

CAREGIVER OUTREACH

to our community

Mental Health in
Southwestern
Pennsylvania



ACKNOWLEDGEMENTS & THE EIC TEAM

ACKNOWLEDGEMENTS

Involvement in health issues can be as basic as finding research papers on the Internet or as complex as delving into public policy and the philosophical positions of interest groups. Most important is the perspective of people whom, for one reason or another, make a deeper commitment by dedicating their time to a cause.

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SPECIAL MESSAGE

from JONI S. SCHWAGER

Executive Director

Staunton Farm Foundation



The Staunton Farm Foundation is pleased to provide resources to increase public awareness and understanding of behavioral health issues in southwestern Pennsylvania. In order to promote change and eliminate misconceptions, the Staunton Farm Foundation has collaborated with the Entertainment Industries Council, Inc., to launch a dynamic mental health awareness project including media training for behavioral health leaders, detailed action strategies, an informational toolkit and a media recognition program.

The diagnosis of a mental illness should be something that begins a personal journey for both the consumer and his or her loved ones that will ultimately lead to a healthier and more fulfilling life. Instead, shame, embarrassment, and secrecy are still the emotions frequently tied to an individual's diagnosis.

This toolkit aims to provide information to allow behavioral health caregivers to communicate with the media to express personal stories and to use your expertise to eliminate misconceptions. We know that accuracy yields change, and thus, through education and informational resources, great things can be achieved in generating awareness about behavioral health. This toolkit continues our efforts enhance proven treatments, supports, beliefs, and attitudes.

SPECIAL MESSAGE

from Brian L. Dyak

President, CEO, and Cofounder
Entertainment Industries Council, Inc.



The Entertainment Industries Council, Inc. recognizes that local caregivers and mental health professionals make a variety of positive contributions toward promoting awareness of health and social issues. In particular, the Southwestern Pennsylvania caregiver has the ability to work with the media industry to influence the beliefs and attitudes toward mental health by providing accurate, timely, and newsworthy information.

In truth, many people lead healthy lives that are virtually symptom-free mainly due to an appropriate diagnosis and treatment plan. When portraying and telling stories about behavioral health issues, caregivers can use the media and other means to inform and empower the public to seek medical attention and support by reducing their fear surrounding what a diagnosis means.

This toolkit was designed to give you the tools to provide the media with mental health information personal stories, and accurate mental health information. In this toolkit you will find tips, local health resources, and tools for getting your message out to the media in order to create a more informed and aware community. As you know, the influence of mental health experts is immense, with the inclusion of accurate information, positive social and behavioral change is inevitable.

For specific action strategies please visit:

http://www.eiconline.org/resources/publications/z_localapproach/Pittsburgh%20Bklt.pdf

SUPPORT FROM POLICY-MAKERS

from Tim Murphy

United States Congressman,

18th Congressional District of PA, Co-Chair Congressional Mental Health Caucus



"We have really three issues we're dealing with when involving the media. First is the portrayal of mental illness; second is making sure we understand how it affects attitudes and beliefs about mental illness; and third, what can be done to break down some of the stigmas? We all have roles to play, information comes over the TV—that flat screen in people's homes—and it has an impact.

We recognize that impact is huge. About 54 million Americans suffer from some type of mental illness. According to mental health studies, suicide is the eighth leading cause of death in the United States, as well as a leading cause of death among adolescents and the elderly. About 30,000 Americans commit suicide annually, and 500,000 Americans attempt suicide annually, and these are folks who are looking for a sense of hope and oftentimes feel hopeless.

The exchange of ideas and information among a wide range of professionals, the media, the mental health field, families and others concerned, is essential. The media is a great avenue for this. I believe that in television news and in television entertainment, accurate portrayals of mental illness and getting behind the story actually makes for a more fascinating story.

Think of it this way: in some ways, we have not advanced much beyond the days of the Salem witch trials if all we do is see people with mental illness as people we want to be away from. We hear stories from people who don't want treatment facilities in their town, let alone their neighborhood, because they fear it is a bunch of drug addicts and other people who authorities may come searching after creating problems in their community. This is not the case.

Mental health professionals working with folks in the media can help provide background information that, without a doubt, will make for interesting stories and compelling television, newsprint and radio. Each story told in its own way contributes to the greater public awareness which is needed."

BIOGRAPHY

In January 2011, Congressman Tim Murphy began serving his fifth term in Congress representing the 18th District of Pennsylvania, encompassing the South Hills of Pittsburgh and portions of Washington and Westmoreland counties.

Congressman Murphy relies on his three decades as a psychologist to advocate for meaningful reforms in the US healthcare system. As one of only a handful of members of Congress with a background in healthcare, Tim quickly established himself as a leader on the issue. He is Co-Chair of the 21st Century Healthcare Caucus, Mental Health Caucus, GOP Doctor's Caucus, and Men's Health Caucus, providing him with a platform to educate other members of Congress and the public on ways to make healthcare more affordable and accessible for all families.

Congressman Murphy also serves as a Lieutenant Commander in the U.S. Navy Reserve Medical Services Corps, working with wounded warriors with Traumatic Brain Injury and Post-Traumatic Stress Disorder.

SUPPORT FROM POLICY-MAKERS

from Jake Wheatley

State Legislator,

19th Legislative District of Allegheny County, PA



"If you are under some directions and guidance and have some support system, you can definitely live and manage a very productive and long life. And so, for me, I'm very committed to this question of: What do we do, not only to raise and heighten the awareness around the question of mental health, but how do we develop support systems, real support systems, real ways to help people deal with their circumstances?"

They're all health issues. So I think this step today, the Picture This, trying to educate individuals, trying to popularize a different way of looking at this subject matter, I think, will go a long way in attacking the stigma of mental health.

I'm glad we're going to have this conversation, I'm glad, hopefully, that we'll start to see images and portrayals of people and regular everyday folks who live, for the most part, normal productive lives."

BIOGRAPHY

PA Rep. Jake Wheatley Jr., D–Allegheny, has been serving the people of the 19th Legislative District since 2002, which includes historic Pittsburgh neighborhoods such as: the Hill District, North Side, Downtown, and Oakland among many others.

He is a recognized United States Marine combat Veteran of Operation Desert Storm who received the Combat Action Ribbon, National Defense Service Medal and the Kuwaiti Liberation Medal. Rep. Wheatley holds a bachelor's degree in political science from North Carolina Agricultural and Technical State University where he graduated Magna Cum Laude. He received his Masters of Public Administration from the Graduate School of Public and International Affairs at the University of Pittsburgh.

MYTHS VS. FACTS

Accurate and timely information provides an indispensable public service by debunking common misconceptions about mental health-related issues. The following myths and facts may help to clarify mental health issues and underscore the need to address the priority messages regarding stigma, hope, integration of healthcare, parity, and decriminalization of those with mental health conditions.

MYTHS	FACTS
There is no hope for people with mental illnesses.	There are increasing numbers of treatments, strategies, and support systems for people with mental health conditions that help them lead active, productive lives.
I cannot do anything for someone with mental health needs.	There are countless ways to help, beginning with simple actions and words. You can help to nurture an environment that builds on peoples' strengths and promotes mental health treatment and support.
People with mental illnesses are violent and unpredictable.	The majority of people with mental health conditions are no more violent than those without mental health conditions. In fact, they are more often the victims than they are the aggressors.
Mental illnesses cannot affect me.	Mental illnesses are common, affecting almost every family in America. They do not discriminate against age, sex, religion, or lifestyle.
Mental illnesses are brought on by character weaknesses.	Mental illnesses are a product of the interaction of biological, psychological, and social factors. Genetic and biological factors are associated with schizophrenia, depression, and alcoholism. Social influences, including loss of a loved one or a job, can also contribute to the development of various disorders.
People with mental illnesses cannot hold down a job.	In essence, all jobs are stressful to some extent. Productivity is maximized when the right fit is found for the employer and the individual, regardless of mental illness or mental health.
Once people develop mental illnesses, they will never recover.	Most people being treated for their mental illnesses get better, and many recover completely.
Children do not experience mental illnesses. Their actions are just products of bad parenting.	A report from the President's New Freedom Commission on Mental Health showed that in any given year, 5-9% of children experience serious emotional disturbances. Just like adult mental illnesses, these are clinically diagnosable health conditions that are a product of the interaction of biological, psychological, and social factors.
Those who do not "get better" are not actively engaged in the recovery process.	No one can be blamed for the effectiveness of his or her recovery from an illness. Many people work hard on finding the right way to manage the disease and continue to suffer the symptoms until the best treatment is found. Assuming that a person who continues to suffer is not "trying" to get better is unfair and counterproductive. ³⁵

CHECKLIST FOR CAREGIVERS

Use this checklist to guide you through the activities necessary to incorporate a Mental Health Awareness Campaign into your practice or organization!

AS A CARE PROVIDER...

✓	■ COMMON MISCONCEPTIONS ABOUT MENTAL HEALTH Create brochures using the myth/fact sheets located on page 8.
✓	■ BECOME FAMILIAR WITH THE NEW HEALTH CARE LAW Review how the Patient Protection and Affordable Care Act impacts mental health services and patients on page 36.
✓	■ BE AN EXPERT Make yourself available as a reliable resource to your local media. Refer to the Media Skills section on page 19.
✓	■ GET INVOLVED Form a support group for your patients dealing with mental health issues using our guidelines located on page 11.
✓	■ SPREADING THE WORD Encourage your patients to share their experiences so that others in the community have a stronger understanding the issue of mental health.



ADVOCACY: CARING AND POWER

WHAT DOES ADVOCACY MEAN?

Advocacy is acting as a voice in support of something, such as people, groups, or issues. When a voice of support is on behalf of one person, it is called case advocacy. When support is shown on behalf of a group of people, it is known as class advocacy. An individual or a group can assume this responsibility.²³

WHAT ARE SOME STRATEGIES FOR ADVOCACY?

- **Educate:** Educate relevant officials and the general public on the issue at hand.
- **Influence Legislation:** Learn to lobby about specific issues in order to get laws revised, abolished, or passed.
- **Influence Administrative and Regulatory Agencies:** While legislative bodies write new legislation, administrative and regulatory agencies are responsible for implementing this legislation.
- **Organize Public Hearings:** This will help you find out what the citizens and/or interested people want.
- **Take Legal Action:** If necessary, take certain issues up with the court system. This may help to influence decision-making.
- **Defensive Advocacy:** Be prepared to support the position you are standing for.²³

WHAT ARE SOME REACTIONS YOU CAN EXPECT WHEN ADVOCATING?

- Cooperation, negotiation, or bargaining
- Disregard or sidetracking
- Threat and intimidation
- Delaying tactics or runaround
- “You do not understand, we are the true experts.”
- “There are more important issues at hand.”
- “The community will not accept your position.”
- “There is no money to do this.”

ADVOCACY AND EDUCATION:

Education is a large part of advocacy. Consider reaching out to different groups that may help to strengthen your support. Talk to service personnel or overworked individuals as resources.²³ You may consult:

- Public officials, librarians
- School principals
- Researchers
- Other experts²³

FORMING A SUPPORT GROUP

A support group brings together people with similar struggles, lifestyles, or experiences. Creating a support group for your patients will help them decompress and discuss experiences that accompany a diagnosis of a mental health condition. Support groups can provide great insight the media may be interested in exploring for stories from you.

STEP 1	<ul style="list-style-type: none"> Decide upon a schedule. Take into account participant availability. How often and what times will your group meet?
STEP 2	<ul style="list-style-type: none"> Set a limit for the number of participants. If support groups are too big, they will not be effective.
STEP 3	<ul style="list-style-type: none"> Find a location. Make sure it is a safe environment that encourages sharing. It should be somewhere central among participants and easily accessed by public transportation.
STEP 4	<ul style="list-style-type: none"> Decide upon a meeting structure. Consider how your meeting will run, including roles of the moderator and participants.
STEP 5	<ul style="list-style-type: none"> Create a meeting agenda and stick to it so the meeting moves smoothly. See a sample agenda on page 12.
STEP 6	<ul style="list-style-type: none"> Center each meeting on group participation and mutual respect. Members are more likely to remain committed when they feel personally involved and respected.
STEP 7	<ul style="list-style-type: none"> Create ground rules for the group and enforce them. Make sure participants know that they may leave at any time if they feel uncomfortable.
STEP 8	<ul style="list-style-type: none"> Make sure to state that everything that goes on in the meetings is confidential. What happens in the meeting stays in the meeting.

SAMPLE SUPPORT GROUP MEETING AGENDA

BREAKING THE ICE

It is important to begin with a type of “get-to-know-you” activity. The majority of people will be nervous or scared and will need something to ease their stress. An icebreaker is particularly important in a support group because people need to feel comfortable around others if they are going to want to share their experiences.

For ideas on icebreaker activities for small groups, visit

<http://communication.howstuffworks.com/business-communication-icebreaker4.htm>.

INTRODUCTION OF MEETING FORMAT

- Review the format of the meeting and the activities that will occur. Also designate a concluding time for the meeting (e.g., “The discussion will last until the meeting adjourns at 9pm”).
- Discuss the ground rules for the meeting. Some rules may include:
 - When you are not sharing, please be respectful of those that are speaking.
 - If at any time you feel unable to abide by these rules or feel uncomfortable with the meeting topic, it is ok to excuse yourself quietly.
 - Give each participant the opportunity to introduce him or herself to the group by name and condition (e.g., “Hi, my name is Jim...”).

OPEN GROUP DISCUSSION

Facilitate open group discussion among the participants, ensuring that everyone who wants to share has a turn to do so. Often, commonalities among participants may be encountered during their introductions. Use this information for a beginning discussion topic.¹ Keep track of time through this process and give adequate notification of how much time is left.

CLOSE THE MEETING

Summarize what happened and give any closing remarks. Ask for feedback from the participants to determine what was helpful or what could be changed. Decide on future meeting times.

For additional assistance on support group structure, including discussion topics, and tips for facilitators, visit:

<http://www.dbsalliance.org/pdfs/Detailed%20Meeting%20Agenda%20Sample.pdf>

HOW TO AVOID USING STIGMATIZING LANGUAGE

LEAD BY EXAMPLE

It is important to avoid language that enhances the negative connotations associated with mental illnesses and their symptoms. Here are a list of “Do’s and Don’ts” from the Mental Health America in Allegheny County, PA²²:

DO

- DO** focus on what a person can do, not on what they can’t do.
- DO** stand up to people if they show a stigmatizing attitude.
- DO** describe mental illness as a biological or chemical disease.
- DO** contact expert resources to explain facts related to mental illness or to ask how to handle mental illness.
- DO** respect a person’s right to privacy for treatment.²²

DO NOT

- DO NOT** label people by their illness. For example, a person should not be called a “schizophrenic,” but rather, “a person with schizophrenia.”
- DO NOT** use a diagnosis casually. Use only exact and correct medical words. For example, do not use the word “schizophrenia” to describe an incident of delusional or hysterical thoughts or behaviors.
- DO NOT** portray a successful person with disabilities as “superhuman”.
- DO NOT** use terms that label people such as “retarded” or “mentally ill”.
- DO NOT** use language such as “crazy” or “weirdo”.²²

REACHING OUT TO THE MEDIA

FREQUENTLY ASKED QUESTIONS

As a caregiver, you want to convey to the community your knowledge and experience surrounding mental health. However, you might be unsure of exactly how to disseminate these points. The media is an effective and inexpensive way to reach large audiences quickly. This section will give you an overview of how the various media outlets work and what to do when you contact them or after receiving a call back.¹⁰

WHO SHOULD I CONTACT?

Some questions when deciding upon a point of contact are:

- What specific reporters cover medical stories?
- Who is the Director of Community Affairs?
- Who produces the local morning show?
- Who is the Assignment Manager?¹⁰

By contacting the correct individual the first time, you increase your chances of pursuing your topic in the media. It is important to do your research on individuals prior to contacting them.

Try to contact individuals directly and avoid “information” e-mails or phone and fax numbers.

HOW DO I COMMUNICATE WITH THE MEDIA?

Keep in mind media representatives are busy and you should communicate with them as clearly and concisely as possible. There are several ways you can communicate with the media:

- **Pitch letters:** A personalized letter ‘pitching’ a topic or event that is newsworthy.

For tips on writing pitch letters, visit:

<http://www.afterschoolalliance.org/mediaTipsPitch.cfm>

- **Press releases:** A two to three-page report detailing the specifics of an event that has or will take place.
- **Media kits:** A quick overview of what your organization has to offer or what it is that you want covered by the media. This may include photos, background information on your organization and the topic, and contact information.¹⁰

Go to page 17 for additional tips on writing for the media.

REACHING OUT TO THE MEDIA

HOW DO I GET MY MESSAGE ACROSS?

Framing your message properly is the key to being noticed and obtaining media time. Consider the following:

- What is your goal? What do you want to accomplish? Be specific.
- Decide upon a core message and key points parallel with your goals. This message should promote understanding and education about mental illnesses.
- Incorporate your key points in multiple areas within your materials to ensure the media representative does not overlook them.¹⁰

WHEN SHOULD I REACH OUT?

Topics of interest may include mental health related events, personal stories, research breakthroughs, or new and enlightening statistics, research, and development.

Only reach out to the media when you have something that is newsworthy, interesting to the population, or when you can contribute your knowledge to a story already in the news. Contact the media when you see something negatively or inaccurately portrayed on mental illness. Remember, not everything can be labeled as newsworthy.¹⁰



TIPS AND RESOURCES

There are four main media outlets: print, television, radio, and the Internet. The table below will give you information on how the media works and how to work with it.

	PRINT	TV	RADIO	INTERNET
TIMELINE	Usually daily	Usually daily, even hourly with late-breaking news	Usually daily for news, but varies	Daily, hourly, even by the minute with late-breaking news
POINT OF CONTACT	Reporter assigned to cover medical stories, otherwise an editor	Assignment desk editors route incoming news releases and decide who, if anybody, will cover a given story	Assignment editor decides whether a local station will cover a story and who will cover it	Social Media sites, web based forums, web site editors, web master, bloggers
LENGTH	Varies from a news brief (a few paragraphs) to a feature story (which can be several thousand words)	Typically less than a minute or two long	Very brief, often less than a minute or two	Varies in length, a few paragraphs or sentences
IMPORTANT NOTES	Emphasize newsworthiness, such as local angles on national trends, "new" information, conflict, etc.	Must have images to go along with news	Typically do not gather their own news, but report from other news sources	Interactive, fast, may be current or old news, can be personal and opinionated

Taken and adapted from www.afterschoolalliance.org

TIPS AND RESOURCES

WRITING A LETTER TO THE EDITOR

- Limit length to no more than 3 or 4 short paragraphs. Research previously published letters for any formatting or content trends.
- Look for the right opportunity. For example, if a newspaper only publishes letters that respond to content, you should read every story related to mental health.
- In your first sentence, refer to the article you are responding to. Move quickly to your point and message.
- Sign your letter and include a phone number. If the letter is chosen for publication, the newspaper staff will call to confirm that the letter is from you. Your phone number will not be published.
- Send the letter to the newspaper. Research submission policies—some newspapers do not accept faxed or e-mailed letters.¹⁰

Visit the link below to view a sample:

http://www.afterschoolalliance.org/mediaNewspaperLetter2Ed.cfm#sample_letter_to_the_editor

WRITING AN OPINION EDITORIAL (OP-ED) PIECE

Op-eds are 500-750 word opinion articles.

- Research other op-ed pieces to gain an understanding of successful strategies.
- Develop a clearly defined goal before writing your piece.
- State your objectives early on and then elaborate on them.
- Include quotes and other relevant information to back up your opinion.

Visit the link below to view a sample:

http://www.afterschoolalliance.org/mediaNewspapersOped.cfm#Sample_Op-Ed

WRITING CALENDAR ANNOUNCEMENTS

Calendar Announcements are short, one-page overviews on upcoming events that are of public interest.

- Find out who compiles the community calendar for the media outlet you are pursuing.
- Include the who, what, where, when, and any additional notes of interest about the event.
- Include the date and your contact information for the media representative.

WRITING FACT SHEETS

Fact sheets are one-page handouts providing facts and statistics on a particular topic.

- Keep them short and do not include quotes from your spokesperson.
- Include statistics that catch the eye, and do not include opinions.

TIPS AND RESOURCES

INTERNET POSTS

Internet posts can range in length, are current and must be kept active for the viewer.

- Keep blogs, posts, tweets, and comments short and simple.
- Use attention-grabbing words and include quotes and statistics.
- Do not be afraid to be opinionated or reference/link to other sources, individuals or studies.
- Be interactive, expect comments, and respond.

FACEBOOK

- Target an audience to follow
- Post information 2-3 times a day linking to sites, sources, and examples, allowing people to read more
- Respond to comments from others
- Comment on other walls/posts
- Keep up to date and be active

TWITTER

- Target and follow your audience
- Posts are limited to 140 characters
- Reference facts and statistics
- Re-tweet other users relevant to the topic
- Utilize hash tags to create a community

BLOGS

- Longer in length, 2-4 paragraphs
- Provide links to reference statements, link to resources, people, places, etc.
- Ask questions to your audiences
- Respond to comments; create an ongoing interaction
- Link to Facebook and Twitter sites
- Update weekly

INTERVIEWING WITH THE MEDIA

You have reached out to one or more various media outlets and have finally received a reply. Your interview is scheduled—what do you do next?

When health professionals and experts provide information to the media, it must be presented in ways that are understandable to journalists, as well as the public. Here are some things to consider:

- **Consider the audience:** What is pertinent and interesting to them?
- **Avoid jargon:** Eliminate all the technical terms that you can without affecting your message. If you are presenting a scientific term, follow with a brief, easy-to-understand phrase.
- **Do not patronize:** Although journalists may not be experts in your field, pandering or patronizing them will undermine your credibility.
- **Use metaphors, similes, and examples:** These are great ways to explain information so the audience can understand your message. Try to relate measurements to everyday objects or common knowledge.
- **Eliminate statistics:** Personalizing data makes it more relatable to the audience.
- **Be personal:** Relay your personal story, offer emotion, and let your personality and enthusiasm for the topic shine through.
- **Be straightforward:** Label the news as good or bad to be clear for the consumer. For example, “this is good news for people who suffer chronic back pain.”
- **Back up your words:** Show your credibility by mentioning affiliations, credentials, and qualifications. Also take note that it is okay to say you do not know the answer to a question!
- **Rehearse:** Rehearse prior to the interview; however, do not ask to review a story ahead of time. This is often not possible.²⁹



INTERVIEWING WITH THE MEDIA

TIME-TESTED TECHNIQUES FOR TOUGH QUESTIONS

When interviewing with the media, you may be put on the spot or asked tough questions. Here is an overview of how you can quickly turn those around.

HOOKING: Grab a reporter's attention by making a statement that influences the next question.

Example: "We are undertaking a program to correct the situation."

BRIDGING: Answer the question and quickly move to the key message.

Example: "Yes, but..." or "No, in fact..."

FLAGGING: Emphasize key points and guide the reporter to them.

Example: "This is important news because..."

BULLETING: Burn the points of your message into the memory of the reporter.

Example: "There are two things to remember..."

In the media, when you do not know the answer, there are only 3 responses journalists find acceptable:

- I have the answer, here it is.
- I do not have the answer, but will get it for you.
- I have the answer, but cannot provide it at this time.²⁹

WHAT IS THE ISSUE HERE?

Here are some questions and directions to consider when developing a topic:

- How will you explain the issue and your response in 3-5 sentences?
- What caused the issue?
- Who will be interested in the issue?
 - List all individuals and groups specifically.
 - List facts pertaining to each.
- Create a list of possible questions from each individual or group, and prepare responses.
- If you are talking about an issue on behalf of an individual or group, contact them prior to contacting the media.²⁹

COULD YOU BE A MEDIA EXPERT?

Send this information to the media so that they will have your information on file for when they need you as an expert.

Add photo of yourself here

Name: _____

Education and Certification Information: _____

Employment/Job title: _____

Field of expertise – include any specialization that you might have (1-2 sentences):

Bio – must be one paragraph long (4-6 sentences): _____

Place any websites you represent here: _____

Contact information: _____

INTRODUCTION TO MENTAL ILLNESSES

DID YOU KNOW...?

- Over a quarter of people in the US aged 18 and older are believed to have a mental disorder in any given year.⁵
- Nearly half of those suffering with mental disorders have more than one mental illness they are dealing with.⁵
- Of the people with mental disorders, approximately 1 in 17 have a serious mental illness that significantly interferes with their daily functioning.⁵

Dealing with a mental disorder is more than treating the condition. In addition to addressing underlying issues, the symptoms and treatment options, people diagnosed with mental illness must face the stigmas attached to these conditions. Many people do not seek treatment because of these stigmas, afraid of being called crazy or violent, or being assigned inaccurate character flaws.

Most people with mental illness live productive lives, going to school, working, or raising families just as anyone without a mental disorder would. There are many different types of mental disorders. The following sections will introduce you to some common ones including post-traumatic stress disorder, depression, suicide, and bipolar depression.

THE ROLE OF THE CAREGIVER...

Caregivers are key to creating awareness, advocating for services, and informing the media about mental illness. They also act as a catalyst for proper treatment. Caregivers may be assigned the role as patient navigator to facilitate the treatment process for diagnosed individuals and their families. Patient navigators possess in-depth knowledge of treatment options that fit particular person(s) and lifestyles, thus making the process as easy as possible for patients and loved ones. Having a navigator will save a family a lot of time and energy. Educational training, armed with facts, real stories, and personal insights allows the caregiver to be a voice for the prioritization of mental health services within communities.

POST-TRAUMATIC STRESS DISORDER (PTSD)

WHAT IS PTSD?

It is important to explain that PTSD is a syndrome, or cluster of symptoms, that develops following some type of traumatic event. These events have a range of probabilities that PTSD will subsequently manifest. These events range from high (e.g., after rape or torture), to moderate (e.g., after serious injuries), to low (e.g., after natural disasters). Other examples of traumatic events include kidnapping, war, or serious accidents, such as airplane crashes.³²

WHAT ARE THE SYMPTOMS OF PTSD?

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

SEEKING TREATMENT

Psychotherapy, or counseling with a licensed mental health professional, helps many people with PTSD regain a sense of control over their lives. Support systems, such as support groups or family and friends, help in the recovery process. Sometimes anxiety-reducing medications or antidepressants may help to alleviate symptoms. It is important to understand that successful treatment incorporates multiple treatment options.³²

DID YOU KNOW...?

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



POST-TRAUMATIC STRESS DISORDER (PTSD)

DIAGNOSING PTSD AND OTHER MENTAL DISORDERS

Mental health professionals that are licensed to diagnose (e.g., psychiatrists and psychologists) refer to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The DSM-IV is published by the American Psychiatric Association (APA) and lists the standard criteria for each mental disorder that must be exhibited to have a confirmed diagnosis.

There are several factors that must be true for a diagnosis of PTSD. These factors include a history of exposure to a traumatic event and symptoms from three different categories: intrusive recollections, avoiding and numbing symptoms, and hyper-arousal symptoms.²

To view a complete list of criteria, visit:

<http://www.ptsd.va.gov/professional/pages/dsm-iv-tr-ptsd.asp>

For more information about PTSD, visit:

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



POST-TRAUMATIC STRESS DISORDER (PTSD)

PERSONAL STORIES

*The following stories and more can be found on Post Traumatic Stress Disorder Today, an online community for people living with PTSD. For more information, visit:
<http://www.mental-health-today.com/ptsd/story.htm>*

**“ONE DAY, HE
SNAPPED...”**

MILITARY SERVICE

Mr. Simmons had been shaken to the core by the intensity of his experience during the invasion of Iraq. Once a squeaky-clean Mormon boy who aspired to serve a mission abroad, he came home a smoker and drinker, unsure if he believed in God. In Quantico, he reported to the firing range with a friend. Raising his rifle, he stared through the scope and started shaking. Instead of inanimate targets he saw vivid, hallucinatory images of Iraq: “the cars coming at us, the chaos, the dust, the women and children, the bodies we left behind,” he said.

Each time he squeezed the trigger, Mr. Simmons cried, harder and harder until he was, in his own words, “bawling on the rifle range, which marines just do not do.” Mortified, he allowed himself to be pulled away. Not long after, the Marines began processing his medical discharge for post-traumatic stress disorder, severing his link to the Reserve unit that anchored him, and sending him to seek help from veterans’ hospitals. At his lowest point, in March 2006, he killed Nicole Marie Speirs, the 22-year-old mother of his twin children, drowning her in a bathtub without any evident provocation or reason.

“There was no intent,” said Gary K. Searle, the deputy Tooele County attorney. “It was almost like things kept ratcheting up, without any real intervention that I can see, until one day he snapped.”

POST-TRAUMATIC STRESS DISORDER (PTSD)

PERSONAL STORIES

SUBSTANCE ABUSE STEMMING FROM PTSD

**“WE MOVED TO
VERMONT, JUST
TRYING TO FORGET...”**

About 8 years ago, my husband and I were attacked in our bedroom by an intruder. I was stabbed, and was hospitalized for weeks. After being released, my husband and I spent a month living in my parent's house. We then returned to New York to try and live and work again. Although we moved into a different apartment (one with a door man), my husband slept with a baseball bat in the bed, and I had to tour the entire apartment when I would come in to make certain no one was there. Eventually, I got fired from my job because I just couldn't concentrate anymore. We finally moved to Vermont and took new jobs, just trying to forget.

A few years later, we moved to Connecticut as my husband was sent back to school to get his Master's Degree. My PTSD symptoms began to worsen. I started having violent thoughts, and spent a lot of time drinking. A friend recommended a therapist who specialized in PTSD and I made an appointment; I have been working with her ever since...”



DEPRESSION

Depression is more than just feeling a little blue every now and then...

WHAT DEPRESSION IS

Tell the media that depression involves consistent feelings of sadness that interferes with daily life, normal functioning, and causes pain for the affected person and those who care about him or her. Sometimes, these prolonged feelings can lead to suicide attempts. Define clinical depression as the overarching term used for the many different types of depression that can be diagnosed, then differentiate the different types such as seasonal affective disorder (SAD), postpartum depression, or major depressive disorder.³³

WHO CAN GET DEPRESSION?

Explain that depression affects both men and women, however, more women are diagnosed with depression than men. Depression also tends to run in families. A stressful or unhappy life event, such as the loss of a job or death in the family, may also trigger depression. Depression may also occur after pregnancy, which is known as postpartum depression.³³

SEEKING TREATMENT FOR DEPRESSION

Treating depression often involves a combination of treatment options. These may include medications, talk therapy, or lifestyle changes.⁶

*For more information about depression and suicide prevention, visit:
http://www.eiconline.org/resources/publications/z_picturethis/Disorder.pdf*



DEPRESSION

SIGNS AND SYMPTOMS OF DEPRESSION

- 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 suicide³³

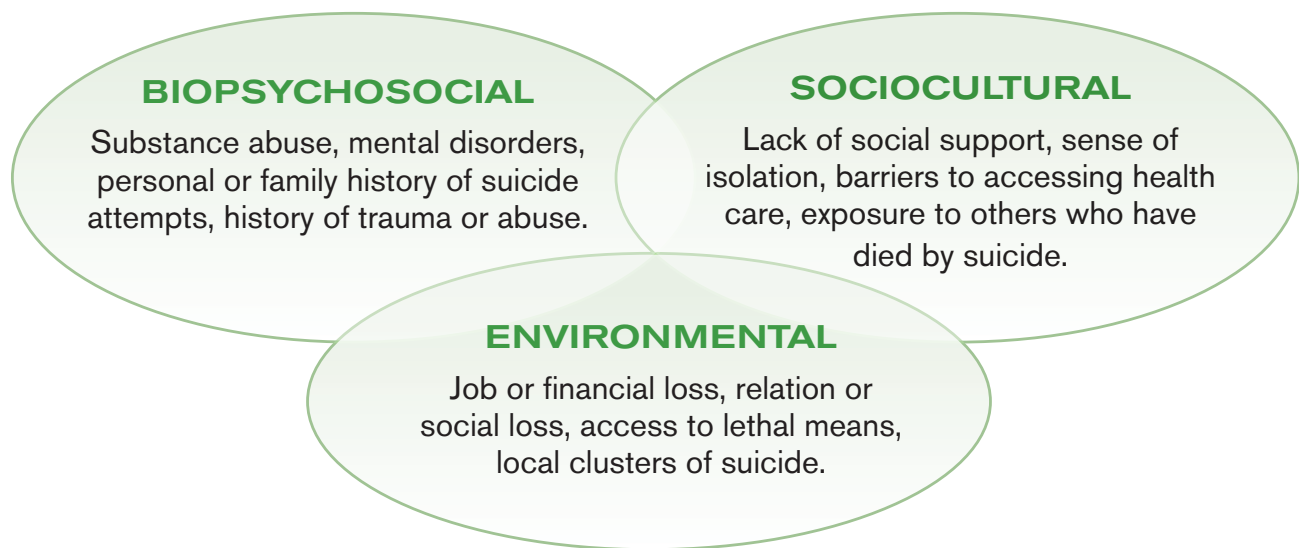
If any of these symptoms last for more than 2 weeks, a medical professional should be contacted.



SUICIDE

RISK FACTORS FOR SUICIDE

It is important to explain that the risk factors for suicide are a combination of individual, relational, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide – they may or may not be direct causes.³¹



RISK FACTORS FOR SPECIFIC POPULATIONS

- More women attempt suicides, but more men die by suicides (80%).
- Older white men have the highest suicide rate of all age groups.
- Veterans are twice as likely to die by suicide compared to the general population.
- American Indians are at the highest risk for suicide compared with other demographic groups.
- Asian Americans and Pacific Islanders most often seek support for depression, however they are the least likely to access mental health treatment as much as other racial or ethnic groups.
- Suicide rates drastically increase during adolescence.³³

SUICIDE

CURRENT NATIONAL STRATEGIES

When talking to the media about suicide the **National Strategy for Suicide Prevention (NSPP)**, is the nation's framework for preventing suicide in the United States and should be mentioned. The NSPP recognizes the toll that suicide takes on society and presents developed goals, objectives, and strategies for addressing this public health issue. Countless individuals including leading stakeholders, grassroots organizations, public servants, private individuals, and governmental agencies developed the strategy⁷

To view the goals and objectives for the NSPP, visit:

<http://store.samhsa.gov/shin/content//SMA01-3517/SMA01-3517.pdf>

The **National Action Alliance for Suicide Prevention** is a group comprised of public and private co-chairs, executive committee members, task forces, advisory groups and staff. Their mission is to advance the National Strategy for Suicide Prevention by (1) championing suicide prevention as a national priority, (2) catalyzing efforts to implement high priority objectives of the NSPP; and (3) cultivating the resources needed to sustain progress.⁸

For additional information on the Action Alliance, visit:

<http://www.actionallianceforsuicideprevention.org>

HOW TO PREVENT SUICIDE

One of the most important aspects of preventing suicide is understanding the risk factors and warning signs and intervening as soon as possible. Interventions may include one-on-one therapy. Drug therapy is also commonly considered. Additional support systems, such as support groups, family therapy, or online communities may be utilized as additional coping methods.³³

WARNING SIGNS FOR SUICIDE

- 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 like 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.³³
- Seeing no reason for living or having no sense of purpose in life.

CHASE EDWARDS' STORY OF SUICIDE

CRISIS

...I had no idea what depression was...

...had become irritable and apathetic...

...despair that was eating him up from the inside...

...an act that seemed to come from out of the blue...

"Right about now, Chase Edwards should have been starting to think about where he wanted to go to college. Or maybe he would have been filling a portfolio with creative sketches to help him apply to art school.

But instead, his parents are bracing for the fourth anniversary of the day they said goodbye to their son forever. Chase was just a few weeks away from his 13th birthday when he committed suicide – an act that seemed to come from out of the blue.

Looking back, though, his parents Jeff and Laura Edwards say the signs were all around. They just hadn't known what those signs meant. Normally a happy and quick-witted kid, Chase had become irritable and apathetic. He had trouble sleeping. He had complained of frequent stomachaches. He had cleaned his room thoroughly, and sorted his Detroit Red Wings and Simpsons collectibles. He dropped out of sports and school government. His drawings and a school essay hinted at the despair that was eating him up from the inside.

Still, no one – not his parents, his sister, his friends, his teachers, his coaches – put the clues together while Chase was still alive. But it all became clear after he died. 'I never thought Chase was depressed, and the reason I didn't is because I had no idea of what depression was,' says Jeff. 'Kids don't come with instructions, and there are some things you don't know. But what's worse is that there are some things you don't know that you don't know about.'³⁶



BIPOLAR DEPRESSION

WHAT IS BIPOLAR DEPRESSION?

Bipolar depression, commonly referred to as bipolar disorder, is a mental health condition in which a person experiences drastic mood changes from periods of high elation to depression. It interferes with a person's daily life and normal functioning.³⁴

WHAT ARE SYMPTOMS OF BIPOLAR DEPRESSION?

The depressive phase of bipolar depression mirrors the symptoms for clinical depression (see page 28). Manic symptoms, or the phase characterized by extreme elation, 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 concentrating³⁴

WHO CAN GET BIPOLAR DEPRESSION?

Bipolar depression usually surfaces in late adolescence or early adulthood. It can also begin in childhood or even later into adulthood. Symptoms may be different depending upon the age of onset.³⁴



BIPOLAR DEPRESSION

DIAGNOSING BIPOLAR DEPRESSION

Bipolar depression is a difficult disorder to diagnose, and is usually done so during a depressive phase. It is often misdiagnosed as major depressive disorder, or sometimes even as other conditions such as schizophrenia so emphasize the risk of misdiagnosis. Close monitoring of symptoms is key to a proper diagnosis. The diagnosis process can take up to 10 years.³⁴

TREATMENT OF BIPOLAR DEPRESSION

Bipolar depression is most successfully managed when a wide range of treatment methods are implemented. Treatment can also address psychological factors and include medication. Daily monitoring of moods, symptoms, treatments, sleep patterns, and life events can help patients and their families cope with this condition.³⁴

For more information on bipolar depression, visit:

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

and http://www.eiconline.org/resources/publications/z_picturethis/Bipolar_FINALw%20linking.pdf



BIPOLAR DEPRESSION

PERSONAL STORIES

Bipolar depression can affect any person, regardless of their background. Below you will find accounts of people living with bipolar depression from different backgrounds with unique circumstances.

APRIL'S STORY

During her manic episodes, April lost the ability to sleep. Her mania set off other symptoms such as lack of concentration and irritability. April's lack of good judgment and impulsive behavior took the form of huge impromptu shopping sprees. During her depressive phase, she lost her appetite and dropped to a dangerous 90lbs.

April found the help she needed and started taking medication. "Medications are what keep me stable...followed by coping skills. It... stabilizes my moods and helps me balance out." April now has a healthy sleep cycle, better concentration, and restored appetite.

April feels the news media have sometimes portrayed people with bipolar disorder as "crazy homicidal maniacs," which reinforces negative stereotypes. "I was never violent; I never even had a single violent thought."

Proving that people with bipolar disorder can lead normal, productive lives, she is now a medical researcher at a university. April says her strongest sources of support have been her mother, brother, and grandmother.

LINDA'S STORY

Linda owns and operates an Amish taxi service in Missouri. She was diagnosed with bipolar disorder at 35. Her treatment includes seven psychiatric medications and visits to a counselor she started seeing 20 years ago who lives 200 miles away.

Mental illness isn't just Linda's problem. She is only one of many generations in her family that suffers from a mental disorder. Her daughter has schizoaffective disorder.

"We are still in the dark ages when it comes to social acceptance of mental illness," Linda says. During one of her daughter's hospitalizations, Linda's co-workers confessed that they were uncomfortable with the situation and didn't know what to do. "Do what you do when someone breaks a leg. Send a card, call and say you care, take food to the family, offer to baby-sit," she told them. Linda runs a successful business and has been married for 42 years.

"I would, without hesitation, be willing to tell anyone I have a mental illness...I have ended up having a very good life in spite of severe bipolar disorder...I want people to know there is every reason to have hope."

MENTAL HEALTH in the CORRECTIONAL SYSTEM

Mental health is a major issue for state and federal correctional facilities. Each day, 300,000 to 400,000 people with mental illnesses are incarcerated in the United States. More than 500,000 individuals are currently in the correctional system. Prisoners with mental illnesses are vulnerable to the conditions of correctional facilities such as the lack of an adequately nutritious diet, harassment from other prisoners, or the experience of solitary confinement. The overcrowding and insufficient staffing of correctional facilities can negatively affect their quality of mental health.²¹

It is important to keep in mind the role mental health can play on the correctional system. At the local level, there may be a lack of knowledge regarding mental health issues among law enforcement officials, particularly in rural communities. Cities generally have larger populations and thus experience a wider variety of mental health conditions. Thus, the law enforcement agencies in these small communities may be ill equipped to handle encounters with individuals experiencing mental illness. This could lead to improper incarceration and the absence of necessary treatment for the individual.

AS A CARE PROVIDER, YOU CAN HELP SEVERAL WAYS:

- Consider volunteering your time and knowledge on mental health within your local correctional facility. What are the rules on doing this? Are you able to form and lead a support group? Can you go in and talk to the individuals?
- Work with the media to ensure they are accurately portraying the issue of mental health in the correctional system. See our media guide on page 14.
- Do you have any patients you know with a higher risk for incarceration? Any patients with a previous record? If your patients are open about this topic, consider it a way to promote adhering to treatment.

DID YOU KNOW...?

- Over half of all inmates in state prison suffer from a mental disorder for at least a year.
- Federal prison has 44.8% of inmates that suffer from a mental disorder.
- Nearly two-thirds (64.2%) of inmates in local jails suffer from mental disorders.²⁰

MENTAL HEALTH and the PATIENT PROTECTION and AFFORDABLE CARE ACT

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as the Health Care Reform Law, will expand access to healthcare services over time; this includes mental health services. The Bazelon Center for Mental Health Law is a nonprofit organization dedicated to the integration of mental health issues with policy and law. Bazelon has compiled a document on what Health Care Reform means for mental health services. Here are a few highlights on how the law will benefit those with mental illnesses.⁹

- **“Guaranteed issue and renewal”**: Health insurers will have to sell and renew policies to all who apply.
- **Pre-existing conditions** do not exclude people from health insurance coverage.
- **Health plans** cannot have a lifetime or annual limit on certain benefits.
- **People with poor health** cannot get charged higher premiums.
- **Health insurers** cannot discriminate based on a person’s mental or physical disability.
- **Young adults** (up to age 26) are allowed to remain on their parents’ health insurance plans.
- **Access** to health insurance coverage through private plans and Medicaid is expanded
- **Certain standards** for health insurance policies have been set to protect consumers. These include minimum requirements regarding services that must be covered.
- **Mental health** and substance abuse services are mandated to be covered.
- **Medicaid** has been changed to increase benefits to people with disabilities, including psychiatric disabilities.

To view the entire document on the integration of mental health services into PPACA, visit:
<http://bazelon.org.gravitatehosting.com/LinkClick.aspx?fileticket=v17M9e4g094%3d&tabid=104>

DID YOU KNOW...?

Encouraging more coordinated primary care and specialty mental health care, promoting preventive services, fostering workforce development initiatives, and making other changes designed to improve the quality and availability of services that people receive.

MENTAL HEALTH TERMINOLOGY

ANXIETY: Anxiety is used to describe the feelings associated with a category of mental disorders composed of multiple physical and psychological symptoms, but all conditions concerning anxiety have common feelings of apprehension, tension, or uneasiness. Among the anxiety disorders are panic disorder, agoraphobia, obsessive-compulsive disorder, post traumatic stress disorder, and generalized anxiety disorder.

BEHAVIORAL HEALTH: Personal attributes such as beliefs, expectations, motives, values, perceptions, and other cognitive elements; personality characteristics, including affective and emotional states and traits; and overt behavior patterns, actions, and habits that relate to health maintenance, to health restoration, and to health improvement.²⁵ In this context, it is the person's response to mental health and substance abuse.

COGNITIVE BEHAVIORAL THERAPY: An empirically supported treatment that focuses on patterns of thinking that are maladaptive and the beliefs that underlie such thinking. Therapists using Cognitive Behavioral Therapy are active, problem-focused, and goal-oriented.²⁴

DEPRESSION: An illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, feels about oneself, and thinks about things. Symptoms include: sadness, lack of interest in activities and others that were once enjoyable. These feelings can last for weeks, months, or years without adequate treatment.¹⁴

DEMENTIA: Dementia is not a specific disease. It is a descriptive term for a collection of symptoms that can be caused by a number of disorders that affect the brain. People with dementia have significantly impaired intellectual functioning that interferes with normal activities and relationships. They also lose their ability to solve problems and maintain emotional control. They may even experience personality changes and behavioral problems such as agitation, delusions, and hallucinations. While memory loss is a common symptom of dementia, memory loss by itself does not mean that a person has dementia. Doctors diagnose dementia only if two or more brain functions - such as memory, language skills, perception, or cognitive skills, including reasoning and judgment - are significantly impaired without loss of consciousness.²⁶

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

(DSM): The standard classification of mental disorders used by mental health professionals in the United States. The most recent edition as of 2000 is the fourth edition, or DSM-IV-TR.²

EMOTIONAL HEALTH: The ability of the emotional system to help individuals regulate and negotiate their environment in an adaptive way.¹⁵

MANIA: Some symptoms of mania are an inappropriate sense of euphoria (excitement), reckless behavior, a need for little sleep, excessive energy, racing thoughts; talking too much, out of control spending, difficulty concentrating, irritability, abnormally increased activity, including sexual activity, poor judgment, and aggressive behavior.³⁴

MENTAL HEALTH TERMINOLOGY

MENTAL DISORDER: A mental or nervous condition diagnosed by a practitioner according to the criteria in the DSM-IV and limited to severe impairment of a person's mental, emotional, or behavioral function on a daily basis.¹⁶

MENTAL DISTRESS: A disturbing or unpleasant mental or emotional state. This term refers to a wide range of experiences, from fear to chronic and severe conditions.¹⁷

MENTAL HEALTH: Can be categorized as good or poor (for poor see *mental illness*). A state of successful mental performance and functioning, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.¹⁸

MENTAL ILLNESS: An umbrella term that refers to all of the diagnosable mental conditions that prevent an individual from experiencing mental health (see *mental health*).¹⁸

PARANOIA: A perception or suspicion that others have hostile or aggressive motives while interacting with them, when in fact there is no observable reason for these suspicions.¹⁹

PATIENT NAVIGATOR: A patient navigator is a specially trained, culturally sensitive healthcare worker who acts as a medical advocate to help patients and their families access a variety of healthcare professionals and support services they need.

PSYCHOANALYSIS: Long-term therapy meant to “uncover” unconscious motivations and early patterns to resolve issues and to become aware of how those motivations influence present actions and feelings.

STIGMA: Stereotyping or labeling a term or a condition, which gains a negative connotation. Stigmas can also lead to misconceptions about the illness or condition that they are describing.

STRESS: The emotional and physical strain caused by internal (e.g., overall health) or external (e.g., job) factors. ²⁷

TRAUMA: In mental health, referring to an experience that is emotionally painful, distressful, or shocking, and often results in lasting mental and physical effects. ²⁸

LOCAL AREA MENTAL HEALTH RESOURCES

<p>Active Minds http://www.activeminds.org/ 202.332.9595</p>	<p>Family Behavioral Resources http://www.familybehavioralresources.com/ 724.850.8118</p>
<p>Allegheny Coalition for Recovery http://www.coalitionforrecovery.org/ 412.325.0369</p>	<p>Family Services of Western PA http://www.fswp.org/ 888.222.4200</p>
<p>Allegheny HealthChoices Inc. http://www.ahci.org/ 412.325.1100</p>	<p>Greater Pennsylvania Alzheimer's Association http://www.alz.org/pa/ 412.261.5040</p>
<p>Autism Society of America www.autismsocietypgh.org 412.856.7223</p>	<p>The Greater Pittsburgh Psychological Association http://www.gppaonline.org/ 412.441.7736</p>
<p>Center for Mind and Body Wellness http://www.mind-body.org 814.333.5060</p>	<p>Heritage Valley Health System http://www.heritagevalley.org/ 412.741.6600</p>
<p>Children's Hospital of Pittsburgh http://www.chp.edu/CHP/Home 412.692.5325</p>	<p>International Society for Bipolar Disorders http://www.isbd.org 412.802.6940</p>
<p>Community Psychiatric Centers http://www.communitypsychiatriccenters.com 877.899.6500</p>	<p>IRETA Institute for Research, Education, and Training in the Addictions http://www.ireta.org/ 412.391.4449</p>
<p>Consumer Health Coalition http://www.consumerhealthcoalition.org/ 412.456.1877</p>	<p>Jewish Family & Children's Service of Pittsburgh http://www.jfcsppgh.org/ 412.422.7200</p>
<p>Department of Human Services Allegheny County http://www.alleghenycounty.us/dhs/ 412.350.5701</p>	<p>Mel Blount Youth Home of PA http://www.melblount.com/ 724.948.2311</p>
<p>Depression and Bipolar Society of America, Pittsburgh Chapter http://www.dbsalliance.org 800.826.3632/412.246.5588</p>	<p>Mental Health America, Allegheny County http://www.mhaac.net/ 412.391.3820/877.391.3820</p>
<p>Duquesne University School of Nursing http://www.nursing.duq.edu 412.396.6550</p>	<p>Picture This: Mental Health in Pittsburgh http://www.eiconline.org/resources/publications/z_localapproach/Pittsburgh%20Bklt.pdf</p>
<p>Facing Bipolar http://www.facingbipolar.com 1.800.236.9933</p>	<p>The Plea Agency http://www.plea-agency.org/compeer.html 412.243.3464</p>
<p>Mercy Behavioral Health http://www.mercybehavioral.org/ 877.637.2924</p>	<p>Pressley Ridge http://www.pressleyridge.org/ 412.872.9400</p>

LOCAL AREA MENTAL HEALTH RESOURCES

Milestone Centers Inc. http://www.milestonecentersinc.org/ 412.243.3400	S'eclairer http://www.seclairer.com/ 724.468.3999
National Alliance on Mental Illness Southwestern Pennsylvania http://www.namiswpa.org 888.264.7972/412.366.3788	Shepherd Wellness Community http://www.swconline.org/ 412.683.4477
National Black Nurses Association, Inc. http://nbna.org 301.589.3200/800.575.6298	Turtle Creek Valley Mental Health/Mental Retardation Inc. http://www.tcv.net/ 412.351.0222
Obsessive Compulsive Foundation of Western Pennsylvania http://www.ocfwp.org/ 412.363.6231	UCLID at University of Pittsburgh http://www.uclid.org 412.692.6300
PA/MidAtlantic AIDS Education and Training Center http://www.pamaaetc.org/ 412.624.1895	University of Pittsburgh Center for Minority Health http://www.cmh.pitt.edu 412.624.5665
Pennsylvania Training & Technical Assistance Network (PaTTAN) http://www.pattan.k12.pa.us 412.826.2336	Department of Epidemiology http://www.epidemiology.pitt.edu 412.246.5953
People's Oakland http://www.peoplesoakland.org/ 412.683.7140	University of Pittsburgh Institute on Aging http://www.aging.pitt.edu/ 866.430.8742
Persad http://www.persadcenter.org/ 412.441.9786	University of Pittsburgh Medical Center http://www.upmc.com/Pages/Home.aspx 412.647.8762/1 800.533.8762
Pittsburgh Action Against Rape http://www.paar.net 412.431.5665	University of Pittsburgh School of Medicine http://www.medschool.pitt.edu/ 412.648.8975
Pittsburgh AIDS Task Force http://www.patf.org/ 888.204.8821/412.345.7457	UPMC Western Psychiatric Institute http://wpic.upmc.com/ 412.624.1000/877.624.4100
Pittsburgh Mercy Health System http://www.pmhs.org/ 412.232.7920	The Watson Institute http://www.thewatsoninstitute.org/ 412.741.1800
Pittsburgh Regional Health Initiative http://www.prhi.org/ 412.586.6700	West Penn Allegheny Health System http://www.wpahs.org/ 866.680.0004
Pittsburgh Social Anxiety Support Group http://www.pittsburghsocialanxiety.com/ 412.255.1155	Staunton Farm Foundation http://www.stauntonfarm.org/ 412.281.8020

NATIONAL RESOURCES

AMERICAN MENTAL HEALTH COUNSELORS ASSOCIATION (AMHCA)

A Professional organization composed of almost 6,000 mental health counselors with the mission of enhancing the profession of mental health counseling.

www.amhca.org ■ 703-548-6002 ■ W. Mark Hamilton President and CEO ■ mhamilton@amhca.org

AMERICAN PSYCHIATRIC FOUNDATION

A professional organization focused on the advancement of public understanding surrounding mental illnesses, as well as promoting awareness, and the effectiveness of treatment.

www.psychfoundation.org ■ 703-907-8512 ■ Paul T. Burke, Executive Director ■ pburke@psych.org

THE ENTERTAINMENT INDUSTRIES COUNCIL, INC. (EIC)

To bring the power and influence of the Entertainment Industry to bear on communication about health and social issues.

www.eiconline.org ■ 703-481-1414

MENTAL HEALTH AMERICA (MHA)

The MHA is a not-for-profit advocacy organization addressing mental health issues and their effects nationwide. This organization works to inform, advocate, and enable access to quality behavioral health services for all Americans.

www.nmha.org ■ 703-642-7722

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

NAMI is a mental health advocacy organization dedicated to offering hope, reform, and help to the American community through awareness, education, and advocacy focusing on Mental Illness.

www.nami.org ■ 703-524-7600 ■ Media Relations: Bob Corrolla ■ bobc@nami.org

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

A division of the National Institutes of Health (NIH) with a mission to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

www.nimh.nih.gov ■ 866-615-6464

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

SAMHSA is a government agency focused on the mission of reducing the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov ■ Media Services: 240-276-2130 ■ Director of Communications: Hardy Stone ■ Hardy.stone@samhsa.hhs.gov

END NOTES

- ¹ Depression And Bipolar Support Alliance "Detailed DBSA Support Group Meeting Agenda" Retrieved from: [http://www.dbsalliance.org/pdfs/Detailed Meeting Agenda Sample.pdf](http://www.dbsalliance.org/pdfs/Detailed%20Meeting%20Agenda%20Sample.pdf)
- ² United States Department of Veteran Affairs "DSM-IV-TR criteria for PTSD" <http://www.ptsd.va.gov/professional/pages/dsm-iv-tr-ptsd.asp>.
- ³ Entertainment Industries Council (2007). "Picture This: Post-Traumatic Stress Disorder" Retrieved from: <http://www.eiconline.org/resources/publications/>
- ⁴ Medline Plus (2010). Depression Received from: <http://www.nlm.nih.gov/medlineplus/ency/article/003213.htm>
- ⁵ National Institute of Mental Health "Mental Disorders in America" Received from: <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml#Intro>
- ⁶ National Institute Of Mental Health "Medline Plus" Received from: <http://www.nlm.nih.gov/medlineplus/ency/article/003213.htm>
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