MENTAL HEALTH STORY IDEAS
A part of the TEAM Up toolkit on covering mental health concerns

These are recent headlines from California newspapers, involving different people in different cities. In a way, however, they might show the same misleading fragment of the story, leading observers to conclude that those living with a mental illness are, for example, prone to violence. (In fact, statistics show that most people who have a mental illness don’t commit crimes; most people who commit crimes don’t have a mental illness.)

In other ways, the full picture of mental illness is not shown in news coverage, even when coverage is measured over time. For every incident that gets reported, there are hundreds of hidden details. There are other stories, too, of people with mental health disorders living gratifying lives and accomplishing great things. The story of mental health and mental illness, in other words, is complex and nuanced—and depends on good reporters to tell it.

When possible, try to show the many facets of mental health concerns in a personal way—including perspectives of those living with a mental illness, their family members, and issues as seen from the viewpoint of public policy specialists. Here are a few ideas to illustrate how every reporter on every beat can find and cover the nuanced stories of mental health.

FIRST-PERSON ACCOUNTS

Many people who have a mental illness are able to work, live independently, and have healthy relationships. The National Institute of Mental Health reports that 1 in 4 U.S. adults, approximately 5.7 million individuals, experience a mental health disorder in a given year (see www.nami.org/template.cfm?section=about_mental_illness). Because people with mental health problems are often stereotyped, hearing directly from (and seeing the faces of) those living with mental illness can encourage early detection and treatment. Allowing those in recovery to speak in their own voices, through an interview with a journalist, can be a powerful way to tell their stories and promote accuracy and understanding.
UNCOVER THE SYSTEMS THAT CAN HELP SUSTAIN HEALTH

A reporter covering local business might find out which employers offer mental health programs, such as employee assistance programs. Do these company programs provide services for temporary mental wellness services, such as coping with separation or divorce, or for long-term mental wellness services for bipolar disorder or schizophrenia? If so, **profile such a program and find out why it works for employees—and the business.** The company may provide anonymous on-site counseling, exercise and wellness plans to reduce workplace stress, or seminars on recognizing signs of mental illnesses such as depression. A story might reveal that such programs reduce mental health problems for employees and also improve the company’s profitability through fewer missed workdays and higher worker productivity.

The story doesn’t stop there: What systems exist for those who don’t have access to employer-based services? County—and community—based programs can give your audience a view of where people without employee-based health care can turn for help.

REMEMBER THE SCHOOL NURSE?

Does your school district have a psychologist or provide mental health counseling to students? **According to the National Institute of Mental Health, “unlike most disabling physical diseases, mental illnesses begin very early in life. Half of all lifetime cases begin by age 14; three-quarters have begun by age 24.”** Interviewing a school psychologist or therapist would provide your audience with some understanding of the mental health concerns children in their communities are experiencing. If there is no full-time or part-time staff, what does your school district do to assist students with ongoing mental health challenges? If government cutbacks have reduced the help available, is there any correlation with an increase in mental health problems escalating into more serious problems for the school district?

THE MENTAL-PHYSICAL CONNECTION

Often mental health and physical health are considered separate, when in fact they are inextricably linked. **Many medical conditions can have mental health implications, and yet that is rarely explored in news coverage.** Cancer patients, for instance, may deal with depression as a result of their disease or because of the powerful drugs they are taking. Untreated mental health problems can lead to physical problems as well. The full story could include examinations of the connections between mental health and physical health.

CULTURE MATTERS

No state is as culturally diverse as California, or as rich with stories about how **cultural differences affect attitudes about mental health.** Are there particular beliefs among different groups in your community about seeking help from mental health professionals? Do some groups seek treatment more than others, and what are mental health experts and leaders in the communities doing to reach out to those who do not? Statewide data are available to explore local angles. See the California Reducing Disparities Project (**www.dmh.ca.gov/Multicultural_Services/CRDP.asp**). Consider a story on **culture and gender issues and mental health**, and how they relate to prevention and early intervention.
FAMILY MEMBERS AND FRIENDS
While an individual experiences the symptoms of a mental illness, the entire family experiences the trauma. Parents, partners, children and siblings of people living with a mental illness play a role in the recovery process, and can be an asset to treatment. Family services and supports include managing crises, providing education, and practicing the skills proved to be effective in promoting recovery. Consider a story on the stresses (and the rewards) for family members and friends who are assisting in the recovery of a loved one.

EFFECTIVE SERVICES
Consider profiling the various professionals and health care service providers who make up the multidisciplinary service teams for people living with a mental illness. These include, but are not limited to, psychiatrists, psychologists, psychotherapists, college and high school counselors, nutritionists, peer group members and leaders, yoga instructors and art teachers who have specific training in therapies that have played a role in helping people with mental health disorders. Such a close-up would provide insight into the current best practices for mental health services.

FOR EVERY STATISTIC, THERE’S A STORY
When a city or county releases statistics or news about changes in programs, examine the results. Reports on homelessness, for example, can do more than just provide the numbers. A disproportionate number of homeless people have severe mental illnesses—20 to 25 percent, versus 6 percent of Americans who have severe mental illness, according to the National Coalition for the Homeless in 2009—and their numbers on the street may be affected by the elimination or addition of government programs. Was a new housing assistance center recently established downtown? Was an established agency recently shuttered and its programs along with it? If numbers are going up or down, find out why, and find a way to tell individual stories of the people affected by such changes. Provide resources so that your audience can find out more.