

TEAM Up

Tools for Entertainment and Media



SPOTLIGHT ON DEPICTION OF HEALTH AND SOCIAL ISSUES: MENTAL ILLNESS, WELLNESS AND RECOVERY

A Resource for the Entertainment Community

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MENTAL HEALTH AND MENTAL ILLNESS OVERVIEW

Accurate and creative depictions of mental health and mental illness that reflect the reality of recovery can increase public understanding of these illnesses and the individuals who are diagnosed with them. This toolkit was designed for you, the creative community, to provide suggestions for depiction and background information that will assist with your creative application of these topics.

Those living with mental health challenges often report that stigma can impose more barriers and can be more painful than the condition itself. The bulk of hurtful reactions comes inadvertently as a consequence of blind spots in someone's perspective. Information can be of considerable assistance here because the underlying intent is not malicious and the issue is primarily a lack of understanding and exposure to people who are living with mental health challenges. The entertainment industry has significant potential—through accurate and compelling characters and storylines—to influence public understanding and reduce the stigma surrounding mental illnesses.

What are mental health and mental illness?

Mental illness can be understood as psychological distress that impairs everyday activities including work, chores, social lives and relationships. According to the World Health Organization, **mental health is not just the absence of mental disorder [illness]**. It is defined as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

What are the causes?

The causes behind a mental health challenge or diagnosed mental illness vary, but the different types can be most easily understood using a computer analogy:

- **Physical causes (“hardware errors”)** – The brain has physical damage, such as with developmental disorders, drug and alcohol brain damage, traumatic brain injuries, fetal alcohol syndrome, dementias, and neurological and medical conditions that impact the brain.
- **Neurochemical disorders (“software errors”)** – Areas of the brain are not communicating correctly, such as in schizophrenia, bipolar disorder, “endogenous” major depression or obsessive-compulsive disorder.
- **Environmental causes (“user errors”)** – Occur when individuals have been mistreated or mistreated themselves and are disturbed as a result, such as post-traumatic stress disorder, personality disorders and other broader effects of trauma.

Most often, a mental health challenge or diagnosed mental illness results from a combination of two or three of the causes listed above.

Who is affected?

People of all ages, ethnicities, gender and socioeconomic backgrounds can be affected by a mental illness. Mental illness does not discriminate. More than one-quarter of all people in the U.S. aged 18 and older are believed to experience a mental health challenge in any given year. Mental health challenges are not only equal opportunity – they are also unique to the individual. Not everyone experiences a particular disorder or symptoms the same way. Mental health is not black and white; it is more of a continuum with varying degrees of severity, though everyone has the potential for recovery and wellness.

How does culture affect mental health?

Cultural factors impact the way mental illness and recovery are experienced. Consideration of the effects of ethnicity and culture on interpretation of symptoms, as well as diagnosis and treatment, is an important adjunct to your scripted character development.

From the point of view of the mental health care system, services and support need to be in tune with and respectful of individual beliefs, practices, and the community's cultural and linguistic needs, ethnic and/or cultural community. Otherwise, diagnoses may be incorrect, and the services or treatment offered could prove ineffective. A mismatch between the client's and provider's cultural reference points has great potential for dramatic conflict.

While culture is most often recognized as race and ethnicity, in the context of mental health, culture refers to a wide range of patterns of human behavior that can affect people's thoughts, beliefs, values, actions and customs, including:

- Language
- Education
- Gender
- Age
- Income level
- Religion and spirituality
- Physical disability
- Neighborhood
- Geography

Underserved populations are often an important subgroup for specialized outreach. These populations include but are not limited to:

- Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ)
- Transition Age Youth (TAY)
- Elderly individuals

What are examples of the different types of mental illnesses?

- **Anxiety disorders**, such as post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), panic disorder, social anxiety disorder and specific phobias
- **Mood disorders**, such as depression, mania and bipolar disorder
- **Psychotic disorders**, such as schizophrenia
- **Eating disorders**, such as anorexia nervosa, bulimia nervosa and binge eating disorder
- **Impulse control and addiction disorders**, such as pyromania (starting fires), kleptomania (stealing), and compulsive gambling, drug and alcohol addictions
- **Personality disorders**, such as antisocial personality disorder and paranoid personality disorder

What is the road to recovery and better mental health?

The Affordable Care Act and other health care initiatives form the foundation for a movement toward integration of mental health care with primary care. Looking at the whole person, a team of professionals work together to help guide an individual along a path to wellness depending on the symptoms being experienced, the severity and just what works best in each individual case. Most often, a combination of services and supports are developed as an effective plan for recovery.

These supports and services are performed by practitioners with a number of different qualifications, including psychiatry, clinical or counseling psychology, social work, and marriage and family therapy—and can include but are not limited to:

- **Therapy**—a process that can be done in different formats, like family, group, or individual, and is focused on helping one heal and learn more constructive ways to deal with the problems or issues within one's life
- **Quality-of-life focused services**—in addition to treating the symptoms of mental illness, services such as money management, access to housing and employment counseling can improve the lives of people living with mental illnesses

- **Self-coping techniques**—tools such as breathing exercises, visualization and meditation that can help a person as an adjunct to other treatments
- **Peer and family supports**—the treatment plan can include people with similar disorders sharing experiences and supporting each other as well as family members and friends
- **Cultural, ethnic and spiritual supports**—many people with mental illness can find meaning and recovery through specific traditions, guidance, programs and rituals
- **Medication**—antidepressant medications, mood-stabilizing medications, anti-anxiety medications and antipsychotic medications are just a few examples

Mental Health America (MHA) defines recovery as a broad term that represents an individual's journey of healing and transformation, enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

Understanding Prevention and Early Intervention Strategies

When depicting mental health challenges and diagnosed mental illnesses like the ones listed in this guide it is key to include, where appropriate, the importance of prevention and early intervention activities. These strategies can both increase awareness about mental illness and prevent many of the unfortunate consequences that can be related to unidentified and untreated mental illness including substance abuse, homelessness, job loss and failed relationships. With the successful navigation and utilization of available services and supports like community health centers, online resources and mental health service providers, people can identify challenges early on and develop the tools needed to live a full and meaningful life within their family and community.

Depiction Suggestions

As more than 50 percent of American adults have either experienced a mental health challenge or know someone very close to them who has, accurate depictions of characters and storylines can be recognized as true and compelling by a large percentage of audiences, which adds to the authenticity of a production.

- Many people who live with mental health challenges are afraid to “come out” or disclose their diagnosis to employers, landlords or others for fear of being fired or encountering other types of discrimination or rejection. The truth is, everyone probably knows at least one person who has been diagnosed with a mental illness—often we don’t even know it because the disorder can be effectively controlled with the appropriate support services and/or treatment. Consider providing your character with opportunities to break out of the stereotypes that others in the story put him or her in. By having your character excel in the workplace, live independently, or deal with conflict in nonviolent ways, you will help to dispel misconceptions about mental illness in real life and further enrich your character.
- When possible, use nuanced language to separate the diagnosed mental illness from the individual. For example, find ways to show that a character is living with bipolar disorder, rather than using language like “he’s bipolar;” or say “has been diagnosed with schizophrenia” rather than “she’s a schizophrenic.”
- Keep in mind that accurate storytelling can make information related to mental health accessible, especially to viewers in at-risk or underserved populations. Culture can play a strong role in whether and how someone takes action when experiencing mental health challenges.
- Consider that humor and self-disclosure are effective methods for communicating mental health issues. Think about the ways that these depictions can normalize discussion about these topics.
- Contrary to some misconceptions, one can live a gratifying life despite mental health challenges; it all depends on how successfully the disorder is managed. In fact, research shows that depicting someone with a mental illness who succeeds in various areas of his or her life is the most effective way to reduce stigma and discrimination.
- Consider showing the consequences of unaddressed mental health challenges on the person who lives with it, as well as his or her family, friends and community.

- Remember the importance of depicting issues that can co-occur with or exacerbate the symptoms of mental health challenges like bullying, drug abuse and chronic diseases.
- Recognize that suicide is preventable and depression is treatable through appropriate recognition of mental health challenges and early intervention strategies and consider the dramatic potential in depicting a character who can overcome these challenges.
- Keep in mind when depicting a character attempting to take his or her own life that avoiding glamorizing the act or showing the specific methodology will reduce the chances that viewers who are considering suicide will be triggered by or attempt to copy the scene themselves.
- When portraying mental illness, think about the effects a diagnosis may have on the family and the importance of support in recovery and symptom management.
- Remember that most people who have a mental illness never become violent. In fact, they are more likely to be victims of violence than the general population.

CULTURAL CONSIDERATIONS

No two individuals experience mental health challenges in exactly the same way, but there are particular beliefs and attitudes related to mental health that may be common to many people who come from a similar ethnic or cultural background. If your character comes from a distinct cultural community or population, consider some of these facts to increase the accuracy of your portrayal of that character's experience of mental illness. Keep in mind that these are very broad categories, and there may be extensive variation among members of the group depending upon their country of origin, level of acculturation and other factors.

This information has been compiled based on reports created by the California Reducing Disparities Project workgroups, who underwent extensive efforts to reach into communities to solicit their expertise, perspectives and feedback regarding the mental health needs of these underserved communities. For more detailed information, we encourage you to contact EIC's First Draft technical assistance program (ajupin@eiconline.org) to be connected with experts who can further assist with your exploration of this topic.

Latinos

- Many Latinos tend to keep their personal lives private due to cultural factors, immigration status or concerns about the family's reputation. Many believe the saying "no se lava la ropa en casa ajena," ("you don't wash your dirty clothes in a stranger's home"); in other words, don't speak of family problems outside the home.
- Most Latinos have a strong sense of spirituality, rooted in culturally ingrained values and tradition. Mental illness may be perceived as a supernatural force or a curse, rather than an illness like diabetes.
- Latinos—particularly those who are less acculturated—may first turn for help with a mental health challenge to curanderos (healers), clergy or family. The curandero (or curandera if a woman) might provide a healing or a limpieza (cleansing). They are also more likely to go to their primary care doctor than a mental health professional.
- The terms loco (crazy) or locura (insanity/madness) are commonly used, but are extremely stigmatizing. It is more acceptable to use terms of distress that are somatic (descriptions of body aches and pains) rather than psychological, such as nervios (nerves) rather than loco.

- Traditional roles for men and women can impact their perspective on mental illness. Marianismo is the traditional gender role for Latinas of self-sacrifice, passivity, caretaking, duty, honor, sexual morality and motherhood. Some may see women who have mental health challenges as lazy or making excuses to avoid their duties as wife and mother. Machismo exemplifies the Latino man's ability to take care of his family and work through problems on his own. Men may avoid seeking mental health services because they do not want to be seen as weak or exposing their families' faults or shortcomings.

African-Americans

- In the African-American community, mental illness is often not described as such. When facing mental health challenges, they are more likely to describe themselves as “not feeling well” or “having a problem” rather than directly discussing trauma or abuse they may have experienced.
- To deal with mental health challenges, African-Americans are more likely to first turn to family members or the faith community (their church or a trusted clergy member) for support and guidance. Many African-Americans do not trust the mental health system or medical institutions in general, due to negative historical experiences, and may be leery of seeking treatment.
- Mental illness is often regarded as a “weakness” in African-American culture, and most do not talk about it directly as it is considered a taboo subject. This means that those experiencing a mental health challenge will often not seek treatment, but will pray about it or internalize their feelings in an attempt to solve it on their own.
- Despite the cultural factors discouraging them from seeking treatment, a disproportionate number of clients in the mental health system are African-American. Even though this population is overrepresented in the system, these individuals are often inappropriately served, with higher use of seclusion, restraints and medications than other ethnic groups.

Asians/Pacific Islanders

- In some Asian/Pacific Islander (API) cultures, there is no word for mental illness or mental health conditions. Individuals may be described as “crazy,” “dumb,” “possessed by spirits,” or “victims of bad karma.” Mental illness is highly stigmatized and seen as reflecting poorly on one’s family lineage.
- While Western culture makes a distinction between mind and body, many Asian cultures do not. They often express emotional distress as physical ailments. In the traditional belief system, mental illnesses may be considered to be caused by a lack of harmony of emotions, or—depending on the specific culture—by evil spirits. Mental wellness occurs when mind and body functions are integrated.
- For many Asian immigrants coming from totalitarian countries, the trauma of starvation, disease and imprisonment, along with the stressors associated with migration to the United States, have an impact on their mental health. Language and cultural differences can also affect their emotional health.
- Many APIs have a high degree of mistrust of mental health professionals, and may not believe that American providers will be of use with mental health challenges. They are unlikely to seek care, and when they do it’s more often from priests or ministers, clan leaders or trusted community organizations.
- Mental health professionals who rely solely on the standard psychiatric diagnoses used in the U.S. may not identify some of the somatic (physical) expressions of mental distress, which can lead to ineffective treatment. The physician or provider is generally considered the authority, and API individuals may tell clinicians what they think they want to hear as they answer questions, rather than raising their own issues.

Native Americans

- The traditional Native American concept of well-being is related to balance; this comes from the “medicine wheel,” which is a circle with four quadrants—spiritual, emotional, mental and physical. If a person has a mental health challenge, his or her medicine wheel will be imbalanced in the mental quadrant; that area will need to be addressed to bring the person back into balance.

- Many Native Americans would likely first turn to trusted community members and Native American traditional healers to deal with mental health challenges. Some culturally based practices that are used include spiritual ceremonies and practices (talking circles, seasonal ceremonies and sweat lodge purification), storytelling, powwows, roundhouse ceremonies, drumming and smudging, among others.
- Community and/or tribal involvement takes precedence over the Western mental health service delivery model that focuses on the individual. Group-based or community-oriented interventions are often more accepted and effective.
- Many Native Americans do not trust the mental health system or medical institutions in general, due to a long history of abuses that were perpetrated and sanctioned by government programs. “Historical trauma” is seen as a cumulative emotional and psychological wounding across generations that has resulted in behaviors like substance abuse and devastating effects on mental health.

Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ)

- LGBTQ individuals face the perception by some people that they are mentally ill and in need of mental health treatment precisely because of their sexual orientation. Coming out as LGBTQ can mean facing rejection from family, peers and society, which brings its own mental health challenges. In addition to being LGBTQ, many belong to ethnic, religious or cultural groups that add another layer to their perspectives on mental health.
- Different age groups may experience mental health challenges in different ways. Younger individuals are more likely to have effects from bullying and sexual harassment. Middle-aged adults often have issues that arise from parenting issues—custody battles that can ensue if a parent comes out as gay or lesbian when in a heterosexual relationship, or being prevented from foster parenting or adopting because of mental competency arguments. Older adults are the least likely group to admit to being LGBTQ or to have a mental health challenge, though depression and suicide are more common in this group.
- Although individuals may turn first to trusted LGBTQ community resources when experiencing emotional distress, they are far more likely to seek assistance from mental health professionals than individuals in other population groups.

- Gay men who came of age in the 1980s were greatly impacted by the HIV/AIDS pandemic. They experienced abuse, scorn and other types of discrimination, along with seeing many in their community die from the disease. A number of gay men today experience “survivor guilt” in the form of depression, anxiety, substance use and abuse, and sexual, interpersonal and occupational dysfunctions.

Suggestions for Depicting Cultural Authenticity

- Consider the inclusion of an interpreter in interactions between the individual and a service provider if English is not that character’s first language.
- When appropriate, explore how culture affects a character’s reaction to a diagnosis or the acceptance of that diagnosis by the character’s family. You could also consider the cultural barriers that someone might encounter when choosing to tell family members that he or she is accessing mental health services in his or her community.
- Consider challenges that your characters may experience when deciding whether or not to explore the mental health services available to them. Will the provider speak their language? Will that provider understand their cultural perspective? Will they find someone that they can connect with or relate to?
- Think about how the service provider might have to change his or her language or approach when it comes to educating someone about mental health as well as mental illness. These adaptations go beyond race and/or ethnicity and include individuals of differing ages, gender, economic status, education level, etc.
- Show how people in a particular culture may experience or interpret symptoms of a mental illness differently than others. For example, they may use a religious or spiritual explanation for what’s happening to them, which has very different implications than if they believe it is a medical condition.
- Many ethnic and cultural minorities as well as LGBTQ communities may experience mistrust of mental health systems and providers due to histories of discrimination and exploitation. Consider ways this may affect clinical encounters and ways to depict these barriers.
- Consult with a cultural expert to find out more about how the community views mental illness and to ensure that the depiction accurately reflects the beliefs, values and behaviors of the community represented. The Entertainment Industries Council can connect you with an expert who can address the specific population you are interested in depicting.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Adapted from:

<http://www.eiconline.org/wp-content/uploads/ADHD-PUB-23.pdf>

What is the condition?

ADHD (attention deficit hyperactivity disorder) is the most commonly diagnosed mental disorder of childhood, with 9.5 percent of school-aged children in the U.S. diagnosed with ADHD, as of 2007 from reports by parents. ADHD is diagnosed more than twice as often in boys than in girls. While ADHD symptoms usually start during childhood, 65 percent of those diagnosed continue to experience symptoms of ADHD into adulthood.

Inattention, hyperactivity and impulsivity are the key behaviors of ADHD. Although it is normal for all children to be inattentive, hyperactive, or impulsive sometimes, for children with ADHD, these behaviors are more severe and occur more often. To be diagnosed with the disorder, a child must have symptoms for six or more months and to a degree that is greater than other children of the same age.

Scientists are not sure what causes ADHD, although many studies suggest that genes play a large role. Like many other disorders, ADHD probably results from a combination of factors. In addition to genetics, researchers are looking at possible environmental factors, and are studying how brain injuries, nutrition and the social environment might contribute to ADHD. Early detection and accurate diagnosis of ADHD are key to helping children manage their symptoms effectively.

Who is most at risk?

Children aged 6-12

Males

What are the symptoms?

Children who have symptoms of inattention may:

- Be easily distracted, miss details, forget things, and frequently switch from one activity to another
- Have difficulty focusing on one thing
- Daydream, become easily confused, and move slowly

Children who have symptoms of hyperactivity may:

- Have trouble sitting still during dinner, school and story time
- Be constantly in motion
- Have difficulty doing quiet tasks or activities

Children who have symptoms of impulsivity may:

- Be very impatient
- Blurt out inappropriate comments, show their emotions without restraint and act without regard for consequences
- Often interrupt conversations or others' activities

How is ADHD managed?

Treatment is effective for most children. Early identification, diagnosis and an appropriate symptom management plan can help children to reach their full potential. Symptoms may manifest differently in each child, making an individualized symptom management plan crucial. In children and teens, ADHD is best controlled using a multimodal approach, which focuses on management strategies that highlight improvement of specific symptoms that are most relevant for the individual and involves multiple forms of treatment and support.

This approach typically includes:

- Educating parents and caretakers about how to best support the child
- Behavior therapy
- Appropriate educational program, given the child's symptoms and level of development
- Increased awareness and understanding of ADHD among patients, teachers, parents and peers
- Medication, when deemed necessary by a physician
- Positive reinforcement and consistency, particularly through schedules and routines

ADHD is a long-term, chronic condition. If it is not treated appropriately, ADHD may lead to:

- Drug and alcohol abuse
- Failure in school
- Problems keeping a job
- Trouble with the law

Almost two-thirds of children with ADHD will continue to have troublesome symptoms of inattention or impulsivity as adults. However, adults are often more capable of controlling behavior and masking difficulties. Multimodal treatment is also most effective for adults and should be implemented with the help of a support team. This team generally includes the adult, an ADHD coach, physician and other medical professionals, as well as the spouse or partner and immediate family members.

Priority Topics and Depiction Suggestions

1. ADHD is a community issue—everyone is involved: teachers, parents, counselors, social workers; the immediate family is not alone in dealing with this issue.

- Parents may often feel solely responsible for creating an environment where their child can excel. It is important to portray and emphasize, where possible, the need for a multifaceted team that should be involved when dealing with ADHD, including the child's teacher, ADHD coach and physician. All of these people will help patients and parents to successfully manage symptoms and provide the patient with tools for success now and throughout life.

- Teachers or parents may wrongfully attribute a child’s ADHD symptoms to a passing phase or “acting out” and not seek the professional help that the child needs, thereby delaying screening, diagnosis and appropriate support or treatment. Early intervention will boost the chances of academic and social success. Cultural attitudes toward appropriate childhood behaviors may also affect parent or teacher perceptions of whether a problem exists. Try to show the detrimental effects this may have on a child who has ADHD and the larger challenges that the individual and the family could face as a result of postponing the process.
- Consider portraying a character’s management of ADHD as being positively supplemented by teachers, counselors, and social workers and showing that everyone can be made aware of how to help a child successfully manage ADHD. For example, parents and teachers can be trained in behavioral and classroom management in order to facilitate a more suitable environment for children living with ADHD.

2. Contrary to some misconceptions, one can live a gratifying life with ADHD; it all depends on perception and how successfully the disorder is managed.

- ADHD is neurobiological, and its makeup is different for each individual. Think about demonstrating that one character’s successful coping methods may not provide benefits for another character’s ADHD. For example, stimulant medications that help one individual may cause problems for individuals with high blood pressure.
- Treatment and management of ADHD involve much more than just prescription medication. Consider including other important therapies, such as coaching and maintenance of routines, as integral parts of the character’s management plan. For example, show that cognitive-behavioral therapy tailors specific learning experiences for each individual to help foster the greatest success in managing ADHD.
- Although it is necessary to manage ADHD, it is also valuable to recognize that individuals with ADHD have strengths of their own that allow them to think in unique and creative ways. Consider highlighting these strengths in characteristics such as perseverance, bravery and optimism throughout the challenging process of ADHD management.

3. ADHD is a real disorder with a genetic component, meaning that it runs in families and an individual can be born with a predisposition to develop it.

- The public may place blame or make inaccurate assumptions regarding those diagnosed with ADHD. When portraying this condition, it is important to understand that neither the individual nor the parent is at fault, and neither “caused” the disorder. A person is born with a predisposition to develop ADHD, even if he or she is not diagnosed until later in life. It may explain a lot about an existing character and his or her behavior if he or she has shown minor symptoms in the past that are just a part of the essence of the character.
- Research has shown that ADHD runs in families. When considering the genetic component of ADHD, attempt to resist depicting the “blame game” that often takes place in the doctor’s office, where parents argue over whose side of the family the condition came from. Instead, try to portray parents or relatives helping the child or adult to better manage ADHD using tools that they themselves have used, or perhaps that past generations of the family have used, to overcome some of the challenges associated with ADHD. Also, consider that these tips could have helped a family member with undiagnosed ADHD.
- Children and adults who are diagnosed with ADHD may be stereotyped as unintelligent. In reality, most individuals with ADHD are smart and often considered intellectually gifted. Consider portraying a character who naturally excels past his or her peers in specific subjects or tasks, despite—or possibly as a result of—his or her ADHD diagnosis.

Questions Regarding Character Development

- 1)** Does your storyline incorporate the involvement of friends, family and the professional or educational community as a part of your character’s treatment? What about the support those individuals require from each other and others in order to create a positive and effective support and treatment environment for the diagnosed individual?
- 2)** Does your storyline depict ADHD symptom management as being specific to each individual by showcasing multiple characters dealing with the condition?
- 3)** Can your storyline inspire your audience to understand that ADHD, with proper management, cannot inhibit someone from living a fulfilling life?

- 4)** Does your storyline depict ADHD as a unique condition, different from PTSD, schizophrenia, or bipolar disorder?
- 5)** Do you involve your characters in situations that portray ADHD in a positive way by depicting proper management techniques and help from an ADHD coach, parent and physician?
- 6)** Does your storyline depict the changes that take place in your character's symptoms and treatment of ADHD as he or she ages?
- 7)** Does your storyline showcase common comorbidities or co-occurring conditions with ADHD?
- 8)** Does your story or character distinguish how gender (or other demographic differences) affect ADHD symptoms, diagnosis or treatment regimens?
- 9)** Is it possible that an existing character might have ADHD so successfully managed that we would never know he or she had it?

DEPRESSION

Adapted from:

http://www.eiconline.org/resources/publications/z_picturethis/Disorder.pdf

What is the condition?

Depression involves consistent feelings of sadness that interfere with daily life and normal functioning, and cause pain for the affected person and those who care about him or her. Sometimes, these prolonged feelings can lead to suicidal thoughts or actions. Clinical depression is the overarching term used for the many different types of depression that can be diagnosed, such as seasonal affective disorder (SAD), postpartum depression, or major depressive disorder.

Who is most at risk?

Depression affects both men and women and can occur even at a young age; however, more women are diagnosed with depression than men. Depression also tends to run in families. Depression is a neurobiological disease, but a transitional, stressful or unhappy life event, such as the loss of a job or death in the family, may trigger it. Depression can also occur after pregnancy, which is known as postpartum depression.

What are the symptoms?

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and/or sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference
- Loss of energy, persistent lethargy
- Feelings of guilt, worthlessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests, social withdrawal
- Unexplained aches and pains
- Recurring thoughts of death or suicide
- If any of these symptoms last for more than two weeks, a medical professional should be contacted

As with many mental health challenges, the symptoms and negative effects of depression can be greatly reduced or even prevented when the individual has the ability to access services and supports during the early onset of symptoms.

What services are available?

Depression, even the most severe cases, can be effectively managed. The earlier that the individual seeks support, the more effective it is. Once diagnosed, a person with depression can utilize services including talk therapy, lifestyle changes and medication (when needed). Support groups and encouraging individuals to seek support from family and friends can also ease the feelings of isolation that can be associated with depression.

Priority Topics and Depiction Suggestions

1. Realities

- Substance abuse is often associated with depression. Consider the relationships between substance abuse and mental illnesses when depicting these issues and incorporating co-occurring disorders into character plotlines.
- Consider illustrating and invalidating misconceptions that certain people—for example, those with plenty of money, in seemingly happy relationships, etc.—cannot be depressed.

- Try to show how depression affects family members, friends and acquaintances of people who are living with depression.
- Explore opportunities to highlight the benefits of friends and support systems, especially peer support for young people.
- Consider showing kids discussing depression in an honest, helpful way; provide an opportunity for expert advice by another character—a doctor or other medical or psychiatric professional.
- Take into account ways to convey that someone is not alone. People can call help lines; seek out support groups, and consult mental health professionals. Emphasize that taking these types of actions before their depression gets out of control can prevent small challenges from becoming big problems.
- Identifying signs of depression early can encourage characters to seek out the help they need and give them the tools necessary to prevent symptoms from becoming more severe.

2. Support for Recovery

- Think about ways to show characters with depression seeking out community services and/or another form of professional support. This will highlight help-seeking behaviors for viewers and will make it clear to faithful fans that characters, like real people, often keep looking for help even when seriously depressed.
- Antidepressants can be useful in treating major depression. Likewise, professional psychiatric care, psychotherapy and especially a combination of the two can save lives. By showing characters seeking necessary professional help, viewers can be encouraged to do the same. This simple depiction may save a real person's life.
- Consider showing how misconceptions surrounding mental illness and help-seeking behaviors, including from specific cultural groups, can prevent a character from seeking diagnosis and treatment. Whenever possible, offer solutions by showcasing the importance of proper care in achieving recovery and that there is no shame in seeking out help when it is needed.
- Depression can affect anyone, our friends, family members, co-workers and kids at school, but individuals can recover from depression. Consider what stories can be told about people who have overcome or managed depression to find acceptance of their own personal state of normal.

BIPOLAR DISORDER

Adapted from:

http://www.eiconline.org/resources/publications/z_picturethis/Pict_This_Web.pdf

What is the condition?

Bipolar disorder – previously known as manic-depressive illness – is a brain disorder that causes unusual shifts in mood, energy, activity levels and the ability to carry out day-to-day tasks. Symptoms of bipolar disorder are severe and interfere with a person’s daily life and normal functioning.

Who could experience symptoms?

The disease usually surfaces in late adolescence or early adulthood. It can also begin in childhood or even later into adulthood. Symptoms may differ depending upon many factors related to the individual’s age at onset, his or her environment and genetics. Identifying and diagnosing bipolar disorder close to its onset can help an individual keep symptoms under control for successful management of the condition.

What are the symptoms?

People with bipolar disorder experience unusually intense emotional states that occur in distinct periods called “mood episodes.” An overly joyful or overexcited state is called a manic episode, and an extremely sad or hopeless state is called a depressive episode. Sometimes, a mood episode includes symptoms of both mania and depression. This is called a mixed state. People with bipolar disorder also may be explosive and irritable during a mood episode. As with any other mental health challenge, symptoms can vary depending on the person and the appropriate services needed to support the individual.

The depressive phase of bipolar disorder mirrors the symptoms for clinical depression and may include:

- Sadness
- Excessive crying
- Loss of pleasure
- Sleeping too much or too little
- Low energy
- Restlessness
- Difficulty concentrating
- Irritability
- Loss of appetite or overeating
- Feelings of worthlessness and hopelessness
- Ongoing physical problems that are not caused by physical illness or injury (e.g., headaches, digestive problems, pain)
- Thoughts of death or suicide

Manic symptoms, or the phase characterized by extreme elation and/or irritability, may include:

- Inappropriate sense of euphoria
- Reckless behavior, poor judgment
- Excessive energy, little sleep needed
- Racing thoughts, talking too much and too fast
- Out-of-control spending and other abnormally increased activity (including sexual activity)
- Irritability, difficulty concentrating

What services should be utilized?

The most successful means of supporting someone with bipolar disorder are by utilizing a long-term combination of methods addressing psychosocial factors and possibly including medication. Daily monitoring of moods, symptoms, treatments, sleep patterns and life events has been shown to help patients and their families cope with this condition. Support from family and friends is also an integral part of managing this condition. The earlier that services are sought out and utilized the better the individual is able to engage in an effective plan for symptom management. These types of early intervention can even prevent many of the negative consequences related to bipolar disorder because the individual can learn the skills necessary to cope with and understand his or her condition.

Emerging research indicates that early intervention can interrupt the negative course of some mental illnesses and may, in some cases, lessen long-term disability. New understanding of the brain indicates that early identification and intervention can sharply improve outcomes—and that longer periods of abnormal thoughts and behavior have cumulative effects and can limit capacity for recovery.

Priority Topics and Depiction Suggestions

1. Recognizing Bipolar Disorder

- Identifying bipolar disorder can be challenging, as symptoms of bipolar disorder (depression, insomnia, mood swings) overlap with many other mental illnesses and the degree of severity can be unique to each individual. Consider the possibility that a character who has some of these symptoms may be living with bipolar disorder—even if the writers didn’t intend it when creating the character.
- Often some symptoms of bipolar disorder go “under the radar,” as patients may notice only their most severe symptoms. Presenting only part of the symptoms to a psychiatric care provider is one of the most common reasons for misdiagnosis.
 - Patients moving from a depressive state to manic often give the impression of “improving” from their depression.
 - Think about ways to highlight underlying symptoms to show a physician identifying the more subtle symptoms of bipolar disorder that the affected character is unaware of until diagnosis.
 - Consider having the service provider focus on symptom management to bring the affected individual up from a depressive episode or down from a manic episode prior to making a formal diagnosis.
- Because bipolar disorder is so complex, many people misunderstand its symptoms. Think about briefly discussing the similarities and differences between bipolar disorder, depression, borderline personality disorder, schizophrenia and other mental illnesses.

2. Addressing Public Misconceptions

- Think about ways to showcase the humanity of the character who experiences bipolar disorder symptoms. They are much more than just their diagnoses. People with bipolar disorder are ordinary people living in extraordinary circumstances. A person lives with bipolar disorder; they are not defined by it and they have hope for recovery. It is demeaning to reduce someone to simply a description such as “bipolar” or “manic.”
- Many people think those who live with bipolar disorder are excessively or abnormally violent; however, research contradicts this notion. In fact, people living with bipolar disorder are more likely to be crime victims than perpetrators. When depicting bipolar disorder onscreen, attempt to reflect this reality.
- Consider showing the potential for people with mental illnesses to experience discrimination at work, which can bring about excessive stress and exacerbate symptoms. Many people who live with bipolar disorder are afraid to disclose their illness to their employers for fear of being fired.

3. Recovery and Hope

- If appropriate, show a protagonist or highly productive and functional ongoing character living with bipolar disorder, perhaps receiving a diagnosis that reveals how it was present during early seasons. Showcasing a reliable and likeable person that your audience relates to as having a condition like bipolar disorder can be powerful and unexpected for viewers, adding new depth to an existing character.
- Consider the range of opportunities to depict successful management and recovery, such as seeking and finding support services in one’s community, undergoing diagnoses, and managing the side effects of effective medications. It is possible to regain control of life with bipolar disorder and often, with less severe cases or due to proactive treatment and diagnosis, control is never lost.
- Try to illustrate the importance of a collaborative effort among the individual and his or her doctors, family and friends in achieving effective symptom management and ultimately recovery for bipolar disorder.

Questions to Ask of Your Characters and Storylines Involving Bipolar Disorder

- Has your character ever sought out services or professional guidance for depression or any other mental disorder?
- Does the individual have a problem with substance abuse?
- Does the storyline convey effective services and supports for bipolar disorder (that may be underutilized)?
- Does the storyline acknowledge the individual's problems and struggles, as well as the positive aspects of his or her life, to give a more balanced characterization?
- Does the audience see the individuality of bipolar disorder by showcasing the severity of the condition as unique to each individual?

SUICIDE

Adapted from:

http://www.eiconline.org/resources/publications/z_picturethis/Disorder.pdf

What is the condition?

Suicide is the act of killing oneself. The great majority of people who experience a mental illness do not die by suicide. However, of those who die from suicide, more than 90 percent have a mental disorder or substance abuse that could have been addressed. People who die by suicide are frequently experiencing undiagnosed, undertreated, or untreated depression or bipolar disorder.

Who is most at risk?

The risk factors for suicide are a combination of individual, relational, community and societal factors. Risk factors are those characteristics associated with suicide—they may or may not be direct causes.

- More women attempt suicide, but more men die by suicide.
- Older white men have the highest suicide rate of all age groups.
- Veterans are twice as likely to die by suicide compared with the general population.
- Native Americans are at the highest risk for suicide compared with other demographic groups. Native Americans tend to have more serious problems with mental health disorders than others do.
- Asian Americans and Pacific Islanders are the least likely to access mental health treatment among racial or ethnic groups.
- Suicide rates drastically increase during adolescence.

What are the signs?

- Threatening to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities
- Feeling trapped and as if there is no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family and society
- Feeling anxious or agitated, being unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

What services are available to prevent suicide?

To prevent suicide, it's crucial to understand the risk factors and warning signs and intervene as soon as possible. Interventions may include one-on-one therapy, group therapy or medication. Additional support systems, such as support groups, family therapy, or online communities, are good coping methods. Utilizing these services often can provide individuals with the necessary skills to overcome suicidal urges and feel supported in their recovery. These services also promote a sense of community as opposed to isolation, which is a common consequence of any mental health challenge.

Priority Topics and Depiction Suggestions

1. Recognize that suicide is preventable.

- Thoughts of suicide are complex. A person who is depressed or contemplating suicide will be much more believable—and, therefore, make a more effective character—if he or she is depicted with depth and profundity.
- Depicting characters who survive suicide attempts can provide strong dramatic entertainment value.
- Suicidal behaviors are not immediate. Many suicide attempts are driven by long-term depression. Think about this before showing a character who tries to solve an immediate problem by attempting suicide.

- Substance abuse is often associated with suicide. Consider the relationships between substance abuse and mental illnesses when depicting these issues.
- People can recover from suicidal acts. Consider inspirational stories that can be told about people who have come through the bleakness of a suicide attempt to find hope in the world.
- Antidepressants can be useful in preventing suicidal behaviors among people with major depression. Likewise, professional psychiatric care, psychotherapy and especially a combination of the two can save lives when needed. By showing characters seeking professional help when they need it, viewers will be cued to do the same. This simple depiction may save a real person's life.

2. Recognize that suicide victims and survivors can be anyone. They come from different occupations, age groups, ethnic groups, etc.

- Some specific demographic populations are at a heightened risk for depression and suicide (see “Who is most at risk?”); however, depression and suicide can affect anyone.
- Consider showing people's misconceptions – that certain people can't possibly be depressed or consider suicide – as incorrect (for example, those with plenty of money, in seemingly happy relationships, etc).
- While anyone can have suicidal thoughts, the stigma surrounding mental illness and seeking help keeps many people from talking about it and seeking treatment, which could otherwise prevent suicide attempts. Consider showing how the stigma surrounding mental illness and help-seeking behaviors, even from specific cultural groups, may prevent diagnosis and treatment.

3. Show that suicide has consequences.

- Keep in mind that the effects of a suicide or a suicide attempt do not end with one person's life. Suicidal behaviors invoke feelings of guilt, shame, fear and other mental stresses that can result in post-traumatic stress disorder (PTSD) among people who have suicidal feelings and those around them. Consider ways to show that your character's consideration of the hurt he or she could cause his or her family steers the character away from suicidal actions. However, attempt not to inadvertently glamorize anticipated grief reactions, as pain in those around the character may be exactly what the suicidal individual may be trying to accomplish.

- Think about the legacy of suicide within a family and its effect on family and friends. Families' coping and the domino effect are often hidden issues. Also, keep in mind that a person considering suicide might find the fact that his or her family will miss him or her as a positive outcome. Try to explore ways that families can show they care for the person before it is too late.
- Family members, friends, and acquaintances are often seriously affected by other people's depression and/or suicidal behaviors. Attempt to show how depression and suicide affect the family and friends of people who are immediately impacted.

4. People—especially young adults—need to understand what to do if someone they know attempts suicide or shows signs of suicidal behavior.

- Suicidal behaviors almost always show warning signs (see “What are the signs?” above). Keep this in mind, as these warning signs are nuances that will make your characters more interesting and realistic.
- Think about ways to show depressed or suicidal characters seeking help. This will model help-seeking behaviors for viewers and will make it clear to faithful fans that characters, like real people, often keep looking for help even when seriously depressed.
- While primary prevention is not easy to incorporate in a story arc, consider showing young people and other demographic groups (i.e., churches, college clubs and student organizations, elderly individuals, etc.) talking about suicide or other mental health issues in an honest, helpful way and provide an opportunity for expert advice by another character—a doctor or other medical or psychiatric professional.
- Take into account visual ways to convey that someone is not alone. People can call suicide hotlines; seek out support groups, and consult mental health professionals available for 24-hour intervention.
- Bring to the forefront the benefits of friends and support systems, especially peer support for young people.

5. Understand that current research can address concerns about depictions.

- Be aware of the potential risks of portraying suicide; always relay information responsibly, employing resources to honor accuracy.
- Depictions can unfold slowly, which will allow viewers to understand the psychology of a character who might develop suicidal thoughts and behaviors. Alarming, sudden acts of suicide onscreen might risk giving the wrong message that suicide can be a solution to problems that can be otherwise resolved through dealing with those problems head-on or by the healing effects of time passing.
- Sensationalized or romanticized depictions of suicidal acts, as well as detailed scenes of the suicide itself onscreen, have been found to increase the chances of “copycat” behaviors in vulnerable audience members. Keep this in mind when addressing depression and suicidal behaviors. Careful depictions of these issues can, in fact, inform viewers and make their lives better in the long run by showing how people might realistically cope with these real-world issues in their own lives.
- Perhaps most important, realize that suicide is not a solution to any problem.
- Because a certain portion of your audience may be vulnerable to having suicidal thoughts triggered by your portrayal, attempt whenever possible to include the National Suicide Prevention Lifeline phone number and URL (800-273-8255, suicidepreventionlifeline.org) during the next commercial break (when applicable) and at the conclusion of your production.

Questions to Ask of Your Characters and Storylines Involving Suicide

- Had the victim ever received treatment for depression or any other mental disorder/mental health challenges?
- Did the victim have a problem with substance abuse? It might be masking some other underlying mental illness.
- Does the storyline convey what services are available to manage most conditions leading to suicidal thoughts (but may be underutilized)?
- Does the storyline acknowledge the deceased person’s problems and struggles as well as the positive aspects of his or her life to give a more balanced characterization?
- Does the audience see the realistically devastating effects of suicide on surviving relatives and friends without romanticizing their responses?

POST-TRAUMATIC STRESS DISORDER

Adapted from:

http://www.eiconline.org/resources/publications/z_picturethis/63306_PTSD%20Book.pdf

What is the condition?

Post-traumatic stress disorder (PTSD) is only one type of anxiety disorder that can occur after one has seen or experienced a traumatic event that involved the threat of injury or death. Not everyone who experiences a traumatic event will develop PTSD. PTSD can occur at any age. It can follow a natural disaster such as a flood or fire, or events such as assault, domestic abuse, rape, prison stay, terrorism, or war. Psychological, genetic, physical and social factors are involved.

Who is most at risk?

Anyone who has experienced, witnessed, or participated in a traumatic event may develop PTSD, even children.

What are the symptoms?

- Constant feelings of reliving the traumatic event
- Emotional numbing
- Persistent anxiety
- Exaggerated startle response
- Difficulty concentrating
- Nightmares and insomnia
- Avoidance of trigger situations that provoke intense distress or panic attacks

What services and support are available to best manage PTSD?

There are no physiological tests that can be done to diagnose PTSD; a diagnosis is made based on the observation of certain symptoms. The right kind of professional support can help prevent PTSD from developing after a trauma. A good social support system may also help protect against PTSD. If PTSD does occur, “desensitization” may be used to encourage the remembering of the traumatic event and expressing feelings about it. Support groups, where people who have had similar experiences share their feelings, are also helpful. People with PTSD may also have problems with alcohol or other substances, depression and related medical conditions, which should be treated before trying desensitization therapy. Medicines that act on the nervous system can help reduce anxiety and other symptoms of PTSD. It is important to understand that successful management of PTSD results from the right combination of appropriate services and support.

Priority Topics and Depiction Suggestions

1. Signs and Symptoms

- People with PTSD sometimes relive the emotional effects of the traumatic events that cause post-traumatic stress. A storyline involving PTSD is a great opportunity to explore a character’s past events in an active way.
- Individuals who live with PTSD may be numb to emotional experiences as a form of self-protection. Consider showing a character who has lived through a traumatic event becoming emotionally distant or unaffected before realizing that he or she is living with PTSD.
- Many people with PTSD also become agitated, irritable, or easily frightened. Think about how your characters might show emotional reactions to common situations, especially if they include sensory reminders of traumatic events.
- For example, a sexual assault survivor might suffer a panic attack in intimate situations, or someone involved in a plane crash might develop phobias of flying, heights, enclosed spaces, or speed that might never have existed before the traumatic event. A war veteran may experience a debilitating flashback when hearing a car backfire, a helicopter fly overhead, or other types of reminders of the trauma-inducing experience.

- Consider depicting a woman experiencing PTSD. Although many people associate PTSD with males, especially those in the military, women are actually more than two and a half times as likely as men to develop PTSD.
- PTSD describes a spectrum of severity in experiences and reactions. Consider the different ways in which people deal with traumatic events. For example, two people might be robbed together at gunpoint, and one may go on to live a relatively normal life, while the other might become reclusive and fear crowds and other public situations, or may even feel unsafe at home. Think about showing how these two people might view each other, and how they might ultimately come to understand that both reactions are valid.

2. Effects on Families and Friends

- Until people are diagnosed and begin to understand the source of their life disruption, others often blame them, and they often fault themselves, for being irrationally upset, irritable, aggressive, depressed, or any of the other common symptoms of the disorder. Think about ways to show characters feeling uncomfortable in their own skin as a result of living with the effects of PTSD. Also consider the possibility that one of your existing characters who sometimes acts irrationally may in fact be living with undiagnosed PTSD.
- While the individual living with PTSD is the only one to experience the anxiety and panic that results from it, the condition's effects on the individual also affect others. In cases of an isolated trauma, a person's anxiety might be inaccessible to friends and family members, bringing about isolation and alienation. The longer the condition goes without being addressed, the more likely these social relationships will be adversely affected. In cases of natural disasters, terrorist attacks, and other large-scale traumatic events, families and communities often become closer as a reaction to the trauma. Consider showing how such closeness might be both beneficial and negative. For example, close-knit communities are more likely to have effective disaster preparedness such as evacuation routes, and recovery strategies; but the fear of a man-made disaster (especially terrorism) may bring about paranoia that makes unfounded prejudices feel rational.

3. Support for Recovery

- PTSD management is attainable. Cognitive behavioral therapy (CBT) appears to be the most effective type of counseling to reduce negative symptoms. In CBT, a therapist helps the person living with PTSD understand and change how to think about trauma and its aftermath, and to understand and cope with the emotional reactions to the event. The goal is to help the individual understand how certain thoughts about his or her trauma cause stress and make symptoms worse. Consider showing how someone affected by long-repressed PTSD can benefit from talking with a qualified therapist, learning to deal with trauma and live a more normal life. Remember that effective management of PTSD and other mental health challenges requires ongoing support and care; a quick cure is unlikely, if not impossible.
- Another useful form of therapy is exposure therapy. By talking about trauma repeatedly with a therapist, the individual learns to gain control of thoughts and feelings about the trauma and understands not to be afraid of the traumatic memories. It might be difficult and strange to think intentionally about stressful things. But over time, the individual may feel less overwhelmed in the face of the memories. Consider showing how the act of recalling painful memories under the guidance of a therapist can ultimately make the memories less painful and better understood through repeated exposure.
- In group therapy, a person talks to others who also have been through a trauma and have PTSD. Sharing a story with others can help someone feel more comfortable talking about personal trauma and begin to cope with symptoms, memories and other parts of life. Group therapy helps build relationships between people who understand each other's pain. In group therapy, people learn to deal with emotions such as shame, guilt, anger, rage and fear. Sharing with the group also can build self-confidence and trust. Consider showing how someone with PTSD can benefit from group therapy, and even forge lasting bonds in the process.

Questions to Ask of Your Characters and Story Lines Involving PTSD

- What was the character's immediate reaction to the trauma? How did it change afterward?
- Based on his or her symptoms, is your character experiencing PTSD or another type of anxiety disorder?
- How can you use flashbacks to convey that, while the event was experienced in the past, the emotional trauma is being experienced by the character in the present?
- Is there any chance that someone else involved in the traumatic event might also suffer from PTSD?
- How are the PTSD symptoms affecting the character's life?
- How do the symptoms affect the lives of his or her loved ones, co-workers and other contacts?
- Had the victim ever sought out support for depression or any other mental disorder?
- Did the victim have a problem with substance abuse? Is it possible the character is using the substance to self-medicate for undiagnosed PTSD?
- Does the storyline convey that effective techniques and services to manage conditions leading to PTSD are available (but underutilized)?



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