions when designing the service (continued)

Where it applies	The emotional impact of journalism is not limited to war zones. Counselling should be available to all journalists who need support.
Freelancers	Freelancers face the same risks as staff. The ACOS Alliance urges news organisations to offer them the same support.
Families	Spouses and partners are often the most affected by the stress and trauma harming journalists. Knowing an employer cares about their families builds resilience. If a journalist is killed or seriously wounded, families may need long-term support. Counselling children is a specialised area that may require referral elsewhere.
Alumni	Duty of care liabilities can stretch deep into the past, when newsrooms did little to guard the welfare of journalists. Allowing former employees to access support might limit potential exposure.
In-person or online	Most therapy in the media sector now takes place online and studies indicate it can be as effective as in-person counselling. If a programme offers online therapy, it must implement rigorous information security: the topics discussed can get journalists into serious or even deadly trouble should conversations be leaked or hacked. A programme able to offer both formats is more versatile.
Languages and culture	Studies indicate that being able to access counselling in a native language is conducive to healing. Counsellors should also be diverse and from culturally appropriate backgrounds.
Incident response	A programme should be able to support editorial management during periods of collective trauma, such as a major disaster affecting a bureau or the death of a much-loved colleague. This might involve sending clinicians into a newsroom or providing online workshops or group therapy.
High-risk groups	High-risk groups may need extra support. Visuals editors and content moderators handling traumatic content; fact-checkers; women, journalists from marginalised groups; those covering conflict close to home; managers with responsibility for at-risk teams. Special programmes for such groups may include awareness workshops, scheduled check-ins and group therapy.
Limits	Open-ended counselling is a good idea if the intention is to heal. Still, news organisations may want limits to rein in costs. Experience suggests most cases are resolved within a year; a one-year limit with case-by-case flexibility can make sense, guided by clinicians.
Clinical reviews	Milestones help. A review after 12 sessions can produce a preliminary diagnosis; a review after one year creates a point at which therapists must identify a clinical reason to continue.
Relationship managers	Companies running counselling services should appoint relationship managers that newsroom leaders can reach out to directly. Traumatic events break out quickly and editorial managers need a partner able to respond in real time.

Clinician credentials	Therapists should have training in trauma therapy and experience working with journalists or first responders.
Metrics and feedback	Journalists must trust that clinicians are not reporting back, but management needs clarity on usage and trends. Quarterly anonymised reports work well. Consider implementing user surveys on therapists, and a clear, ideally quasi-independent route for complaints.

A note on in-house therapists

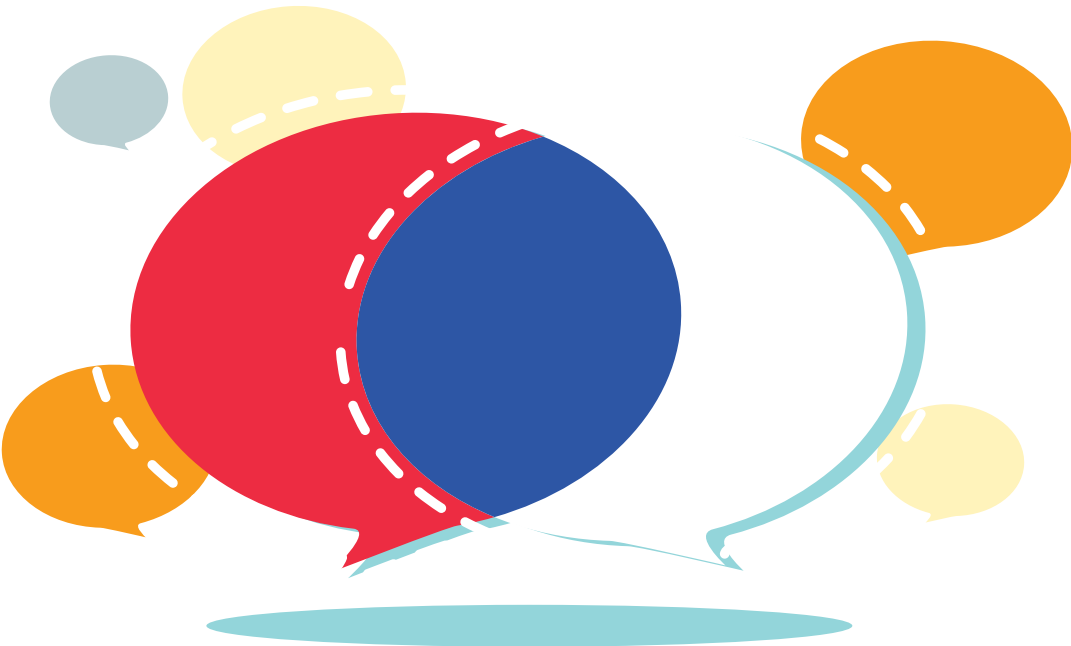
It is not common for news organisations to have company doctors or staff therapists, but they do exist and can be a valuable resource. Some journalists will be unable to shake the suspicion that in-house therapists report back to management or focus on limiting the company’s liabilities, and proximity to colleagues being counselled can complicate neutrality. Questions to consider: bandwidth to cover all the company’s journalists everywhere; expertise in stress and trauma related to journalism; and the diversity needed for a varied workforce to feel safe reaching out.

Costs

Studies indicate that mental health support pays for itself in reduced absenteeism, productivity and lower turnover. As of 2026, private counselling costs range from around \$30 an hour in India up to \$300 in Dubai or Switzerland. US counsellors typically charge \$180 to \$220; European rates run €90 to €130. Contracted referral companies often add set-up, annual maintenance and onboarding fees; training, incident-response visits and special programmes may have their own fees.

CASELOADS: WHAT TO EXPECT

A news organisation of roughly 3,500 staff and freelance journalists saw as few as 3 new cases in a year when its service was barely promoted, and as many as 130 once awareness rose. Usage can be expected to start slow, climb as trust builds and backlogs are addressed, and then stabilize.



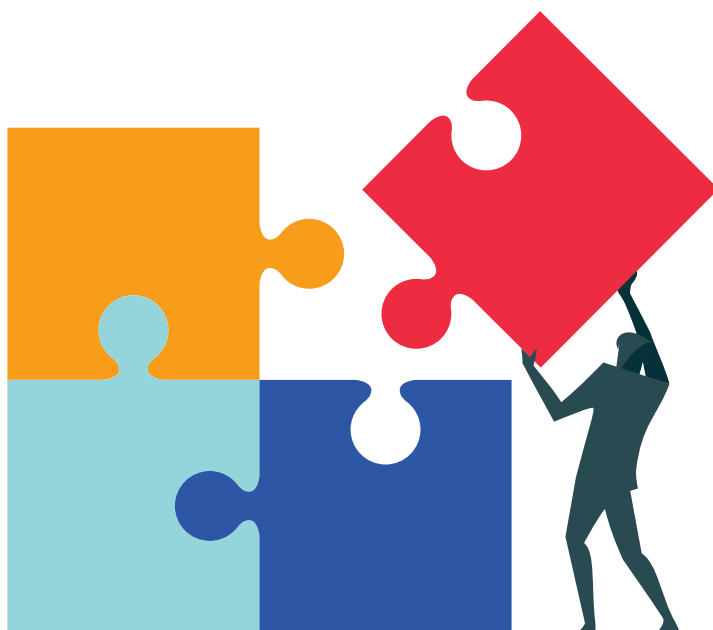
Pathway 2: working with what already exists – a piecemeal approach

News organisations may try to use a mosaic of existing services instead of a dedicated counselling programme. Quality varies by country, plan and clinician. The model is harder to integrate with newsroom education and peer support, and may lack a mechanism for triaging emergencies. Yet some access to counselling is better than none.

Source	Strengths and weaknesses
EAPs	Cheap (around \$50 per employee per year in the US, \$8 to \$12 in Europe). Typically only 3 to 6 sessions: rarely enough for a preliminary diagnosis. Unlikely to specialise in trauma or journalism.
Health insurance	More generous and easy to adopt. But out-of-pocket co-payments can run to thousands of dollars per year per journalist in the US. Network clinicians often have no experience with journalists.
National health services	Free or low-cost where they exist and include mental health, but uneven. Spain covers therapy with long waits. Canada largely funds only emergency care. The UK system is overstretched.
Private counselling	Allows users to choose a therapist, and paying out of pocket may help journalists feel ownership of their mental health. But private therapy is expensive and hard to navigate in a crisis.

IF YOU ARE RELYING ON EXISTING SERVICES

- Consider subsidies or stipends. 12 sessions cost at least \$2,000 in the US, \$1,200 in Europe.
- Explore pro bono options: the Journalist Trauma Support Network, Rory Peck Trust Therapy Fund, CPJ, AAJA, IWMF, RSF, Free Press Unlimited, and the Media Resilience Network among others (see resources).
- Make sure journalists know how to access emergency support without a single point of contact for help.
- Watch for inconsistency across locations; equity matters for morale and liability.



PILLAR 02

Newsroom Education

Outright resistance to acknowledging the emotional toll of journalism has become less common, but for many journalists opening up may still feel taboo. Newsrooms need to be educated about mental health so journalists reach out for help when they need it. Education also builds resilience at the individual and institutional level.

Changing the culture of a newsroom around mental health takes time, patience and persistence.

Six channels for educating a newsroom

Managers and champions	The first step is to assign responsibility for wellbeing to a key individual or team. Larger news organisations should consider a designated management role; smaller organisations can identify safety and wellbeing champions in their ranks, with a title and the freedom to pursue improvements.
Workshops	Workshops show journalists the issue is important and build resilience by teaching them how to look after themselves. For editors, they teach the signs of stress and trauma. For journalists, they offer an understanding of how their work might affect them and how to prepare for difficult assignments. Run them in person where possible, with a clinician from the counselling service: in-person workshops led by clinicians frequently result in someone reaching out for support afterwards.
Safety training	Mental health should be a core subject on hostile environment training courses, integrated into every module rather than treated as an add-on.
Written guidance	Written guidance adds to the knowledge base of journalists, ranging from tip sheets on building personal emotional resilience to handling interviews with victims of trauma. See the toolkit.
Internal communications	Sticky labels with the hotline number on keyboards and laptops; small posters; wallet cards; an internal website; e-learning modules; QR codes; regular reminders through the platform the newsroom actually uses.
Advocacy	The backing of senior management and influential figures can be a catalyst for wider acceptance. The provision of services must appear sincere and supported from the highest levels. Townhall meetings hosted by the editor-in-chief whenever a major initiative launches signal that mental health is a priority.

BLOGS OR VIDEOS BY LEADERS, HANDLED CAREFULLY

Blogs or videos by influential figures about their own stress or trauma can be powerful. Not everyone will be comfortable opening up, but some find it therapeutic. Edit them carefully so they do not reveal too much, make the writer vulnerable, or undermine career prospects.

PILLAR 03

Newsroom Operations: walking the talk

If a newsroom's HR policies and the way it operates do not support its mental wellbeing message, journalists will quickly grow cynical about the company's sincerity. Mental wellbeing needs to be reflected in policies on healthcare, time off and compassionate leave. Mental health risks belong inside safety management, alongside physical, digital and legal threats.

Rhetoric without operational change breeds cynicism.

Seven areas to address

Safety management	Looking after the mental welfare of journalists is often treated as a separate area to editorial safety in general. This is wrong. Mental health should be a core part of risk assessments, safety training, the supervision of assignments, and the management of a story's aftermath.
Safety teams	Safety teams where they exist should not focus solely on physical threats but also on digital and emotional ones, and in collaboration with newsroom lawyers, on legal threats. Recruit security experts with a holistic understanding of the risk environment.
Risk assessments	Every news assignment involves a mix of physical, digital, legal and emotional risks. Mitigations against emotional risks include: building resilience, check-ins, time off, rotation, debriefs, or referral to counselling.
Safety training	Hostile environment courses (HETs, HFATs) should include mental health, integrated as an element of risk into every module. Trainers need to be conversant in mental health.
Debriefs	Psychological fallout may not be immediately apparent and might take months or years to surface. Injuries often develop as traumatic blows accumulate. Risk management should include debriefs after tough assignments and the possibility of follow-up further down the line.
Time off and leave	Mental health days in addition to sick days; sabbaticals when required; caregiving and bereavement leave; parental leave; childcare support; work from home arrangements; healthcare benefits with adequate mental health cover; meaningful provisions for freelancers.
Deployment durations and rotations	Set healthy limits on time exposed to traumatic experiences. Replace journalists more frequently during long-running stories like major disasters. R&R for permanent postings in tough circumstances. Rotate journalists who have covered traumatic stories onto more pleasant assignments. Photographing a fashion show after months of covering a war can be jarring, but helpful.

THE UNCOMFORTABLE QUESTION

Rarely do newsrooms ask what they can do less of, instead of figuring out how to do the same with fewer journalists. News organisations serious about mental health and burnout should review their output and be open to covering less.

PILLAR 04

Peer Support

Journalists often turn to their colleagues for support, frequently in a bar over drinks. News organisations can take advantage of this by creating peer networks that turn this natural source of social support into a more formal and deliberate mechanism for building emotional resilience.

Peers are amateurs who cannot solve mental health problems. They work best when closely supervised by professional clinicians and ringfenced by clear boundaries.

A peer network has two primary aims: to promote the professional counselling services available and act as a bridge to that help; and to serve as champions for mental health who raise awareness and educate the newsroom.

What peers do, and do not do

Peers do	Peers do not
Allow colleagues to talk about things they have experienced or witnessed and how it has affected them. Provide an empathic, listening ear.	Try to diagnose, treat or solve mental health problems.
Offer emotional and practical support. Help them identify ways to deal with their distress.	Operate without clinical supervision or in isolation.
Let colleagues know where they can get help and connect them to a counselling service.	Promise unconditional confidentiality.
Champion mental health and educate the wider newsroom.	Hold formal conversations in a bar or other place where alcohol is served, or put themselves on call 24/7.



Building the network

Basic structure	Volunteers from the newsroom, officially identified as available to help colleagues deal with emotional and mental distress. Trained on how to handle conversations, the signs of distress, the limits of the role, and how to connect journalists to support.
Supervision	Peer networks should be supervised by professional clinicians, ideally connected to a counselling service. Peers report back on all formal conversations and should not operate in isolation. The peers themselves benefit from being monitored as they absorb stories about how others are suffering.
Quarterly meetings	Supervising clinicians should hold regular, perhaps quarterly, calls with the entire group to discuss progress, problems and issues that have arisen. The meetings foster cohesion and allow reminders about limits.
Management	Peers need to be viewed as independent by colleagues to gain trust. Still, an editorial manager should take responsibility for annual recruitment and overall strategy, with a light-touch approach. Making HR responsible for a peer network can undermine trust.
Leadership	Should come from within the network, ideally a small team rather than a single energetic individual. Rotate periodically, perhaps through an election.
Rules around conversations	During work hours; not in a setting where alcohol is served; limited in time and scope; alert to conflicts of interest. Most interactions are watercooler-type chats; peers need a good ear for understanding when those conversations indicate a need for something more profound.
Online and in person	Both. Use Signal or end-to-end encrypted video for remote conversations.
Confidentiality	Bound by a code, with clearly stated limits. Peers tell their clinical supervisor everything. They must inform editorial management or HR if they believe someone is at risk of self-harm or poses a risk to others, or if they hear about serious abuse or a crime.
Recruitment	A regular cycle, perhaps annual. Composition should reflect the diversity of the newsroom. Women are often more interested than men; recruits tend to be older. Direct outreach to younger journalists from time to time.
Who becomes a peer	Often the mentor figures, mother- and father-figures that colleagues already turn to for support. Veterans known for experience and wisdom. Journalists with a deep interest in mental health. Some who have had personal experiences with distress and want to help others avoid the same.
Vetting	Rigorously vetted by clinicians, including a questionnaire designed to untangle motivations and vulnerabilities, and an interview. Some volunteers may remain fragile, or be too close to their own trauma to be helpful. Editorial management and HR should not pick the peers but should be able to flag concerns.

Training	Formal training, primarily to establish boundaries and ensure peers understand they are not providing therapy. Recognising signs of distress; basic active listening. A one to two day workshop can prepare peers, particularly when closely supervised.
Numbers	No formula. A peer network at a news organisation with around 3,500 staff and freelance journalists launched successfully with just 15 members and eventually grew to a little under 100 without losing cohesion.
Time for peer work	Newsroom managers need to give peers time to work in their roles. Difficult in busy newsrooms with shift-based jobs. Senior leaders will need to back appeals to managers.
HR and legal	Lawyers may worry that peers could be construed as agents of the company. Experience suggests dilemmas are rare and that journalists accept that confidentiality has limits, for example where company policies have been violated.

When a peer can help

Two situations that show what peer support looks like in practice.

Scenario A: a sudden reaction	Scenario B: a slow accumulation
A photographer is sent to cover a plane crash. After hours of hiking, she stumbles on the wreckage, and documents a very gruesome scene. A week later, boarding a flight to her next assignment, her legs freeze, heart rate spikes, she cannot breathe. It happens again on the next flight. When the moment is right she reaches out to a peer. The peer reassures her that this is a normal reaction to a traumatic experience, and helps her contact professional support if it continues.	A journalist back at his European home base after assignments in Afghanistan, Iraq, Syria and Ukraine is increasingly irritable, drinking too much, having trouble getting out of bed, and clashing with his boss because of lacklustre performance. He is reluctant to consider that he might have a problem or seek a therapist. But he might reach out to a colleague who has been through similar deployments. The peer's role here is to listen and gently steer him toward professional help.

PEER NETWORK LITE

Can a peer network help in a newsroom without professional therapists or a dedicated network of clinicians? Yes. It can provide useful social support and a mechanism for sharing lessons. But the purpose must be clearly set and expectations managed, so no one confuses the peers for counsellors. The watercooler value is real even without a clinical backbone. What they cannot do, without supervision, is provide clinical support.

PART THREE

The toolkit

Practical materials newsrooms can adapt directly: tip sheets for journalists, peer network templates, an implementation checklist, and a curated resource list.

Tip sheet: Building emotional resilience

For journalists. Adapt and republish in your own internal channels.

Why it matters

Journalists can expect to report on emotionally challenging and potentially traumatic events. The news we cover often involves tragedy and heartbreak, and journalists also face hostility on battlefields, in the streets and online. It is possible to build defences against psychological injuries by building up resilience: the ability to withstand psychological blows. What works for some may not work for others.

Practical tools



Breathing

The importance of deep breathing has been understood for centuries. Slow, deep, steady breathing stimulates the parasympathetic nervous system, slowing the heart and relaxing muscles. Try square breathing: in for four counts, hold four, out for four, hold four.



Sleep

Sleep and mental health are linked. Deep sleep boosts the immune system; REM sleep, when we dream, is important for memory, learning and emotional health.



Mindfulness

Much of the stress and anxiety we feel comes from ruminating over the past or worrying about the future. Practising returning to the present moment reduces stress and builds resilience.



Social support

Our social support networks are fundamental to our wellbeing. Lean on family and friends, or trusted colleagues if you prefer to keep work separate.



Diet and exercise

Poor diets are linked to anxiety and depression. Alcohol and nicotine help short term but undermine the long term. Exercise gives us energy, aids digestion, helps us sleep and improves our mood.



Journaling

Writing down what we are worried about can give us a sense of control and reduce anxiety. In times of stress and sleep deprivation, people can react in a kneejerk way; a journal is a good way to reflect and process an event.

PACE YOURSELF

Journalists are more likely to suffer from exhaustion, dehydration or food poisoning in a hostile environment than from car accidents or gunshot wounds. It can be hard on a major breaking story to take a break, eat properly, sleep soundly and exercise, but it is important to do so to ward off burnout.

Where to turn for help

Family and friends are often a good place to start. Do not be afraid to seek professional help. Counselling may be available through health benefits, an EAP, your employer's programme, the national health service or private therapy. Peer networks, where they exist, can be a valuable source of help.



Tip sheet: Interviewing trauma survivors

For journalists who interview people who have survived or witnessed traumatic events.

ETHICAL GROUNDING

- Minimise harm. Subjects of news stories can be very vulnerable; in some cases their lives may be put at risk if journalists quote them.
- Be open and honest with sources, especially when they have been traumatised and may not see things clearly.
- You are not a counsellor. Point victims of trauma to available help; do not try to fix things yourself.

Do

- Know the subject matter. Ignorance can aggravate a victim of a traumatic event.
- Acknowledge pain. A simple, sincere 'sorry' can be supportive.
- Be transparent. Explain what your reporting will and will not do.
- Manage expectations. Do not give the impression your reporting will fix things.
- Let the witness set the pace. Pause if they break down.
- Listen actively. Stay attentive.
- Where appropriate, give witnesses more control: agree to read back quotes.

Be aware

- Asking survivors to talk about their experiences may make them relive the tragedy emotionally.
- Sources in authoritarian states may not realise the risks of criticising officials.

Interviewing children

Most jurisdictions restrict interviews with children involved in criminal proceedings, and identifying child victims is often illegal. You will usually need permission from a parent, guardian or school authority.

WORKING WITH CHILDREN

- Find out what the child already knows. Be careful not to add information.
- Explain how journalism works in terms a child can understand.
- Let them choose a comfortable space; have a parent or guardian present in private settings.
- Use the child's words. If they say 'mummy', say mummy.
- Do not rush. Let the child end the interview when they want.
- Try to close on a brighter note: toys, friends, school.
- Verify what children tell you. Memory and perception of trauma can shift.

LOOK AFTER YOURSELF

Journalists can be vulnerable to the emotional impact of stories they are told. Parents may be particularly vulnerable to tragedies involving children. Self-awareness and emotional resilience are important shields.

Tip sheet: Stress, burnout and trauma

For journalists and managers. Adapted from editorial safety guidance.

Reactions to a traumatic event

It is normal to be affected by traumatic events. Most journalists are resilient and process trauma without needing further help. It only becomes a problem if it lingers and starts to severely affect life and work.

Common reactions	Upset, tearful, grief-stricken, angry, irritable, anxious or on edge. Guilt. Trouble sleeping.
Other reactions	Bad dreams, upset stomach, eating too much or too little, drinking and smoking more, headaches, panic attacks, replays of the event, fear of going outside, difficulty concentrating.
When to seek help	If reactions have not subsided after about six weeks, seek professional help.
Signs of recovery	Able to think about the event without distress; no intrusive flashbacks; able to relax.

Post-Traumatic Stress Disorder

In rare cases, repeated exposure to psychological trauma can lead to Post-Traumatic Stress Disorder (PTSD). PTSD is a medical diagnosis. Many people exposed to traumatic events experience symptoms similar to PTSD afterwards, but they only become diagnosable if they do not go away and severely affect normal life. Symptoms usually appear shortly after the event, but can take months or years to emerge.



Re-experiencing

Flashbacks, nightmares, repeated and unwanted images or sensations, often accompanied by physical symptoms like pain, sweating, feeling sick or trembling.



Avoidance

Avoiding people and places that remind the person of the event, or avoiding talking about it. Throwing oneself into work. Emotional numbing leading to isolation and withdrawal.



Hyperarousal

Highly anxious and easily startled. Unable to relax. Prone to irritability and angry outbursts.

ALSO COMMON WITH PTSD

Insomnia, difficulty concentrating, depression, self-harm or destructive behaviours like drugs or excessive alcohol. Physical problems and pain. Sudden mood changes. Problems at work and at home.

Burnout

Stress is not generally a bad thing; it motivates people and drives performance. But too much stress can overwhelm us and contribute to burnout. Burnout is extreme exhaustion brought on by unsustainable emotional, physical and mental fatigue. Journalists who immerse themselves entirely in work are particularly vulnerable. Burnout can look like depression and lead to it. It develops over time and is hard to recognise at first.

EARLY SIGNS OF BURNOUT

- Perfectionism and a drive to work harder. Neglect of personal needs and social life.
- More interpersonal conflict. Trouble sleeping; memory lapses.
- Bitterness, cynicism, withdrawal. Self-medicating with alcohol or drugs.
- Growing apathy, loss of self-worth, exhaustion and anxiety. Eventually, emotional collapse.

Burnout often shows up physically: weight gain, headaches, high cholesterol, diabetes, heart disease, stomach issues, joint pain.

Impact of excessive stress

Physical	Headaches, muscle pain, stomach problems, chest pain, faster heartbeat, sexual problems.
Mental	Inability to concentrate, indecision, constant worry, feeling overwhelmed, memory lapses.
Behavioural	Increased irritability, sleeping too little or too much, drinking and smoking more than usual.

MORAL INJURY

As part of their jobs, journalists may engage in behaviors that could offend their morality or build on a sense of guilt. This might happen while filming people suffering without directly intervening to help them, or trying to get information out of victims of a tragedy or disaster when what they need is to be comforted and consoled. The profound psychological distress that can occur as a result of the violation of moral values and beliefs is known as moral injury. A deep sense of purpose as a journalist can help in managing this distress.

What managers should do

- Watch for mood swings, behavioural changes, fatigue, absenteeism and changes in performance. Lowered performance is not always a disciplinary matter.
- Debrief after difficult assignments. Showing the company cares is itself a resilience builder.
- Look after yourself. You cannot help others if you are struggling, and managers set examples others follow.

Peer network templates

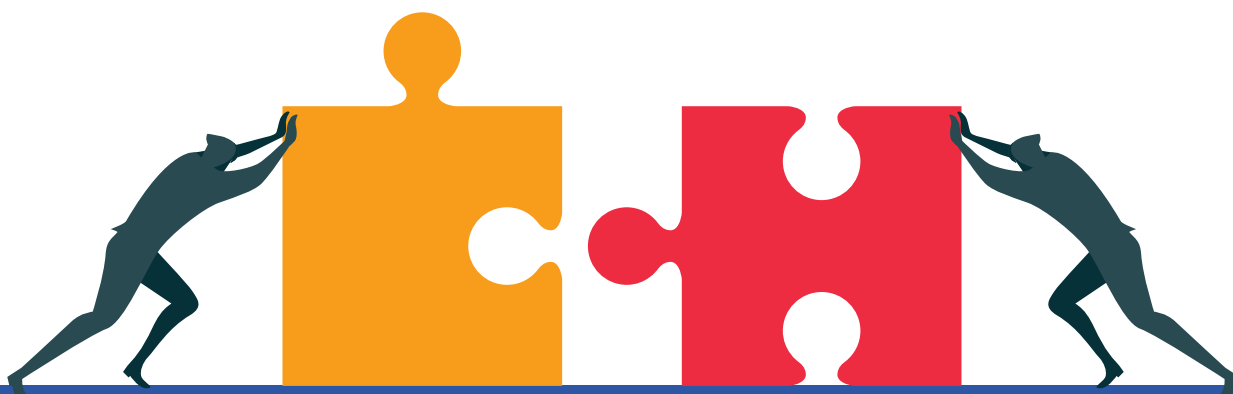
Three editable templates for organisations launching a peer network. Adapt to local conditions, internal structure and the support available.

Statement of principles

To be signed by every peer.

PEER PRINCIPLES

- I will make clear to colleagues that I am a volunteer, not a counsellor or therapist, and cannot solve anyone's problems.
- I will respect confidentiality, while making clear that I am supervised by clinicians and consult with them on the conversations I have. I cannot guarantee confidentiality in all cases.
- I will inform clinicians and editorial management immediately if someone tells me they are considering self-harm or harm to others.
- I will respect the dignity, faith and beliefs of the person I am supporting, and not impose my own values.
- I will maintain professional boundaries, avoid conflicts of interest, decline gifts, and form no intimate relationships with people I am supporting.
- I will uphold the integrity and ethics of the news organisation in all aspects of my work as a peer.
- Failure to adhere may lead to being deselected as a peer.



Mechanics of the role

To be issued to peers as a summary of how to operate. Two placeholders need agreeing locally: response time and the limit on initial conversations.

What you do	Allow colleagues to talk about what they have experienced and how it has affected them. Provide an empathic listening ear. Help them identify ways to deal with their distress. Connect them to available counselling.
Response time	Schedule a conversation within XX hours of a request. Reach out proactively after harrowing events.
Setting	In person or via Signal or end-to-end encrypted video. Never in a bar or other place where alcohol is served.
Limits	Up to X initial conversations (agree with your provider). Beyond that, refer to professional support.
What to say up front	You are not a counsellor. Confidentiality has limits: you will consult clinicians, and may need to escalate self-harm, harm to others, or serious crimes or abuse.
Hours	Limit your availability to normal work hours. Schedule out-of-hours requests for the next workday.
Notes and security	If notes are taken, store them in a locked drawer (paper) or encrypted with VeraCrypt or 7-zip on a password-protected device. Destroy securely as soon as possible.
Stay connected	Inform your supervising clinician within 24 hours of any serious conversation. Attend regular group meetings.

Recruitment message

Adapt this for an internal recruitment campaign.

WE ARE RECRUITING PEERS

- Who we want: the natural mentors, mother- and father-figures in the newsroom. Anyone with an interest or passion in mental health. Everyone welcome to apply.
- Who it is for: anyone in editorial. Colleagues who have witnessed things that are hard to digest, or edited distressing material. Colleagues familiar with workload, deadline and competition pressures.
- What is involved: training, regular calls with supervising clinicians, one-on-one talks during work hours, championing wellbeing across the newsroom.
- No prior training needed. Peers are not therapists. Peers are not expected to solve people's problems.
- What you get: the satisfaction of helping others. Listening to colleagues often opens new ways of thinking about your own challenges.
- How to sign up: email XXX. You will be sent an application and may be invited to a chat with a clinician.

Implementation checklist

Use this as a working document. Tick off the decisions you have made. Note who is responsible and where the gaps are.

PILLAR 01 - Professional Counselling

☐	Pathway chosen	Dedicated newsroom-funded service or existing services/piecemeal provision (EAP, insurance, NHS, private)
☐	Who supervises the programme	Editorial management, HR or other
☐	Eligibility	Journalists only, or wider editorial and support staff
☐	Scope	Work-related issues only, or also personal
☐	Geographic reach	All locations or specific regions
☐	Freelancers covered	Yes, no, or partially
☐	Families covered	Yes, no, or partially
☐	Alumni covered	Yes, no, or partially
☐	In person, online, or both	
☐	Multilingual provision	Languages and culture confirmed
☐	Incident response capability	Mechanism agreed
☐	Special programmes for high-risk groups	Visuals, fact-checkers, conflict, others
☐	Counselling limits	Open-ended, time-bound, or session-bound
☐	Clinical review milestones	Trigger points agreed
☐	Relationship manager named	Contact in place
☐	Reporting and metrics	Anonymised quarterly reports agreed
☐	Feedback and complaints	Survey and escalation route
☐	Budget signed off	Annual envelope confirmed
☐	For Pathway 2 only: subsidies	Stipends or co-payment support agreed
☐	For Option 2 only: emergency triage	Clarified and communicated

PILLAR 02 - Newsroom Education

☐	Senior manager assigned	Wellbeing in scope of named role
☐	Champions identified	Beyond senior management
☐	Workshops for managers	Programmed and budgeted
☐	Workshops for journalists	Programmed and budgeted
☐	Editorial guidance: resilience	Published and circulated
☐	Editorial guidance: stress and trauma signs	Published and circulated
☐	Editorial guidance: trauma interviews	Published and circulated
☐	Internal communications	Sticky labels, posters, wallet cards, intranet, e-learning, QR codes
☐	Advocacy from senior leadership	Townhalls, blogs, launches scheduled

PILLAR 03 - Newsroom Operations

☐	Mental health in risk assessments	Standard template updated
☐	Mental health in safety training	Integrated, not bolted on
☐	Wellbeing in safety team remit	Confirmed
☐	Debriefs after difficult assignments	Process in place
☐	Mental health days	HR policy confirmed
☐	Sabbaticals available	Trigger and approval path agreed
☐	Work-from-home options	Policy confirmed
☐	Parental, caregiving and bereavement leave	Policy confirmed
☐	Childcare support	Policy confirmed
☐	Deployment duration limits	By story type
☐	Assignment rotations	Process for moving people off heavy beats
☐	Editorial output review	Are we covering more than is sustainable

PILLAR 04 Peer Support

☐	Editorial owner named	Light-touch sponsorship
☐	Clinical supervision in place	Or gap acknowledged and mitigated
☐	Leadership selected by peers	Rotation cycle agreed
☐	Statement of principles signed	By every peer
☐	In person, online or both	
☐	Confidentiality limits documented	Including HR escalation triggers
☐	Recruitment cycle scheduled	Annual
☐	Recruitment targets	Diversity, regions, generations
☐	Vetting process	Interview, questionnaire, management input
☐	Training	Format and duration agreed
☐	Group meetings scheduled	Quarterly minimum

Useful links and resources

A starting set of organisations that work on journalist mental health, peer support and emergency assistance.

Global Center for Journalism & Trauma (formerly Dart Center). A prominent and long-established institution that provides mental health and trauma support to journalists, and produces extensive guidance and research.

CiC Wellbeing A leading company running stress and trauma programmes and supervising peer networks for major global media organisations including Reuters, AP, NPR and CBC. CiC also runs Employee Assistance Programmes.

Journalist Trauma Support Network Supported by the GCJT, a network of journalists, educators and health professionals dedicated to improving coverage of traumatic events and supporting journalists.

ACOS Alliance Resources on managing the psychological safety of journalists from the ACOS Alliance for freelance journalist safety.

The Self-Investigation A consultancy that partners with corporations, including newsrooms, to make mental health a core part of culture.

The Media Resilience Network An initiative led by Vita Activa to support the mental health needs of journalists in the United States, particularly Black, indigenous and journalists of colour, and disaster-affected newsrooms.

Trauma Aware Journalism A news industry toolkit on stress and trauma produced by the GCJT, the Canadian Broadcasting Corporation, and the Canadian Journalism Forum on Violence and Trauma.

Canadian Journalism Forum on Violence and Trauma Dedicated to improving the safety and mental health of journalists.

The Trust for Trauma Journalism An umbrella foundation resourcing multiple areas of trauma journalism awareness, education and training.

The Rory Peck Trust Dedicated to supporting the welfare and safety of freelance journalists worldwide. Operates a Therapy Fund.

The Committee to Protect Journalists A safety advocacy group with a wide range of resources to support journalist wellbeing.

Reporters Without Borders A press freedom organisation that offers a wide range of resources to support journalists, including emergency support.

International Women's Media Foundation Serves the needs of women and nonbinary journalists, including the Black Journalist's Therapy Relief Fund.

Free Press Unlimited Supports newsrooms and journalists worldwide, including emergency psychosocial assistance.

Canadian News Industry Peer Support A peer network supported by the Canadian Association of Journalists.

Asian-American Journalists Association Provides micro-grants for members in need of psychological support.

About the authors

MIKE CHRISTIE

Mike Christie is a veteran former Reuters journalist who ran global editorial safety at the news agency for almost a decade before he left at the end of 2023. He covered or led multimedia news coverage of some of the biggest global stories of the past 30 years as a correspondent or bureau chief, including the US invasions of Afghanistan and Iraq, and Hurricane Katrina. As head of safety, he supervised the agency's stress and trauma programme and built a peer network of journalist volunteers that has become a benchmark for others in the industry to emulate. In 2024, Mike set up an independent journalist safety consultancy, Lechosa LLC, to help media organisations protect their newsrooms against physical, digital and emotional threats.

KATE NOWLAN

Kate Nowlan was CEO for almost 20 years of CiC Wellbeing, a leading supplier of mental health services to global newsrooms. Kate, a psychotherapist, remains a strategic advisor for the company. She has deep experience of helping newsrooms deal with the psychological and emotional consequences of covering conflict, disasters and mass casualties, and has gone into newsrooms from Asia to the Middle East to train journalists on trauma and emotional resilience. A recipient of the EAPA UK Lifetime Achievement Award in 2021, Kate advises news organisations on how to build mental health support structures and a culture of resilience that allows them to report with confidence on traumatic events.

MARTIN LANGFIELD

Martin Langfield worked at Reuters for 32 years as a correspondent, bureau chief, columnist, and global news training editor, and was closely involved in its global trauma program. He is also a published novelist.

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By Mike Christie and Kate Nowlan

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