A Resource for the News Media

Picture This: Mental Health in the San Francisco Bay Area

Picture This is a guide to the key issues related to mental health as identified by experts, social workers, advocates, policy-makers, and others working to improve public awareness about mental health and reducing stigma and discrimination in the San Francisco Bay Area.
We feel that mental health should be put in the broader context of health. If we see it as a part of health, then we understand that we have to have health policy that addresses wellness, physical, mental, psychological, and emotional health. All of the things we talked about fall under that, in terms of the need for cultural competency. Not only in the delivery of mental healthcare, but also in how it’s reported.”

—Daramola Cabral Ibrahim, JFK University
# Picture This: Mental Health in the San Francisco Bay Area

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PREFACE

The historic nature of the passage of the Mental Health Services Act (Proposition 63) is important for the state of California and for the nation. In 2004, California became the first in the nation to recognize the true need for prevention, in addition to provision of services, for those living with mental health issues. Over the past two years, the Entertainment Industries Council, Inc., in close coordination with other California Mental Health Services Authority (CalMHSA) partners, have worked diligently to provide programs to reduce stigma and discrimination around these issues. By eroding misconceptions that often prevent people from seeking help, we work toward enabling all Californians to live more productive lives. When California passed this vital proposition, it was meant to serve all the citizens of this great state.

Acknowledgements

Thanks to KTVU and TV 36 for hosting the Picture This: Mental Health in the San Francisco Bay Area. We would like to thank:

Tom Raponi, General Manager
Dave Clark, Anchor/Emcee
Rosy Chu, Producer
Jeff Green, Director
Don Thompson, Engineer in Charge
Mark Metzler, Engineer Supervisor
Robert Erdiakoff, Studio Supervisor and Videographer
Vanessa Walker, Intern
Levi Harvey, Intern

This publication is developed through a project administered by the California Mental Health Services Authority (CalMHSA) and based on the most recent research as of September 2012. CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Proposition 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California’s diverse communities.
A Special Message to the
San Francisco Bay Area
Media Community

A Letter from Tom Raponi
General Manager, KTVU Oakland—San Francisco

At KTVU and TV36 we’re dedicated to raising the awareness of important health issues in our community. We’re delighted to partner with the Entertainment Industries Council for this Picture This event. Our goal is to work together to decrease the stigma and discrimination against the mental illness in our community and throughout the breadth and the depth of stories that we report. Stories that are accurate in reporting about mental health can and will foster a change in attitudes that encourage help-seeking behaviors, acceptance, and reduce discrimination against those with mental or behavioral health concerns. By bringing all of us together for a conversation around mental health, this event will certainly help us serve the community and enable the power of news media to impact audiences.

We’re delighted that so many community members were able to attend the Picture This meeting and view the webcast. I would like to thank the great group of journalists who served on our panel: John Fowler, Kristin Bender, Jesse Brooks and Lisa Aliferis. I’d also like to thank Dave Clark, who served as moderator. Dave has a personal attachment to this issue and in the years he has been an anchor at our station, he has been a leader in this area. I especially want to thank all those in the studio who asked the important questions which shed light on this issue. And of course, to the viewers at home who engaged in this conversation with us, I would like to thank them for their continued involvement.

I just want to tell everyone how much we appreciated the opportunity to host this important forum. We also have other powerful media that need to be used. And if I heard any one takeaway from this discussion, it is, “Let us help you.” We want to help you. We have such a powerful medium, and I want to see the positive stories get out there.

And that’s really what this forum is all about in our opinion. And at KTVU and TV36 we’re very much interested in helping our community thrive as best we can. Thanks for to those who joined us at this forum. We look forward to continuing to serve you.

Sincerely,
Tom Raponi
General Manager, KTVU and TV 36
A Special Message to the San Francisco Bay Area Media Community

Letter from Brian Dyak

President, CEO & Co-Founder, Entertainment Industries Council, Inc.

The Entertainment Industries Council is proud to partner with KTVU/TV 36. With such a strong and dedicated media partner in the San Francisco Bay Area, we have reached San Francisco, Oakland, San Jose and beyond. The Bay Area is a diverse population of age, race, gender, lifestyle and income. For Prop. 63 to be as effective as possible, we must reach out to all the diverse regions and populations that comprise California. With KTVU, we have a partner that enables us to do just that.

Our goal for Picture This is to bring together stakeholders, journalists, consumers and advocates to create an atmosphere of understanding and partnership. This forum, held at the KTVU studio, encourages a change in the conversation about mental health by changing how stories are told about the people living with mental health. Storytelling is powerful. Accurate portrayals provide readers with a deeper understanding of their fellow Californians, which can lead to compassion and an interest in supporting those living with mental health challenges.

Conversation about mental health can be truly inspiring. Picture This establishes a new level of understanding reached between our panel of journalists and mental health community leaders. But Picture This was just the first step; this publication will carry the conversation on into the future through its recommendations. It is our pleasure to initiate actions that can help Californians who struggle every day with these issues.

We would like to thank our partner KTVU for their incredible support of the Picture This forum. They are a true partner in this initiative to bring awareness and understanding on the mental health issues affecting the communities they serve.

I hope you will use this publication as a guide to creating your own follow-up strategy to the Picture This forum.

We appreciate your commitment to the art of making a difference!

 Brian Dyak
President, CEO & Co-Founder
Entertainment Industries Council, Inc.
Dear Picture This Participants,

It is my pleasure to welcome you to the beautiful City of Oakland, located in my 18th Assembly District. I would like to take this opportunity to thank Entertainment Industries Council, Inc. and KTVU/TV 36 for their hard work and collaboration on this forum, and would also like to thank all of you for participating in this important event.

As you are all well aware, mental illness not only affects those who suffer from the illness directly, it touches the lives of all of us in the Bay Area community. It is essential that we continue to raise awareness and educate the public on the best practices for addressing mental health issues in our state.

We know that certain environments, particularly violent ones, are the breeding grounds for mental health issues. Growing up in these settings can cause serious traumatic complications for children, including depression and post-traumatic stress disorder, which can make it difficult for children and adolescents to become engaged and productive students. I am working to combat this problem through legislation that would create a pilot grant program for services to students who suffer from trauma exposure, such as gun violence.

Rather than ostracizing individuals with mental illness, it is important that we provide services to treat those who are victims of these diseases, and help them back on a pathway to a productive and positive future. History proves that discrimination is never an effective means to solving a problem. Through effective treatment and public education, I am confident that together we will be able to overcome the challenges of mental illness.

I commend all of you for your outstanding work in this field, and I look forward to working with you and other stakeholders as we continue to join forces to adequately address these collective challenges.

Warmly,

Rob Bonta
Assemblymember, 18th District
Reporting Priorities

Priority Topics

The power and value of EIC’s Picture This series is to bring together the media with mental health stakeholders and consumers to spark a conversation about challenges and solutions. During this forum, an understanding emerges which can lead to increased awareness and specific actionable measures to be taken to produce more positive outcomes. An immediate outcome is an expression of access and trust among those in attendance.

Media plays a powerful role in influencing our society. It not only informs and educates but it can alter opinions and attitudes. The Picture This forums are designed to accomplish these goals thereby producing more news stories that are non-stigmatizing for those facing mental health issues.

The conversation generated during these events is a first step. By taking the ideas that come out of these forums and translating them into actionable steps, we believe real change can occur. Below, you will find the priorities that emerged from our Picture This: Mental Health in the San Francisco Bay Area forum. They are there to help guide the conversation around mental health to more positive outcomes.
First Priority: Create Accurate Portrayals

Stories about people experiencing mental health issues may contain inaccuracies. This often arises from misinformation or a partial understanding of the issues that surround those with mental health challenges.

- The authentic depiction of those with mental health issues is necessary to raise awareness of these issues in an accurate way. Consider reaching out to the information resources listed in this publication for information on how to build accurate portrayals. There are several excellent and informative organizations working in the Bay Area that are ready to assist you.

- If you are writing a story including a person with mental health issues, consider reaching out to an expert in this field such as a psychiatrist or psychologist who can provide accurate diagnoses and a more complete understanding from a mental health point of view.

- Consider interviewing a person’s support system to gain a 360-degree understanding of the person facing mental health issues. Friends, family members, and mental health providers can all provide interesting and accurate information about someone’s condition and challenges. However, they cannot always provide an unbiased and reliable diagnosis, or additional context about the condition itself.
Second Priority: Cultural Considerations

The Bay Area is comprised of a wide variety of cultures, languages and ethnicities. Though mental illness affects all people, the manner in which it affects various cultural groups differs, especially in how it is acknowledged or not. In addition, an individual can be affected by mental health issues in ways that are unique to that individual.

- In addition to speaking with a mental health expert, consider also gathering background information on the specific culture of the person you are writing a story about. Oftentimes, stigma and discrimination varies within each culture and ethnic group. It’s important to understand the barriers to wellness that each culture experiences.

- In your stories, highlight that treatment has been proven to be effective and that wellness is achievable. Each culture maintains their own beliefs and those need to be respected and appreciated.

- When possible, mention resources that are available to the specific ethnic group you’re covering. Often, people do not realize these resources are readily available. Some may be common to all ethnic groups such as hotlines but there are usually local resources which tend to target these consumers the best.

Third Priority: Building Trust

Building a level of trust between the media and mental health stakeholders and consumers is an important part of establishing a basis on which to build understanding and awareness. But people living with mental health challenges often have a distrust of the media. We view this as an opportunity to build trust by opening the lines of communication resulting in more accurate stories which are non-stigmatizing.

- Consider the wording of your story when writing about someone with a mental health issue. Words such as “crazy” and “off their meds” lead to stigma and discrimination. These descriptive words don’t accurately portray a person with a mental health issue and can be derogatory. This diminishes the trust mental health stakeholders and consumers have for the media. These words define the person as their illness rather than a person living with
a medical issue which can be treated. Review the Style Guide on page 20 for guidance on syntax.

- Sometimes the more sensationalistic parts of a story covering mental health are featured prominently. This invites stereotyping of those facing mental health issues. Consider balancing each story with background and context from those sources qualified to provide accurate information about mental health. Refer to the resources listed in this publication for guidance on this topic.

- In order to build trust, reach out to the mental health community to create relationships that will serve as information resources for future stories. This will provide a network of people for you to contact when needing information immediately about mental health. You may also use EIC’s First Draft service that provides resources to journalists and broadcasters upon request.

- Where appropriate, include information on support services for those living with mental health challenges. This helps to build trust by providing needed information in conjunction with your story.

Fourth Priority: Recovery – the Path to Wellness
Those with mental health challenges are not defined by their illness. And in fact, getting the right services often results in starting on a path to wellness. Unfortunately several barriers exist that sometimes prevent those who need help from pursuing it.

- Stories about recovery are compelling and life affirming. They help to dispel the myths that wellness and recovery are either not options for those facing mental health challenges or that they are often ineffective.

- It is important to avoid from portraying recovery with unrealistic cures or therapies. This usually only serves to distract people from the real work of recovery.

- Consider including the emotional, personal aspects of mental health services. The intervention aspects of recovery are important, but often are not nearly as effective as when they are coupled with emotional engagement and trust.
Developing News Stories

Journalists have a substantial influence on the public’s attitude about mental health. The emphasis a daily newsroom places on breaking news and crises can give people a skewed view of people experiencing mental health challenges, leading to misperceptions and even discrimination. These questions to ask, when a developing story hits your desk can help present a more accurate picture of mental health challenges.

1. Is the mental health of the subject relevant to the news story or event you are reporting?
2. How did you confirm the subject’s mental health diagnosis? Is it more than hearsay?
3. In your story, do you provide a definition of the condition you are examining as well as a description of the symptoms that can be easily understood by your audience?
4. What experts (that includes social worker, psychologist, psychiatrist, among others) are part of the issue that you are reporting on and what are their roles in the treatment and recovery process?
5. Are you using words and terminology that promote understanding and acceptance of people with mental health challenges?
6. Does your coverage spark discussion about mental health and encourage people to speak up and seek help?
7. Does your report include community resources that your audience can turn to for help?
Insights from our *Picture This* Media Panel

The comments featured below are from the news media panelist that participated in the discussion. The role of the panelist was to explain to the audience of mental health stakeholders how they research, write, and report on stories. Journalists need and want the very stories the stakeholders want to tell. The insight comes with the discussion of “how” to tell the story; language is important in framing the story. The stakeholders then determined the top three priorities they would like to see the media cover in their stories on mental health.

**Dave Clark, News Anchor & Emcee, KTVU**

“This is a very serious and important forum. And it’s an honor for me to be here. We’re going to focus on several things. One big issue we’re going to talk about is how it’s okay to talk about mental health. We’re also going to focus on reducing and preventing suicides. And we want to reduce the stigma and discrimination that surrounds mental health.

I want to make one thing clear to our stakeholders, to our professionals, to the really smart people who are here today. You’re working in the mental health field. You know the real story, the people, you know things we don’t know. And the heart and passion of shaping the conversation of what should be happening, and making it okay for people to ask for help for themselves or for someone they know. So we need your help to tell us what to do in the media.”

**John Fowler, Health and Science Editor, KTVU**

“[The three things we need are] access, access and access. It’s important for us to be able to tell stories about things that are happening. We deal in the news business. News sometimes can be feature stories. It’s more important for us to be able to tell people what’s changing in their world, and mental health has many opportunities to help people understand what’s changing in their world: new treatments, new centers, new therapies, new approaches and new understandings. We need to hear from you about the things that are changing, that are for the better particularly, though sometimes not for the better. We are holding government responsible. We’re holding the powerful accountable. We’re trying to give voice to the voiceless. And so all of that lumped together is what we need. We need those voices.”
Kristin Bender, Reporter, *Oakland Tribune*

“It’s very easy to go online and see what I’m working on, to see what other journalists are working on. You don’t have to wait for the newspaper to show up on your door. You can see it; we update stories sometimes two dozen times in the course of several hours. And think to yourself, how can you set aside for a minute your goals for your agency and what you want to push? Think the other way, “How can I help this reporter at this very moment?” The most important thing for me, to be honest, is building relationships with people that I know, so that I can count on—if somebody goes in and kills seven people and I need to talk to a mental health expert—that I can get them on the phone in two minutes.”

Lisa Aliferis, KQED, Editor of the *State of Health Blog*

“If, in a story there’s some question about mental illness, this is the time to reach out directly to a reporter who has covered the story. There’s more you can do about the issue, through a side bar. It’s an additional piece of the story that would provide context or education. This is where you can reach out directly to an individual reporter. I would also say, try to build those relationships in advance.”

Jesse Brooks, Health Reporter, *Oakland Post*

“I’m HIV positive myself. I was diagnosed in 1993 in a time where you were expected to die. And so HIV has always been a stigmatized disease. Then add mental health issues too, which I think are factors in people transmitting HIV. So it was always a priority for me to talk about mental health. But the community that I talk to has a taboo around mental health and seeking help. So I try to break down the stigma by using real people, real faces, and sometimes my own experiences with mental health.”
Discussion Highlights from our Table Facilitators

Nicola Survanshi, *Inspire USA Foundation, ReachOut.com*

“We want to have a balance of perspectives. We feel a lot of time, the stories that you see about mental health go directly to a clinician or a psychologist for their reporting. We would like to see the rest of the mental health community included in that conversation.”

Rochelle Elias, Alameda County Mental Health Board

“When an individual is portrayed in the media, is there really enough time and focus given to projecting an accurate picture of that individual and their mental illness? Or their human condition? There really are not enough accurate portrayals of individuals that have mental illness. Another thing that we talked about was avoiding stereotyping, whether it’s a veteran returning from war, or whether it’s a person of a certain ethnicity.”

Robert Villanueva, National Trainer for the NAMI *In Our Own Voice Program*

“What about those good programs that are going on? How can we talk about those? Where is my money going as a taxpayer? Because media is the gateway to reducing stigma. The voice we have, the literature we have, is the media.”
Daramola Cabral Ibrahim, JFK University

“We feel that mental health should be put in the broader context of health. If we see it as a part of health, then we understand that we have to have health policy that addresses wellness, physical, mental, psychological, and emotional health. All of the things we talked about fall under that, in terms of the need for cultural competency. Not only in the delivery of mental healthcare, but also in how it’s reported.”

Estela Garcia, Institute of Family Health De La Raza

“Young people that have been overwhelmed by violence come out of that life and start to make a difference. I think the struggle I have with the media is them seeing it as a good story because it’s not as sensational. It’s not the kid that goes out and is carrying a gun threatening people. So I think my challenge has been for the media to tell these stories because they’re real and they really happen. They’re important because to change the conversation about mental health they need to create the understanding that many things are possible, that people can recover and they can actually become peers and role models.”

Yvette McShan, Victorious Black Women

“Have you ever thought about following a consumer for 24 hours? Because there are millions of consumers that access services like wellness centers and day programs in Alameda County and San Mateo County, see how that individual takes care of their mental health and how the organizations are treating them.”
Dave Speicher, Suicide Survivor

“We need to bring stories to you and we need to get the word out about the good work we’re doing. Something you should be doing every single day is checking the facts. For instance, every person who shoots up a school or shoots up a restaurant does not have a mental illness. So first of all, please check the facts. And then as you cover these everyday events, please keep in mind that we are talking about people. It’s not a disability, it’s an illness and we are people.”

Eve Meyer, San Francisco Suicide Prevention

“Mental health and mental illness should be integrated into more stories, not just as a catastrophe that happens. It should become boring by the time we are finished because it is part of everything. There should be education about what resources are available. The education should be wellness-oriented and emphasize the role that everybody in the community has. It shouldn’t just say, “You have to find a mental health specialist.” It should say, “Here’s what you can do.” It should also emphasize that people who are mentally ill aren’t “them.” It is not an “us/Them” kind of situation. It is all of us. And therefore when you have been through a crisis you are someone who has the ability to help someone else. Especially someone in your culture, who speaks your language and lives in your community. We can all become our own safety net. The disparities in the availability of mental health and mental health services are also something that people should become aware of, especially those that have to do with local communities.”

Ken Smith, Speakers Bureau of Santa Clara County Suicide Prevention

“We want to make sure that all the programs in existence are focused. Right now there’s a move to focus on the young people. But some of the older folks get sort of lost in the process.”
Mental Health in California and the Bay Area:
Facts and Figures

California has always been a magnet for people from around the world. Our state is rich in diversity and cultures, especially throughout the Bay area. Though California has a reputation as a place focused on wellness, it’s important to note that mental illness still affects many of our citizens. Mental illness does not discriminate. It may affect ethnic groups differently but all are affected regardless of income, gender and age. In fact, in any given year, 25% of Californians age 18 and older will face a mental health issue. Only a third of those affected will seek treatment.

Many issues in our state are tied to mental health. Prison overcrowding, public health, gun violence, housing, and our court system are all problems, which affect our residents.

The following information provides a clear picture of mental health in California and how it relates to a few of these issues:

<table>
<thead>
<tr>
<th>Region</th>
<th>Adults with SMI</th>
<th>Children with SED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Coast</td>
<td>7.6%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Greater Bay Area</td>
<td>7.0%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Inland Empire</td>
<td>7.6%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>7.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Northern and Sierra</td>
<td>7.9%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Orange County</td>
<td>7.3%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Sacramento Area</td>
<td>7.4%</td>
<td>4.3%</td>
</tr>
<tr>
<td>San Diego Area</td>
<td>7.6%</td>
<td>4.3%</td>
</tr>
<tr>
<td>San Joaquin Valley</td>
<td>8.0%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

Notes: Serious emotional disturbance (SED) is a categorization for children age 17 and under. Serious mental illness (SMI) is a categorization for adults age 18 and older. See page 9 for full definitions of mental illness categorizations. For Appendix A, a map of counties included in each region.


SED: Serious Emotional Disturbance
SMI: Serious Mental Illness
Mental Illness Is Common

- Of California’s approximately 36.8 million residents, close to 1,175,000 adults live with serious mental illness (SMI) and about 422,000 children live with serious mental health conditions.

Untreated Mental Illness has Deadly and Costly Consequences

- In 2006, 3,334 Californians died by suicide. Suicide is almost always the result of untreated or under-treated mental illness.
- Nationally, we lose one life to suicide every 15.8 minutes. Suicide is the eleventh-leading cause of death overall and is the third-leading cause of death among youth and young adults aged 15-24.
- During the 2006-07 school year, approximately 39 percent of California students aged 14 and older living with serious mental health conditions who receive special education services dropped out of high school.

Public Mental Health Services are Inadequate to Meet Needs

- California’s public mental health system provides services to only 34 percent of adults who live with serious mental illnesses in the state.
- California spent just $123 per capita on mental health agency services in 2006, or $4,439.6 million. This was just 2.6 percent of total state spending that year.
- In 2006, 79 percent of California state mental health agency spending was on community mental health services; 20 percent was spent on state hospital care. Nationally, an average of 70 percent is spent on community mental health services and 28 percent on state hospital care.

Criminal Justice Systems Bear a Heavy Burden

- In 2006, 15,240 children were incarcerated in California’s juvenile justice system. Nationally, approximately 70 percent of youth in juvenile justice systems experience mental health disorders, with 20 percent experiencing a severe mental health condition.
- In 2008, approximately 41,400 adults with mental illnesses were incarcerated in prisons in California. Additionally, an estimated 31 percent of female and 14 percent of male jail inmates nationally live with serious mental illness.
Many Residents Rely on Public Services for Needed Care

- Approximately 16.6 percent of Californians are enrolled in Medicaid.\textsuperscript{xv}
- Approximately 6,718,000 Californians are uninsured.\textsuperscript{xvi}

Housing is Unaffordable for People who rely on SSI or SSDI

- The average rent for a studio apartment in California is 103 percent of the average Supplemental Security Income (SSI) payment, making housing unaffordable for adults living with serious mental illness who rely on SSI. \textsuperscript{xvii}

The following graphs illustrate how mental health issues affect different regions of the state. It provides a comparison of the Bay area to other regions in California regarding suicide, serious mental illness (SMI) and severe emotional disturbance (SED).
A Commitment to Change: About TEAM Up

The TEAM Up (Tools for Entertainment And Media) project uniquely places emphasis on the entertainment and news media as essential partners in reducing misconceptions and stereotypes about people with mental health problems. Utilizing current communication research and top experts, EIC’s First Draft service provides free resources and technical assistance to journalists and the creative community that inform the writing of accurate and compelling stories.

TEAM Up builds on EIC’s 30 years of successful communication outreach to accurately depict major health and social issues such as mental health, suicide prevention, substance use, and HIV/AIDS, among others. Other EIC programs—including Picture This message priority forums and the PRISM Awards—bring these issues to the media of the local and national levels.

In addition to targeted programs in three urban areas in the state, EIC is conducting outreach efforts throughout California in general markets and rural, minority and other diverse communities.

EIC’s strategic partners include top-notch media outreach partners, the National Association of Broadcasters and the Radio Television Digital News Association and project partners Reingold, the Hispanic Communications Network, Paschal Roth Public Affairs and Chapman University. For more information, please visit the TEAM Up website www.eiconline.org/teamup/

The voter-approved Mental Health Services Act (Proposition 63) funds the program administered by the California Mental Health Services Authority (CalMHSA) as part of its Prevention and Early Intervention Statewide Initiatives intended to reduce stigma and discrimination, prevent suicides, and improve student mental health. The statewide initiatives are designed to leverage an up-front investment that will pay off with sustained cost reductions over many years in health, social services, education, and criminal justice systems.

CalMHSA—an organization of county governments working to improve mental health outcomes for individuals, families, and communities-administers programs funded by the Mental Health Services Act on a statewide, regional, and local basis. Visit www.CalMHSA.org for more information.
Style Guide: Reporting on Mental Health

Journalists have a substantial influence on the public's attitudes about mental health. The emphasis a daily newsroom places on breaking news and crises can give people a skewed view of individuals living with mental illness, leading to misperceptions and even discrimination. This style guide notes ways in which newsrooms can present a more accurate picture of mental illness. Use it with your Associated Press Stylebook when you are reporting a story that touches on mental health issues.

The Three Questions to Ask When Covering a Mental Health-Related Story

1. **Is mental illness relevant to the story?** If it is not meaningfully linked to the story, there is no need to mention it.

2. **What is your source for the mental illness diagnosis?** Don’t rely on hearsay. If someone’s mental health condition is relevant, make sure your source knows with certainty the person’s diagnosis.

3. **What is the most accurate language to use?** Avoid using derogatory words, and be as specific as possible when describing someone living with a mental illness to help prevent stereotypes.

TEAM Up (Tools for Entertainment and Media)
The TEAM Up project provides resources and assistance to help journalists and the entertainment industry create accurate stories on mental health issues.
866.284.9767
TEAMup@eiconline.org
www.eiconline.org/calif-mental-health
balance Over time, an emphasis on breaking news and dramatic events can lead to a distorted view of mental illness. Among ways to balance the preponderance of stories that link mental illness with violence:
—Include in those pieces perspectives from mental health experts, who can provide context and data from the latest research;
—Report stories of systemic issues surrounding the topic of mental illness, such as new medications, therapy treatments and the topic of health insurance parity;
—Publish profiles of people with a mental illness who are part of the community, living satisfying lives with rewarding relationships.
See recovery.

cause Mental illness rarely has a single cause, but may arise from a combination of genetic or biological links and the experience of some sort of trauma or a stressful environment. Avoid attributing someone’s mental illness to a single factor.

crazy, psycho, nuts, lunatic, deranged This type of derogatory language contributes to the negative attitudes about mental illness that keep people from seeking treatment. If words like these are essential to the story, such as when used in a quotation, context is critical to avoid reinforcing stereotypes. For instance, rather than “crazy” or “deranged,” use “people living with a mental illness.”

crime, violence Avoid the assumption that a person committed a crime because of a mental illness. Most people with a mental illness don’t commit crimes; most people who commit crimes don’t have a mental illness. People with psychiatric issues are far more likely to be victims than perpetrators of violence.
See sourcing and relevance.

culture, ethnicity Don’t assume that how people perceive, experience and treat mental illness are uniform across cultures and ethnic communities. Include the perspectives of mental health experts who are knowledgeable about the cultural and ethnic factors that impact people living with a mental illness.

diagnosis Unless you have a determination by a psychiatrist or psychologist that the subject of a story has been clinically diagnosed with a mental disorder, avoid speculating about the issue. A mental illness should be described specifically, like any other illness. When a diagnosis is confirmed, specify the condition rather than referring to general “mental illness.”
See sourcing and mental illness.

insane, incompetent A legal, rather than diagnostic, term related to a defendant’s ability to discern right from wrong when committing a crime or standing trial.

labeling When referring to someone who is diagnosed with a mental illness, identify him as a person with a disorder—not as the disorder. Not preferred: “She’s an anorexic.” Preferred: “She was diagnosed with anorexia nervosa.”

mental health Mental health is considered a state of well-being in which someone can cope with common stresses and live and work productively to his or her full potential. Note that cultural differences, subjective assessments and competing professional theories all affect how mental health is defined.

mental health professional Many different types of professionals may work with individuals who are experiencing mental health challenges, including psychiatrists, psychologists, psychotherapists, social workers,
Style Guide: Reporting on Mental Health

marriage and family therapists and others. Any of these professionals may be qualified to comment on a particular story, though HIPAA regulations may limit the information about a patient he or she can legally share.

mental illness, mental health disorder Mental illness is a health condition that changes a person’s thinking, feelings or behavior and that causes the person distress and difficulty in functioning. As with many diseases, mental illness is severe in some cases and mild in others, and is not always obvious. Recognize that the terms “mental illness” and “mental health disorder” cover a wide range of conditions, and, whenever possible, the specific diagnosis for an individual should be used rather than the blanket term.

photographs Be sensitive when using photos with stories involving mental illness, as well as when captioning photos. Avoid perpetuating stereotypes with pictures of people looking disheveled or threatening.

Proposition 63, Prop. 63 The Mental Health Services Act was approved by California voters in 2004 and funds community-based mental health services, including prevention and early intervention programs. County mental health departments administer these programs locally and jointly on a statewide basis through the California Mental Health Services Authority (CalMHSA).

recovery, treatment Recovery from mental illness is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recognize that a diagnosis of mental illness is not forever. Mental illness is treatable and recovery is possible. Sharing stories of people who have sought treatment and recovered or are managing their condition successfully goes a long way toward reducing misconceptions.

relevance Do not assume that there is a link between an event that seems irrational and the mental health of someone in the story. Not preferred: “A man whose neighbors said he seemed depressed left his sprinklers on for days, leading to neighborhood flooding.” Preferred: “Sprinklers that appeared to have been left on for more than 80 hours led to damage in three nearby houses, water officials said.”

resources When possible include the phone numbers or websites for hotlines, or local resource centers for those who want to learn more or get help. Even quoting an expert on mental health and naming the facility she represents provides needed context and a place people can turn to.

schizophrenic Avoid using “schizophrenic” as an adjective, but rather refer to a person as “diagnosed with schizophrenia” or “living with schizophrenia.” Also avoid using the term for nonpsychiatric conditions, such as a rapidly changing situation or an indecisive person.

Similar guidelines apply to words like “psychotic,” “bipolar,” “anorexic” and “OCD” (obsessive-compulsive disorder).

sourcing Don't rely on hearsay when determining someone’s mental condition. If a public official cites mental illness, ask: “How do you know?” If a clinical diagnosis was made by a psychiatrist or psychologist, and reporting determines that the diagnosis is related to the event, then you may decide it belongs in the story. Not preferred (without more context): “His sister said he was bipolar.” Preferred: “Court records show he was treated at a local health or mental health clinic for bipolar disorder.”
substance abuse Addictions may very well play into stories relating to mental illness, but addictions are complicated. It is inaccurate to solely refer to substance abuse, as there are two types of addictions, substance (drugs, alcohol, etc.) and behavioral (gambling, sex, etc.). Also, the research is not definitive about what constitutes substance abuse. Some studies have shown that addictions may trigger a mental illness, while other experts define an addiction as a chronic neurological disorder involving many brain functions.

suicide Evidence suggests that certain types of media reporting are tied to an increase in suicides (also known as suicide contagion).

When not handled carefully, each of the following elements has been shown to raise the risk of suicide for people tempted to imitate the publicized behavior:

—Placement If you determine the story is newsworthy, don’t dramatize the event by placing it on the front page—or by placing "suicide" in the headline. (In headlines, "dies" is appropriate.)

—Details Avoid exact details on locations and methods.

—Photos/videos Avoid photos or videos of the location or method of death, as well as dramatic images of grieving family and friends or memorial services.

—Language The words “committed,” “succeeded” or “failed” are inaccurate. Appropriate wording is that someone died by suicide, took his life or killed herself.

—Don’t oversimplify Suicide is complex and often has many factors. It is almost certainly inaccurate to cite a single cause as, for example, “recent money woes” or “a fight with a spouse.” Suicides usually result when a confluence of events and circumstances makes life temporarily unbearable. Mental health disorders and/or substance abuse are associated with 90 percent of suicides. Often, even family and friends do not recognize the warning signs or the underlying mental health problems leading to a suicide.

—symptoms Don’t assume or attribute that everything someone with a mental illness does or the emotions displayed are the results of the disorder. Understand the symptoms associated with a particular disorder, and realize that emotional reactions to particular events may be a response many people would experience.

victim, suffering from, afflicted with Don’t make an assumption about how someone with a mental illness is handling his or her life. Use value-neutral terms. Not preferred: “She suffers from anxiety.” Preferred: “She’s being treated for an anxiety disorder”; or “She is diagnosed with an anxiety disorder.”
Additional Resources

Active Minds
http://www.activeminds.org/
Active Minds supports a network of campus-based chapters across the United States and Canada that are made up of students passionate about mental health advocacy and education. Chapters provide their campuses with a wide range of programming that educates their peers about mental health, connects students to resources, and aims to change negative perceptions about mental health disorders. Active Minds chapters are changing the way students address mental health and giving a voice to this important issue. All Active Minds chapters are registered student organizations and open to every interested student on campus.

Alameda County Mental Health
http://www.acbhcs.org/
510-567-8100
The Alameda County Mental Health department exists to better serve individuals with and at risk for serious mental health issues, and their families. The MHSA facilitates community collaboration, promotes cultural competence, creates Individual and Family-Driven Programs, adopts a Wellness, Recovery and Resilience-Focus, facilitates Integrated Service Experience and designs outcomes-based programs.

American Foundation for Suicide Prevention
https://www.afsp.org/
Bay area chapter: https://www.afsp.org/local-chapters/find-your-local-chapter/afsp-greater-san-francisco-bay-area
The American Foundation for Suicide Prevention (AFSP) is the nation’s leading organization bringing together people across communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes. Individuals, families, and communities who have been personally touched by suicide are the moving force behind everything we do.

Berkeley Mental Health
http://www.ci.berkeley.ca.us/mental_health/
510-981-5290
The Mental Health Division provides a range of community-based mental health services to Berkeley and Albany residents. We work with people in our clinics, in schools, in their homes, on the street or in shelters, and in a variety of other settings.
Bring Change 2 Mind
www.bringchange2mind.org/
415-814-8846

Bring Change 2 Mind is a national anti-stigma campaign founded by Glenn Close, The Balanced Mind Foundation, Fountain House, and Garen & Shari Staglin of the International Mental Health Research Organization (IMHRO), aimed at removing misconceptions about mental illness. The idea was born out of a partnership between Glenn Close and Fountain House, where Glenn volunteered in order to learn more about mental illness, which both her sister, Jessie Close, and nephew, Calen Pick, live with.

Contra Costa County Mental Health
http://cchealth.org/mentalhealth/

Contra Costa Health Services provides quality health care to the public at many convenient locations.

County of Marin Mental Health
http://www.marinhhs.org/mental-health-substance-use-services
415-473-6769

Marin County Mental Health and Substance Use Services provides a complete range of mental health services for children, adults, and older adults.

Daly City Youth Health Center
http://www.dalycityyouth.org/
650-985-7000

The mission of the Daly City Youth Health Center is to invest in our community through its youth and young adults by providing comprehensive, integrated services and programs that increase resiliency, encourage responsibility, and promote self-determination. Central to our mission is our commitment to promote the healthy development, well-being and safety of teens by providing core on-site services. Providing youth access to medical care, mental health services, and health education is at the heart of the established priorities of the DCYHC.

Disability Rights California
http://www.disabilityrightscga.org/
800-776-5746

Disability Rights California advocates, educates, investigates and litigates to advance and protect the rights of Californians with disabilities. The organization envisions a barrier-free, inclusive, diverse world that values each individual and their voice. In this world, all people with disabilities enjoy the power of equal rights and opportunities, dignity, choice, independence and freedom from abuse, neglect and discrimination.
Each Mind Matters
http://www.eachmindmatters.org/
Each Mind Matters unites the hundreds of organizations working together to create health systems that serve minds and bodies, and the millions of Californians who refuse to stay silent while untreated mental illness takes an unnecessary toll on our families and communities. Together, we are creating a California where Each Mind Matters. Each Mind Matters is for everyone because mental health is for everyone. This movement belongs to all of us.

Family Service Agency of Marin
http://www.fsamarin.org/
Family Service Agency of Marin, through counseling, education and advocacy, strengthens the many forms of family life, promotes the health and self sufficiency of family members of all ages and cultures, and champions freedom from abuse, violence and poverty.

Instituto Familiar de la Raza
http://ifrfr.org/
415-229-050
At the institute, clients shall be able to obtain services for their problems without having to overcome additional problems associated with the provider’s inability to communicate in Spanish or to understand the Raza culture in the United States. Clients shall be able to obtain services for their current psychological problems without being subjected to unsolicited or unconsented cultural imposition. Clients with special needs associated with recent immigrant status, culture shock, intercultural conflict and/or poverty shall be able to obtain help from persons skilled in dealing with these problems.

Inspire USA Foundation – ReachOut
Inspire USA Foundation works directly with teens and young adults, designing and delivering innovative technology-based services that promote mental health and prevent suicide. ReachOut.com is the Inspire USA Foundation’s primary online platform and avenue of outreach.

John F. Kennedy University
http://www.jfku.edu/
With nationally recognized programs, John F. Kennedy University offers innovative and flexible higher education opportunities to enable you to achieve success in your professional and personal goals.
Mental Health Association of San Francisco
http://www.mentalhealthsf.org/
415-421-2926
The Mental Health Association of San Francisco has provided leadership in mental health education, advocacy, research and service for the diverse communities of San Francisco for nearly 60 years. An organized movement of concerned citizens in San Francisco established the San Francisco Mental Hygiene Society in 1947 as a non-profit organization. The present name was adopted in 1957. The San Francisco-based organization is one of 340 Affiliates of the National Mental Health Association throughout the United States.

MHSA Stigma and Discrimination Initiative
http://calmhsa.org/programs/stigma-discrimination-reduction-sdr/
855-226-4572
The Stigma and Discrimination Reduction (SDR) Initiative uses a full range of Prevention and Early Intervention Strategies across the lifespan and across diverse backgrounds to confront the fundamental causes of stigmatizing attitudes and discriminatory and prejudicial actions.

Napa County Mental Health
http://www.countyofnapa.org/Pages/Department.aspx?id=4294967360
707-253-4306
Napa County Mental Health offers community-based mental health services in partnership with regional organizations, individual providers and hospitals. Our integrated system delivers a broad range of services to individuals in need of mental health care.

NAMI Santa Clara County
http://namisantaclara.org/
408-453-0400
The mission of NAMI Santa Clara County is to help people with mental illness, families, and the community by providing support, education and advocacy for those suffering from mental illness; to promote research, to reduce stigma and guilt; and to improve services by working with health professionals and families.

Napa County Office of Education
www.napacoe.org/
707-253-6810
Napa County Office of Education provides services in several major areas:
Student Services, School Services, Business Services, School and Community Partnership Projects, and NCOE Research and Professional Development Center
NAMI East Bay
http://www.nami.org/MSTemplate.cfm?Site=NAMI_East_Bay
NAMI East Bay shares the NAMI mission goals regarding support, education, advocacy and research. They strive to accomplish these goals through public education and information activities, family and consumer peer education and support activities, and advocacy on behalf of affected families and people living with mental illness.

NAMI Marin
http://namimarin.org/
415-444-0480
NAMI Marin is dedicated to improving the lives of individuals and families living with mental illness, through advocacy, education and support.

RAMS, Inc.
http://www.ramsinc.org/
415-668-5955
RAMS, Inc. is a private, non-profit mental health agency that is committed to advocating for and providing community based, culturally-competent, and consumer-guided comprehensive services, with an emphasis on serving Asian & Pacific Islander Americans.

RYSE Center
www.rysecenter.org/
510-374-3401
RYSE creates safe spaces grounded in social justice that build youth power for young people to love, learn, educate, heal and transform lives and communities

Santa Clara County Mental Health
http://www.sccgov.org/sites/mhd/Pages/default.aspx
1-800-704-0900
The County of Santa Clara offers a wide and diverse variety of mental health services for individuals and families.

Santa Clara County Suicide Prevention
http://www.sccgov.org/sites/mhd/Resources/SP/Pages/default.aspx
408-885-3982
Santa Clara County Valley Medical Center
http://www.scvmc.org/Pages/home.aspx
408-885-5000
Santa Clara Valley Medical Center is dedicated to the health of the whole community. It is their mission to: Provide high quality, cost-effective medical care to all residents of Santa Clara County regardless of their ability to pay; make available a wide range of inpatient, outpatient and emergency services within resource constraints; maintain an environment within which the needs of their patients are paramount and where patients, their families and all their visitors are treated in a compassionate, supportive, friendly, and dignified manner; support a setting within which quality medical education and professional training are conducted for the welfare and benefit of our patients and community and sustain a workplace which recognizes and appreciates our employees and allows employees to realize their full work potential.

San Mateo County Health System Mental Health
http://smchealth.org/bhrs/mh
650-573-2541
The Health System’s Behavioral Health and Recovery Services (BHRS) provides a broad range of mental health services to individuals with mental illness in San Mateo County, including seriously mentally ill adults and emotionally disturbed children, older adults at risk of institutionalization, children in special education or at risk of out-of-home placement, and people of any age in a major crisis.

San Francisco Mental Health Board
http://www.mhbsf.org/
415-255-3474

San Francisco Suicide Prevention
http://www.sfsuicide.org/
415-984-1900
The mission of San Francisco Suicide Prevention is to provide emotional support, education, assistance and intervention as necessary to all persons in crisis and those impacted by them, with the goal of reducing suicides and self-destructive behaviors.
Suscol Inter-tribal Council
http://www.suscolcouncil.org/
707-256-3561
The Mission of Suscol Intertribal Council is to develop and maintain a Native American Cultural Center in Chiles-Pope Valley, located in the Northeastern corner of Napa County, CA. The Cultural Center will be a sustainable, environmentally-friendly, open space whose living sculpture building will be used for educational outreach as well as preserving and protecting Native American sacred sites and traditions. Suscol Council is dedicated to preserving human rights for indigenous people by linking with other NGOs around the world.

TEAM UP (Tools for Entertainment and Media)
http://www.eiconline.org/teamup
TEAM Up is a project that brings together mental health experts, entertainment industry professionals and journalists whose purpose is to encourage deeper reporting and more accurate depictions of people living with mental illness. TEAM Up aims to provide support to those storytellers—including editors and reporters, actors and musicians, and writers in all media—in their efforts to report news and in stories that help their audiences better understand the world around us. This support comes in the form of resource materials, training and technical assistance to ensure that media tell engaging stories while minimizing stigma and discrimination.

University of California Office of the President Student Mental Health Initiative
510-987-9851
Proposition 63, the Mental Health Services Act, was passed by California voters in November of 2004 to address mental health issues in the state. The Student Mental Health Initiative was created to expand suicide prevention efforts and mental wellness promotion in the K-12 and higher educational systems. This legislation will provide opportunities for higher education institutions and segments to apply for grant funding to meet student mental health needs. UC faculty and staff are currently working with state agencies to gain funding for all UC campuses.

Victorious Black Women
https://www.facebook.com/VictoriousBlackWomen
209-888-5267
Victorious Black Women work towards liberating, enlightening, and encouraging all people in our community.

Women’s Recovery Association
http://www.womensrecovery.org/
650-348-6603
The Women’s Recovery Association provides information on facilities, treatment programs and a wide variety of other services.
Picture This Team

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Marie Gallo Dyak, Executive Vice President, Program Services & Government Relations
Larry Deutchman, Executive Vice President, Marketing & Industry Relations
Nedra Kline Weinreich, Project Manager
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End Notes


v U.S. Department of Education, Office of Special Education Programs, Data Accountability Center, Individuals with Disabilities Education Act (IDEA) Data, “State Rank-Ordered Tables,” Table 1.3b, Data Analysis System (DANS), (July 15, 2008), https://www.idea.gov/staterankordered-tables.asp.


viii Ibid.

ix Ibid.

x Ibid.


xvi Ibid

Panelists listen to introductions from the mental health stakeholders in the audience.
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  - HIV and AIDS
  - Sexually Transmitted Infections
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  - Firearm Safety
- Intellectual Disabilities
- Lung Cancer
- Mental Health
  - Bipolar Disorder
  - Depression
  - Post-Traumatic Stress Disorder (PTSD)
  - Suicide Prevention
- Nutrition
  - Eating Disorders
  - Healthy Diet
  - Healthy Living
  - Obesity
- Orphan Diseases
- Science, Engineering, and Technology
  - Skin Cancer and Sun Safety
  - Smoking and Tobacco Use
  - Substance Abuse: Prevention, Treatment, and Recovery
- Traffic Safety
  - Safe Driving
  - Seat Belt Use
- Veteran Mental Health
- Violence
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