ENTERTAINMENT & MEDIA DEPICTION
SUGGESTIONS
for Portraying Behavioral Health Conditions:
Mental Illness & Substance Use Disorders
Entertainment Depiction Suggestions for Portraying Behavioral Health Conditions: Mental Illness & Substance Use Disorders

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DISCLAIMER

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ABOUT EIC

EIC is a nonprofit organization founded in 1983 by leaders within the entertainment industry to bring the power and influence of the entertainment industry and news media to communicate about health and social issues. The organization is considered to be the chief pioneer of entertainment and journalism outreach and a premiere success story in the field of entertainment education.
Foreward

Brian Dyak  
President, CEO & Co-Founder  
Entertainment Industries Council

The Entertainment Industries Council (EIC) has developed an easy-to-use reference guide for creating television and film stories about behavioral health issues. This guide is also a resource for other media to encourage accuracy in reporting. These topics include the prevention and treatment of, and recovery from, mental and/or substance use disorders and co-occurring disorders (concurrent mental and substance use disorders).

Helping the public better understand these conditions can reduce barriers to treatment and recovery. The entertainment community has the power to influence conversations and increase awareness about behavioral health disorders, ultimately promoting an accepting society that encourages those who need help to seek and receive it. The depiction suggestions of these behavioral health topics were written with the creative community in mind to encourage accurate depictions of a variety of issues. It is important to note that these health conditions do not define a person or character, but rather these are experiences that shape characters’ lives and are just a part of the larger story.

Each topic includes depiction suggestions and a myth-debunking fact. This publication is intended to inform, assist, and inspire the creative community to engage in these topics. Through authentic stories, audiences will become aware of behavioral health conditions and their effects on individuals and their families, as well as be encouraged to seek help at a time when treatment is becoming more accessible to millions of Americans. With the Affordable Care Act and the Mental Health Parity and Addiction Equity Act, millions of Americans will gain access to coverage that includes mental and/or substance use disorder benefits.

Whether you want to share your own story, discuss events in the media or help others understand mental illness and encourage them to seek help when they need it, these recommendations will be a helpful resource for everyone, especially content creators in media and entertainment. Authentic storytelling changes the conversation and reduces stigma and discrimination. We encourage you to be a part of the “art of making a difference.”

Brian Dyak  
President, CEO and Co-Founder, EIC

Resources are available to provide guidance to reporters covering mental and/or substance use disorders in traditional media. These resources are available on the EIC website (http://www.eiconline.org).

• Suicide depiction suggestions for entertainment writers are available at http://www.eiconline.org/resources/publications/z_picturedis/Disorder.pdf
• EIC First Draft Technical Assistance is available at http://www.eiconline.org/eic-resources/first-draft/
• All TEAM Up resources are available at http://www.eiconline.org/teamup/
From the Lab to the Lens

Recovery from mental and/or substance use disorders 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.

“By harnessing the power and influence of media and technology, we can share simple, cohesive and potentially life-saving messages. This is one more way broadcasters are shining a light on mental health and suicide prevention. The National Association of Broadcasters is pleased to continue to support efforts to reduce stigma and discrimination around mental illness.”

Senator Gordon Smith
President,
National Association of Broadcasters (NAB)
Member, EIC Board of Trustees
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MENTAL HEALTH CONDITIONS

“Resources like this enable our newsrooms nationwide to better communicate and serve as first-line sources of information that elevate the public consciousness around mental health and suicide prevention.”

Mike Cavender
Executive Director,
Radio Television Digital News
Association/Foundation (RTDNA/F)

“Entertainment is a powerful medium. When we have viewers actively engaged in storylines we have a unique opportunity to expose them to real-world concepts, situations and information that they may not seek out on their own.”

Glenn Geller
Executive Vice President
President Current Programming, CBS Entertainment/CBS Studios
THE CHALLENGE

General mental health conditions can affect anyone at any time. It is estimated that almost half of all Americans will experience symptoms of a mental health condition – mental illness or addiction – at some point in their lives. Fortunately, most people with these conditions recover and go on to live full and meaningful lives in their communities. Mental health conditions are common in America. Some illnesses can cause serious functional impairment depending on their severity, including schizophrenia, depression, bipolar disorder, anxiety disorder, and obsessive-compulsive disorder (OCD). The emotional and psychological aspects of mental health conditions make supportive friends and family even more important to a person’s recovery. That’s why everyone needs to understand how mental health conditions can affect individuals, families, and communities.

DEPICTION SUGGESTIONS

1. Words and Tone
   - When possible, use nuanced language to separate the condition from the patient. For example, find ways to emphasize that a character is living with anorexia rather than letting language like “she’s anorexic” go unchallenged.
   - Consider using humor and self-disclosure, both effective methods for communicating these issues, in your storylines.

2. Diagnoses
   - A character’s experiences can educate viewers about the common warning signs of mental health conditions, such as changes in appetite, sleep, energy levels, or concentration.
   - People need to be aware that they can help themselves through self-assessments, questionnaires, or other means of self-care, but it’s also important to encourage accurate diagnoses and professional help. You might have a character visit an experienced doctor or health professional to confirm a diagnosis.
   - Look for ways to create realistic, nuanced characters with a mental health condition, rather than overly emphasized characterizations of mental health condition symptoms, to increase the audience’s sensitivity to the subject.

3. Management of Mental Health Conditions
   - Try to emphasize successful treatment and management of mental health conditions rather than merely illustrating the negative aspects of the condition. Treatment options include a mix of medications, psychosocial approaches, and recovery supports.
   - Consider using storylines related to mental health, including the ongoing recovery process and impact on friends and family, that span multiple episodes to meaningfully portray the many facets of living with a mental health condition.
   - Whenever possible, depict characters with a mental illness as nonviolent. Consider emphasizing that people with a mental illness are 10 times more likely to be victims of a violent crime than the general population. Only 3-5 percent of violent crimes are attributable to people who have been diagnosed with a serious mental illness even though 43.8 million adults in America have a mental illness.
   - Where appropriate, emphasize the importance of supportive social networks, such as online support groups; mutual aid groups, such as Alcoholics Anonymous, Narcotics Anonymous, or peer-operated services; and friends and family in the ongoing treatment of a mental health condition.

4. Positive Mental Health

- Consider depicting characters who demonstrate behaviors that lead to positive mental health, such as the ability to deal with stress and to bounce back from adversity. Depict these characters as not seeing crises as insurmountable problems, but looking toward solutions and acting accordingly.

- Try to show characters who take care of themselves and pay attention to the physical and mental aspects of personal caretaking. This keeps mind and body primed and ready to deal with situations requiring resilience.

- Think about having characters who keep things in perspective. Even when facing very painful events, perhaps show the characters in these stressful situations thinking in a broader context and keeping a long term perspective. Characters can be shown using meditation or other forms of healthy stress relief.

- A positive mental health state does not mean that someone does not need help from family, friends, or other support groups. When possible attempt to showcase characters who have good relationships with close family members, friends, and others and who accept help and support from those who care about them, which helps maintain their positive mental health state.

- Most people with mental illnesses recover and go on to lead successful lives. Consider depicting characters who are professionals, respected members of their communities, and have successful families.

- In support of mental health awareness, consider having your character wear a green ribbon pin.

“[A Support System] is what keeps you, not only grounded, but also keeps you moving forward in a positive way.”

“In our field of work it is important for us to have an accurate portrayal of whatever this character may be going through, something that’s realistic, so that it creates dialogue.”

Anthony Anderson,
Actor, Television Series Black-ish
Bipolar Disorder

THE CHALLENGE

Bipolar disorder is a challenging condition to take control of, but it is manageable, and people do live healthy lives with the condition. A characteristic challenge posed by this debilitating condition is extreme changes in mood, from the lows of depression to the highs of mania. During the manic phase, a person may exhibit risky behaviors, distractibility, feelings of increased self-importance, irritability, and a reduced need for sleep. In the depressive phase, extreme sadness, lack of energy, and feelings of hopelessness make it difficult for a person to go about the business of daily life. Medication and therapy can help people living with bipolar disorder manage their condition, as can the understanding and support of friends and family.

DEPICTION SUGGESTIONS

1. Recognizing Bipolar Disorder
   • Identifying bipolar disorder can be challenging, as symptoms of bipolar disorder (depression, insomnia, mood swings) overlap with many other mental health conditions. Consider the possibility that a character who has some of these symptoms may be living with bipolar disorder – even if the writers didn’t intend it when initially creating the character.
   • Often some symptoms of bipolar disorder go “under the radar,” as people may notice only their most severe symptoms. Sharing only part of the symptoms with a psychiatric care provider is one of the most common reasons for misdiagnosis. People who are moving from a depressive state to manic state, for example, often give the impression of improving from their depression. Think about ways to highlight the underlying symptoms of bipolar disorder. One example might be a physician identifying the more subtle symptoms, while keeping the affected character unaware of these symptoms until diagnosis.
   • Because bipolar disorder is complex and many people misunderstand its symptoms, think about briefly discussing the similarities and differences between bipolar disorder, depression, borderline personality disorder, schizophrenia, and other mental health conditions. The National Institute of Mental Health provides details on signs and symptoms of these conditions at http://www.nimh.nih.gov/health, or contact EIC’s First Draft service for free, technical assistance at firstdraft@eiconline.org.

2. Addressing Public Misconceptions
   • Try to show the humanity of characters who experience bipolar disorder symptoms. These characters are much more than their diagnosis. People with bipolar disorder are ordinary people living in extraordinary circumstances. A person lives with bipolar disorder; reducing someone to a description such as “bipolar” or “manic” is demeaning.
   • Many people think those who live with bipolar disorder are excessively or abnormally violent; however, research contradicts this notion. In fact, people living with bipolar disorder are more likely to be crime victims than perpetrators.5 When depicting bipolar disorder onscreen, try to look for opportunities to reflect this reality through nonviolent characters.
   • Consider showing how some people with mental health conditions experience discrimination at work, which can lead to excessive stress and exacerbate symptoms. Many people who live with bipolar disorder are afraid to disclose their condition to their employers for fear of being fired. Perhaps your fictional setting is a more supportive workplace that demonstrates a more accepting approach.

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3. Portraying Recovery and Hope

- Consider the range of opportunities to depict successful treatment and recovery, such as obtaining an accurate diagnosis, seeking and finding treatment, and managing the side effects of effective medications. It is possible to regain control of life with management of bipolar disorder.

- Is there an opportunity to show a protagonist or highly productive, functional, ongoing character living with bipolar disorder, perhaps recieving a diagnosis that reveals it was present during earlier seasons? Such a development can be powerful and unexpected for viewers.

- Try to illustrate the importance of a collaborative effort among the patient, doctors, family, and friends in achieving effective treatment for bipolar disorder.

Fact:

Bipolar disorder is a real medical condition.

Evidence shows that bipolar disorder and other mental health conditions often result from a complex interplay between genetic, neurobiological, behavioral, and environmental factors. The fact that bipolar disorder responds to medicine indicates that the disruption it causes in a person’s life can be treated, just as one can treat the symptoms of illnesses such as diabetes and heart disease.
THE CHALLENGE

About 18.8 million Americans experience depression that affects how they sleep, eat, feel about themselves, and live their lives. Depression is a mental health condition associated with both physical and emotional symptoms. Depression cannot be willed away; people with depression can’t just “pull themselves together.” Types of depressive disorders include major depressive disorder, bipolar disorder, and postpartum depression – each with its own symptoms and treatment options. Even with the challenge posed by depression, people do recover from it and live healthy lives.

DEPICTION SUGGESTIONS

1. Realities
   - People with depression often develop a substance use disorder. Consider incorporating co-occurring disorders into character plotlines, showing how recovery is possible with effective psychosocial support, treatment, and the support of friends and family.
   - Consider using characters to invalidate misconceptions that certain people – those with plenty of money, in seemingly happy relationships, etc. – cannot be depressed. This can add significant depth to your characters.
   - Try to show how depression affects family members, friends, and acquaintances of people who suffer from depression.
   - Explore opportunities to highlight the benefits of friends and support systems, especially peer support for young people.
   - Try to convey ways that someone with depression is not alone, such as by having a character call a support line or visit a support group. Consider showing young people discussing depression openly with each other. Perhaps provide an opportunity for expert advice by another character, such as a doctor or other medical or psychiatric professional.

2. Treatment and Recovery
   - Think about several ways to show characters with depression seeking help. This will highlight help-seeking behaviors for viewers and will make it clear to faithful fans that characters, like real people, often need to be persistent in looking for help even when they are seriously depressed.
   - Antidepressants can be useful in treating depression. Likewise, professional psychiatric care, psychotherapy, and especially a combination of medication and psychotherapy can improve quality of life. Showing characters seeking necessary professional help can encourage viewers to do the same. This simple depiction may lead real people to seek effective treatment methods.
   - Try showing how misconceptions surrounding mental health conditions, particularly in reference to specific cultural groups, can prevent a character from seeking diagnosis and treatment. Whenever possible, try to offer solutions and keep in mind that health reform will increase Americans’ access to mental health treatment and support services.
   - People can recover from depression. Consider stories that can be told about people who have overcome or managed depression and found hope and meaning in the process. Antidepressants, professional psychiatric care, psychotherapy, and a combination of these therapies can help a character get on the road to recovery.

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Fact:

Depression does not just mean a person has a lot of sad thoughts.

Depression is not merely feeling sad after experiencing loss or disappointment. A person can become depressed even when things seem fine. Common symptoms of depression can include:

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference
- Loss of energy, persistent lethargy
- Feelings of guilt, worthlessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests, social withdrawal
- Unexplained aches and pains
- Recurring thoughts of death or suicide

People may experience some or all of these symptoms, but keep in mind that even the most severe cases of depression can be effectively treated.

The National Suicide Prevention Lifeline, 1-800-273-TALK (8255), provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.
THE CHALLENGE

Post-traumatic stress disorder (PTSD) is an anxiety disorder that can develop after traumatic events such as military combat, natural disasters, terrorist incidents, serious accidents, traumatic brain injury, physical and sexual assault in adults or children, and any other traumatic experience. An estimated 6.8 percent of Americans will experience PTSD at some point in their lives, but just like any other mental health condition, correct diagnosis and appropriate treatment can help relieve symptoms and lead people to recovery. PTSD can be diagnosed a month or more after the traumatic event has occurred.

DEPICTION SUGGESTIONS

1. Signs and Symptoms
   • People with PTSD sometimes relive the emotional effects of the traumatic events they've lived through in the past. A storyline involving PTSD is a great opportunity to explore a character's past.
   • People who live with PTSD may be numb to emotional experiences as a form of self-protection. Consider showing a character who has lived through a traumatic event become emotionally distant or unaffected before realizing that he or she is living with PTSD.
   • Many people with PTSD become agitated, irritable, or easily frightened. Think about how your characters might show emotional reactions to common events, especially if those events include sensory reminders of traumatic events. This can include:
     ○ A sexual assault survivor might suffer a panic attack in intimate situations
     ○ Someone involved in a plane crash might develop phobias of flying, heights, enclosed spaces, or speed
     ○ A war veteran may experience a distressing flashback when hearing a car backfire, a helicopter fly overhead, or other types of reminders of the trauma-inducing experience.
   • Recent epidemiological studies suggest that as many as half of all veterans diagnosed with PTSD also have a co-occurring substance use disorder.
   • Although many people associate PTSD with men, especially those in the military, women are actually more than twice as likely as men to develop PTSD. However, it should be clearly understood that PTSD is not a weakness in men or women, but a legitimate health condition.
   • PTSD describes a spectrum of severity in experiences and reactions. Consider the different ways in which people deal with traumatic events. For example, two people might be robbed together at gunpoint and both experience acute stress disorders. One may recover within a few days or weeks, while the other might become reclusive and fear crowds and other public situations, or may feel unsafe at home due to the past trauma.
     ○ Think about showing how these two people might view one another, and how they might ultimately come to understand that both reactions are valid.

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2. Effects on Families and Friends

- Until people are diagnosed and begin to understand the source of their life disruption, they may blame themselves for becoming irrationally upset, irritable, aggressive, or depressed, or display other common symptoms of the disorder, and people around them may blame them for their behavior as well.
- Think about ways to show characters feeling uncomfortable in their own skin as a result of living with the effects of PTSD. Perhaps an existing character who sometimes behaves irrationally may in fact be living with undiagnosed PTSD.
- While the individual living with PTSD is the only one to experience the anxiety and panic that result from it, others around this individual are also affected. In cases of an isolated trauma, a person’s anxiety might make him or her inaccessible to friends and family members. In cases of natural disasters, terrorist attacks, and other large-scale traumatic events, families and communities often become closer as a reaction to the trauma. Consider showing how such closeness might be both beneficial and negative. For example, close-knit communities are more likely to have effective disaster preparedness such as evacuation routes and recovery strategies; however, the fear of a manmade disaster (especially terrorism) may bring about paranoia that makes unfounded prejudices feel rational.

3. Trauma and Youth

- Children as young as 18 months can be affected by traumatic events and have serious problems later in childhood and adulthood. Providing support to a child who has experienced trauma is important to prevent PTSD and other disorders.
  - Try showing a child who experienced a traumatic event sharing his/her feelings with family and friends, revealing a possible support system that may be available.
  - Consider depicting teachers, caregivers, and other adults helping a child who has experienced trauma by maintaining usual routines, ensuring the child is not being isolated, providing a safe place for the child to talk, being sensitive to potential environmental cues that may cause a reaction, monitoring what information the child shares with other children to prevent excessive curiosity from peers, and nurturing the child’s positive self-view.
- Studies on children and stress response show that traumatic events can cause physiological and structural changes in the brain and neurological systems and can, without intervention, result in enduring problems such as depression, anxiety, aggression, impulsiveness, delinquency, hyperactivity, substance misuse, and other health conditions. However, remember that with help from families, health care providers, and the community, children and youth can demonstrate resilience when dealing with trauma.

Fact:

Not every returning soldier suffers from PTSD.

Most veterans serve their country, leave military service, and transition into civilian life, never experiencing PTSD. They have the ability to lead in the workplace, in their communities, and at home by using the skills they learned during their military service. Just like those who never served in the military, veterans may experience mental health issues and difficult life events that are unrelated to their service, and those who serve may emerge without lasting traumatic effects. However, the experiences of service, such as combat, non-combat training exercises, other traumatic military experiences, and repeated deployments, may complicate their efforts to deal with those issues. Proper assessment will help determine if a veteran is experiencing PTSD, and if so, what type of treatment is needed to help his or her symptoms.

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4. Treatment and Recovery

- PTSD treatment is becoming increasingly effective. Cognitive behavioral therapy (CBT) appears to be the most effective type of counseling. In CBT, a therapist helps the patient understand and change how to think about trauma and its aftermath and to understand and cope with the emotional reactions to the event. The patient’s goal is to understand how certain thoughts about his or her trauma cause stress and make symptoms worse. Consider showing how someone affected by long-repressed PTSD can benefit from talking with a qualified therapist, learning to deal with trauma and living a more normal life. Remember that effective treatment of PTSD and other mental health conditions require ongoing care; a quick cure is unlikely.

- Another useful form of therapy is exposure therapy. By talking about trauma repeatedly with a therapist, a patient learns to gain control of thoughts and feelings about the trauma. The patient learns that he or she does not have to be afraid of traumatic memories. Intentionally thinking about stressful things may be difficult and feel strange, but over time the patient may feel less overwhelmed in the face of the memories. Consider showing how the act of recalling painful memories under the guidance of a therapist can ultimately make the memories less painful and better understood through repeated exposure.

- In group therapy, a person talks to others who also have been through a trauma and have PTSD. This can help someone cope with symptoms, memories, and other parts of life. Group therapy helps build relationships between people who understand each other’s pain. Sharing with the group can also build self-confidence and trust. Consider showing how someone with PTSD can benefit from group therapy and even forge lasting bonds in the process.

- Many service agencies are adopting trauma-informed approaches to the care they provide. Trauma-informed approaches engage people with histories of trauma who recognize the presence of trauma symptoms and acknowledge the role that trauma has played in their lives. Trauma-informed care changes the paradigm from one that asks, “What’s wrong with you?” to one that asks, “What has happened to you?”

“As an actor and a Veteran, it’s important to me to portray active duty and veteran service members’ stories with integrity and realism. Some face tough struggles and some transition successfully and it’s our responsibility to authentically portray these stories. Resources like this allow us the information and tools we need to do it right and give accurate portrayals to our audiences.”

Jon Huertas
Actor, Television Series Castle
Schizophrenia

THE CHALLENGE

Schizophrenia is a mental disorder that affects about one percent of Americans. Schizophrenia affects men and women equally, though men tend to experience symptoms earlier than women. Symptoms, including hallucinations and delusions, usually start between ages 16 and 30. People rarely experience their first episode of schizophrenia after age 45. The exact causes of schizophrenia are unclear; however, research suggests that a combination of factors, including various genes, subtle abnormalities in prenatal brain development, and psychological and social stressors contribute to risk for the condition. Fortunately, most people with schizophrenia can manage their symptoms and improve their quality of life with psychosocial treatments, recovery services and supports, and antipsychotic medications.

DEPICTION SUGGESTIONS

1. Signs and Symptoms

The symptoms of schizophrenia fall into three categories – (1) positive symptoms, which include hallucinations and delusions; (2) negative symptoms, which are harder to recognize and include a lack of pleasure in everyday life and a flat affect, which is characterized by reduced facial expressivity and dull or monotonous speech; and (3) cognitive symptoms, which are also challenging to recognize and include difficulty understanding information, making decisions, and focusing or paying attention.

- Consider depicting a character who develops these symptoms as they enter the age range where schizophrenia symptoms typically begin to appear, perhaps as they start college or start transitioning away from a steady home life.
- Consider depicting a character who is in recovery from schizophrenia but has to confront the misperceptions, prejudice, and discrimination often associated with having this condition.
- Remember that negative and cognitive symptoms are hard to recognize and overlap with symptoms of other mental health challenges, such as depression. (For a complete list of symptoms, visit http://www.nimh.nih.gov/health/publications/schizophrenia/what-are-the-symptoms-of-schizophrenia.shtml.)

[References]

2. Realities of People Living with Schizophrenia

- Many people mistakenly associate schizophrenia with violence even though most people with schizophrenia are not violent. In fact, people with schizophrenia are much more likely to be victims of violence than perpetrators of violent acts. Some symptoms are associated with an increased risk of violence, such as delusions of persecution, but once people with schizophrenia receive treatment, their risk of engaging in violence decreases substantially.\textsuperscript{17}

  - Think about showcasing a character with schizophrenia who does not show any violent characteristics, but instead is known for his or her kindness and easy-going nature.

  - While many people diagnosed with schizophrenia are unemployed, it does not mean these individuals cannot work or would not excel in a working environment. Unemployment is not simply symptomatic of schizophrenia, but is also a byproduct of the social and economic pressures that individuals living with schizophrenia face.\textsuperscript{18}

  - Consider providing your character with opportunities to break out of the stereotypes and overcome challenges. By having your character excel in the workplace, live independently, or deal with conflict in nonviolent ways, you will help to dispel misconceptions about schizophrenia and further enrich your character.

- Smoking is particularly prevalent – ranging from about 50 to 90 percent – among individuals with schizophrenia,\textsuperscript{19} contributing to a shorter life span for this population. The medical community often assumes someone with schizophrenia is “self-medicating” and is reluctant to treat the nicotine addiction. If writing about a character with schizophrenia, consider including the dilemma about if, how, and when to treat the tobacco addiction, which if left untreated, is likely to shorten the person’s life.

3. Treatment and Support for People with Schizophrenia

- Schizophrenia treatments focus on reducing symptoms and improving quality of life. There are many antipsychotic medications, falling into two categories – “typical” and “atypical.” Typical antipsychotics are older medications that have been available since the 1950s, and atypical antipsychotics are a second generation of antipsychotics. For a complete listing of these medications and their side effects, visit \url{http://www.nimh.nih.gov/health/publications/schizophrenia/how-is-schizophrenia-treated.shtml}.

  - When showing a character who is starting schizophrenia treatment with medication, look for an opportunity to have the medical professional review different medication options and potential side effects with the character. Be sure to have the doctor explain that medication will only help the symptoms and not cure him or her of the illness.


4. Treatment and Support for People with Schizophrenia Continued

• Besides antipsychotic drugs, psychosocial treatments can help people with schizophrenia. Psychosocial treatments that focus on teaching and strengthening cognitive skills and adaptive behaviors help people deal with the everyday challenges of the illness, such as difficulty with communication, self-care, work, and forming and keeping relationships. Patients who receive evidence-based psychosocial treatment are more likely to recover and live successfully in the community.
  ○ Think about showing your character with schizophrenia taking part in psychosocial treatments to assist him or her in gaining control of their illness. Showing characters dealing with their illness through psychosocial treatments to improve their relationships at home and work can give viewers, who may know someone or may have the illness themselves, hope.
• In the United States, the duration of untreated psychosis is, on average, 2 years. Early intervention is critical for ensuring the best possible health outcomes.
  ○ Demonstrate how family members and friends can recognize the symptoms of schizophrenia and help their loved one get needed treatment as soon as possible.
• Studies have shown that prevention of first-episode psychosis may be possible. Individuals experiencing psychosis for the first time may benefit from early intervention. Research shows that early diagnosis and treatment can help people recover from the illness more quickly. It can also lessen the problems typically associated with untreated psychosis, such as unemployment, substance abuse, hospitalization, disruption to relationships, and suicidal behavior.

Fact:

Schizophrenia is NOT a hopeless illness.

Many people assume that schizophrenia is an unmanageable illness and that the only way to handle it is by hospitalization or residential treatment. The fact is, schizophrenia is manageable. Research shows that when people with schizophrenia are treated with a combination of antipsychotic medications and evidence-based psychosocial therapies, they can and do get better. Psychosocial therapies involve setting work, school, family, relationship, personal goals, and acquiring skills that support attainment of these goals. It’s important to remember that schizophrenia does not impact intelligence and people who have schizophrenia can live normal lives with the proper support systems in place.

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THE CHALLENGE

Approximately 7.7 million adults in the United States have co-occurring disorders – meaning they have at least one mental health condition along with an alcohol or substance use disorder. (Other terms for this include dual diagnosis and co-morbidities.) More than half of adults with co-occurring disorders receive no health services or treatment for any of their conditions. Research and experiences in the mental and substance use disorder treatment fields show that all disorders must be addressed simultaneously and treated for successful recovery to be possible.

DEPICTION SUGGESTIONS

1. Substance Use Disorders and Mental Health Issues

- Think about illustrating the common co-occurrence of mental health issues with substance use disorders. For example, a character who suffers from depression and also abuses alcohol.
- An estimated 2.3 million adults who have a serious mental illness also have a substance use disorder.
- Women who are dually diagnosed are more likely to also abuse alcohol than women who have only drug addiction issues, and are more likely to have had previous treatments for co-occurring disorders. These women also are less likely to be in the workforce, attesting to the challenges that co-occurring conditions provide. Consider depicting a success story through a character in the workforce who overcomes the challenges she faces with her co-occurring disorders.
- Many people use alcohol or drugs to help manage their mental health issues and symptoms. Consider depicting people in recovery addressing or having addressed the root cause of their substance use disorder; people who don’t take that step may find their treatment is ineffective.
- Treatment systems for mental health conditions and substance use disorders are often different. When one person has a problem with both disorders, treatment should be provided concurrently. When separate treatment providers address each condition, they should communicate with each other about the patient’s care. Consider a story where a treatment provider missed one of the diagnoses altogether.

“The best drama contends with real issues that real people face in day to day life. Mental illness, addiction, abuse, suicide – these are all difficult subjects that bear scrutiny from story tellers in the hope that fictionalized characters wrestling with their demons can be cathartic for an audience, that entertainment can lead to understanding, and that drama resonates with reality. To do this well, story tellers must have access to grounded research which brings a sense of authenticity to the story telling and which, ideally, leads to diminishing social stigma and may even help those who need it to seek help.”

Hart Hanson
Executive Producer, Television Series Bones

24 Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
25 Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
26 Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
2. Causes of Co-Occurring Disorders

- Try showing a link between a character’s co-occurring disorder and his or her family history with mental and/or substance use disorders as a possible explanation for a diagnosis.

- Think about a scenario in which a person who has experienced trauma (e.g., returning veteran, woman who experienced domestic violence) is using alcohol excessively, misusing prescription medications, or using other drugs in an attempt to self-regulate intense emotional states associated with PTSD. Scenes involving interaction with mental health professionals, as well as with peers in recovery from a mental and/or substance use disorder, could be depicted to show the complementary way that professionals and peers can work to support an individual seeking recovery.

- Sexually abused women are more likely to have an existing history of drug addiction or alcoholism than women who have not been abused. A female character who has been assaulted may attempt to blur or reduce painful memories and feelings with alcohol or drugs.

3. Diagnosis, Treatment, and Recovery

- Consider showing a character voluntarily pursuing a diagnosis or treatment and dealing with the inherent difficulties of receiving an accurate diagnosis due to his or her co-occurring disorders of a mental health condition and substance use disorder.

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**Fact:**

Substance abuse, including addiction, is not a moral failure, and treatment does work.

Treatment does work, and people do move into recovery. The science behind the benefits of treatment is significant. Part of the reality, however, is that some participants may require more than one round of treatment. Addiction is a chronic disease involving the architecture of the brain. Overcoming the biological and other physical causes of addiction is difficult and barriers stand in the way of success at every point, but recovery is possible. Because addiction is a disease of the brain, relapse is common, and does not mean that treatment is ineffective or that recovery is not possible.

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“You don’t know what it’s like to live with a disability or addiction unless you live with a disability or addiction. The closest one can ever come to truly understanding the plight of another is through emersion. Often, the best entertainment is immersive. The challenge, then, is to make it realistic enough to bring viewers on the often emotional ride to enlightenment along with your characters. Tools that help us better tell realistic stories bring entertainment productions to a new level of intrinsic value and engagement.”

James White  
*Screenplay Writer, Feature Film Ray*

“When I’m creating a storyline with characters struggling with addiction or mental health issues, EIC is an amazing resource. They’re able to connect me to health care providers and consumers who are willing to generously share their expertise and experiences to lend authenticity to the stories and give them the ring of truth.”

Elizabeth Klaviter  
*Supervising Producer, Television Series Grey’s Anatomy*
Illicit Drug Use

THE CHALLENGE

An estimated 24.6 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview for the 2013 National Survey on Drug Use and Health. This estimate represents 9.4 percent of the population aged 12 or older. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics (pain relievers, tranquilizers, stimulants, and sedatives) used nonmedically.

- **Heroin**
  - The number of people 12 and older who were current users of heroin in the past year was 289,000 in 2013. This estimated number was similar to the numbers in 2008-2012 (ranging from 193,000 to 335,000), but was higher than the numbers in 2002 to 2005 (119,000 and 166,000, respectively).
  - The 2013 average age at first use among recent heroin initiates aged 12 to 49 was 24.5 years, which was similar to the 2012 estimate (23 years).
  - Between 2002 and 2013, the percentages of youths who perceived great risk in using other drugs once or twice a week were 79.8 percent for heroin. About 1 in 11 or 9.1 percent of youth 12 to 17 reported easy availability for heroin.

- **Cocaine**
  - In 2013, there were 1.5 million current cocaine users aged 12 or older, comprising 0.6 percent of the population. These estimates were similar to the number and rate in 2009-2012 (1.7 million people and 0.7 percent), but they were lower than in 2002 to 2007 (e.g., 2.0 million persons and .8 percent).
  - Cocaine ranked third among the illicit drugs with the largest numbers of people with past-year dependence or abuse in 2013, with 855,000. In 2013, there were 601,000 people aged 12 or older who had used cocaine for the first time within the past 12 months; this averages to approximately 1,600 initiates per day.
  - In 2013, 0.2 percent of youth aged 12 to 17 were current users of cocaine. Youths aged 12 to 17 reported it would be easy to get cocaine (14.4 percent). The rate of current cocaine use among young adults aged 18 to 25 was 1.1 percent. Among persons aged 12 to 49 in 2013, the average age at first use was 20.4 years for cocaine.

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Marijuana

- In 2012, 5.4 million people aged 12 or older used marijuana on a daily or almost daily basis in the past 12 months (i.e., on 300 or more days in that period), which was an increase from the 3.1 million daily or almost daily marijuana users in 2006. The number of daily or almost daily users of marijuana in 2012 represented 17 percent of past-year users.\(^{40}\)
- In 2013, there were 2,472,000 people aged 12 or older who had used marijuana for the first time within the past 12 months; this averages to about 6,600 new users each day. The 2013 estimate was similar to the estimates in 2008 through 2012 (ranging from 2.2 million to 2.6 million).\(^{41}\)

**DEPICTION SUGGESTIONS**

1. **Realities of Substance Use Disorder**
   - Where possible, use the correct medical terminology and refer to the individual as having a “substance use disorder.”
   - Keep in mind that a substance use disorder is a brain disease and a developmental disease that can start early in life and that people can achieve and sustain recovery.\(^{42}\)
   - Consider showing how the use of illicit drugs can also be tied to major traumatic events in an individual’s life.
   - Attempt, where appropriate, to highlight the families and service providers who help individuals achieve and sustain recovery.
   - Try to remember that people can achieve and sustain long-term recovery and live productive lives as part of their community.
   - Environmental factors also play a role in drug use, including: availability, poverty, family circumstances, trauma, etc.

2. **Adverse Effects of Substance Use Disorder**
   - In 2011, an estimated 280,000 adolescents visited the emergency department for drug-related reasons.\(^{43}\)
   - Considerable research shows drug use can harm the brain, especially during adolescence,\(^{44}\) a large prospective study showed that people who began smoking marijuana heavily in their teens lost an average of 8 IQ points by mid-adulthood.\(^{45}\)
   - Twelfth grade aged youths who had dropped out of school were more likely than similarly aged youths who were still in school to engage in current cigarette use, alcohol use, binge alcohol use, marijuana use, nonmedical use of psychotherapeutic drugs, and use of any illicit drugs.\(^{46}\)

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3. Treatment of Illicit Drug Use and Recovery

When a storyline involves illicit drug use, consider the different treatment options that are portrayed or discussed. Below are a few of the types of treatment settings and therapies available:

- Rehabilitation centers – inpatient setting
- Drug treatment centers – outpatient setting
  - Therapy sessions with professional therapeutic intervention provided by psychiatrists, psychologists, and/or social workers.
- Behavioral therapies
  - 12-step programs
  - Professional counselors
  - Alternative approaches, e.g., yoga, meditation, and acupuncture
- Peer support – e.g. recovery community centers, online support groups, and social media
- Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance use disorders, a combination of medication and behavioral therapies is most successful. MAT is clinically driven with a focus on individualized patient care.\(^{47}\)

Fact:

Consider portraying the reality that illicit drug use may be tied to other behavioral health conditions, also known as co-occurring disorders. Individuals may have at least one mental disorder as well as an alcohol or drug use disorder.

While these disorders may interact differently in any one person (e.g., an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms), at least one disorder of each type can be diagnosed independently of the other\(^{48}\), but should be treated concurrently with evidence-based treatment approaches with co-occurring disorders.\(^{49}\)

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\(^{46}\) Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2013). The NSDUH Report: Substance Use among 12th Grade Aged Youths by Dropout Status. Rockville, MD.


THE CHALLENGE

Alcohol use disorder is a widespread social and health issue that affects people of all ages, including successful people. Negative stereotypes about alcoholism and the recovery process can perpetuate the problem, but challenging misconceptions about the disease and ways to prevent and treat it can help those affected by alcoholism and their loved ones heal, and stop others from developing a devastating problem.

DEPICTION SUGGESTIONS

1. Illegal and Dangerous Drinking by Teens and College-Age Young Adults
   - If a story calls for an underage character to drink, consider highlighting the possible consequences – legal, physiological, behavioral, and accidental. Avoid, where possible, showing excessive drinking without consequences or with only pleasant consequences. Also, remember that many college students are not of legal drinking age and often do not know how to drink responsibly.
     - Binge drinking is often linked with sexual assault, vandalism, and unsafe sex practices that can lead to transmission of HIV and other sexually transmitted diseases.\(^5^0\)
     - Keep in mind that 19 percent of college students meet the criteria for alcohol use disorders but only 5 percent of them get the treatment they need.\(^5^1\)
   - When possible, show the parents’ involvement and reaction to their child’s drinking. Consider how parental attitudes may impact children’s behavior. Young people model their behavior after their parents’ patterns of consumption (including quantity and frequency), situations and contexts of use, attitudes regarding use, and expectancies.\(^5^2\)
   - Consider showing criticism by peers in reaction to an underage character’s drinking.
   - Try to provide a realistic depiction of drinking students and non-drinking students. While the majority of college students drink alcohol, nearly 20 percent do not.\(^5^3\)

2. Alcoholism’s Adverse Effects
   - Keep in mind how the behaviors associated with alcoholism and the sickness itself affect family and friends. For every story that focuses on a person who suffers from alcoholism, any number of equally compelling stories can focus on others in the person’s life.
   - Consider showing children successfully resolving emotionally difficult situations involving parental or family drinking in a constructive way (for example, a child reaching out to a teacher, counselor, or another family member to deal with the family member’s alcoholism).
   - Attempt to explore the increased risk of alcoholism among children who have a parent suffering from alcoholism. These children also have a higher likelihood of dating or marrying a person who misuses alcohol.\(^5^4\) Where appropriate, look for opportunities to show them taking proactive steps to stay healthy.

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3. Detoxification, Rehabilitation, Treatment, and Recovery are Four Distinct Processes

- Understand that group intervention efforts are successful only when the person suffering from alcoholism agrees, by the time the intervention concludes, that he or she has a problem. Regardless of whether it successfully stops the alcohol use disorder, an intervention can empower family and friends to establish a collective agreement that they will no longer enable their loved one to drink. Intervention may include voluntary or court-ordered therapeutic treatment.

- For some, intervention is a gradual process. Not everyone responds in the same way. When possible, show a variety of influential people, including family, friends, educators, or coaches, involved in the intervention process.

- Characters who are students or young adults may have an opportunity to intervene when they see a classmate or friend in trouble. Not all of them need to passively watch, in fear of getting the classmate/friend in trouble or alienating him or her.

- If portraying a detoxification, attempt to show the character’s withdrawal symptoms. Many times the process can result in temporary, related health problems, including withdrawal symptoms ranging from the shakes or the sweats to nausea, headaches, anxiety, a rapid heartbeat, increased blood pressure, and hallucinations. These symptoms are a highly visual and dramatic, audience-engaging sign that the person is beginning the detoxification process, which can lead to a healthier path.

- Be aware that detoxification and rehabilitation are different: Detoxification is the process of safely getting alcohol out of one’s system, whereas rehabilitation is the process of being restored to a condition of good health.

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Fact:

Contrary to popular belief, detoxification does not equate to treatment.

At a detoxification center (hospital unit, nonmedical alcoholism facility, or other institution), the body can clear itself of alcohol's toxic effects. Long-term treatment, however, provides alcohol-free environments and can include continued medical care; group, individual, and family therapy; classes about alcoholism; regular Alcoholics Anonymous meetings; and medication. Currently the Food and Drug Administration has approved three medications for the treatment of alcohol abuse: Disulfiram, Naltrexone, and Acamprosate.\textsuperscript{56}

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Prescription Drug Abuse

THE CHALLENGE

More than 6.5 million Americans age 12 or older reported using a prescription drug for nonmedical purposes in the past month. Prescription drug abuse can be just as severe as the use of illegal drugs, and often people obtain prescription drugs for free from their family or friends. It is important for the public to understand the serious risks of abusing prescription drugs, as well as the simple measures people can take to help prevent prescription drug abuse in their home.

Three types of prescription drugs are commonly abused. All can be deadly when misused, mixed together, or mixed with alcohol.
1. Opioids–painkillers, such as Vicodin, Oxycontin, Morphine, Fentanyl, Dilaudid, Percoset, and Lortab, and benzodiazepines, such as Klonopin
2. Stimulants – typically attention deficit hyperactivity disorder (ADHD) medications, such as Adderall and Ritalin
3. Central Nervous System Depressants – anxiety medications, such as Valium or Xanax

DEPICTION SUGGESTIONS

1. Misuse of Medication
   • When portraying someone with a substance use disorder to prescription drugs, keep in mind that this is an epidemic that affects people across demographic and generational spectrums. Characters of all walks of life are affected.
   • A small percentage of doctors become enablers or suppliers when distributing prescription drugs to patients, family members, or friends. Consider showing how a doctor becomes an enabler by over-prescribing or illegally prescribing a medication, while making it clear, when possible, that most doctors disapprove of and do not engage in this activity.
   • Bear in mind that a character who is misusing prescription drugs is not necessarily aware that misuse can result in addiction. Older adults especially may become addicted to a drug without realizing it.
   • Addictions to prescription drugs are easy to hide because these drugs are legally available. Many characters are able to obtain prescriptions from doctors without raising suspicion. Keep in mind, however, that in most cases, prescription drugs are used appropriately under a doctor’s care.
   • When portraying doctors treating patients, it may be appropriate for the doctor to find out if a patient is in recovery from an addiction before prescribing potentially addictive medications.
   • Remember that drug addiction is a chronic disease that alters the brain’s structure and function. Consider referencing the neurological changes that occur as a result of drug use rather than portraying drug use as a personality flaw or moral failure.

2. Self-Medication
   • Many athletes have been known to take painkillers before a game to help ease their pain from injuries or as a preemptive measure to deal with physical strain. When crafting a storyline about an athlete, bear in mind that the extreme measures some athletes will take to be physically and mentally prepared for a game may, in the long run, lead to an ongoing addiction.
   • When characters, particularly youths, self-medicate, young viewers might take away a negative message. Avoid, if possible, highlighting pleasurable effects of prescription drug use that might inadvertently encourage a young viewer to consider experimenting with prescription drugs to feel better.
   • Prescription drug abuse can be accompanied by other behavioral health conditions and may be the result of a character desiring a quick, reflexive fix for physical or psychological problems. Consider depicting a character who has a co-occurring disorder, specifically prescription drug abuse and a mental health condition.

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3. Treatment and Recovery

- Consider depicting someone coming out of treatment and remaining sober for some time, but then facing the challenges of a substance-free lifestyle. Does he or she get support from his or her family? Does this character have the financial means/health insurance to cover another treatment stay?
- When depicting 12-step meetings, remember that such gatherings are often marked by humor and positivity. The stereotype that they are dreary events is inaccurate. Think about showing a 12-step meeting that includes light or humorous exchanges, where people in recovery are having success in maintaining sobriety.
- Adolescents coming out of treatment often need to find a new set of friends to prevent relapse. Consider depicting how a character manages this when changing schools is not an option.
- Consider portraying a high school or college star athlete with a history of addictive behavior. What happens when he or she is injured on the court or the field and needs prescription painkillers?

Fact:

Abusing prescription drugs is just as risky as using illegal drugs.

Studies consistently show that teens and college-age people think prescription medications are a safe alternative to illicit street drugs like cocaine or heroin, particularly since they are legally approved. Also, many have seen their parents, grandparents, and other family members take these same medications under a doctor’s care to treat a variety of illnesses. When abused or taken without a doctor’s prescription, these drugs can be as harmful as illegal drugs. They do not offer a safe way to get high, cope with stress, or perform better at school or on the field.59

Tobacco Use

THE CHALLENGE

Nearly 1 in 5 Americans still smoke cigarettes regularly. The use of smokeless tobacco products, such as chewing tobacco and snuff, is on the rise, especially among young adults.60,61 Both smoked and smokeless tobacco products negatively affect an individual’s health, as at least 28 chemicals in smokeless tobacco have been found to cause cancer.62 Any tobacco product poses a significant health risk to Americans of all ages. However, recent data shows that adults are buying fewer tobacco products,63 and accurately depicting the risks of tobacco use can help to continue this positive trend.

DEPICTION SUGGESTIONS

1. Realities of Cigarette Smoking
   • Although smoking rates have gone down in recent years, 18.1 percent of all high school students are current smokers.64
   • Tobacco industry market research indicates that youth find smoking more attractive when it is portrayed as a rite of passage into the adult world. Where possible, avoid presenting tobacco use as socially desirable, sexually attractive, and associated with being athletic or successful, to avoid inadvertently selling this false image to young people. When appropriate, show the reality of first time inhalation effects, especially for youth smokers, such as choking, burning cough, and watering eyes.
   • Consider showing the challenges faced by the smoker in the workplace. Due to many smoking bans in public places, people are forced to go long distances during the workday to have a smoke.

2. Cigarettes: Cosmetic Effects of Tobacco Use
   • The long-term health effects of smoking – including cancer, emphysema, and heart disease – are known. But less has been depicted about the more cosmetic long-term consequences such as yellowing of teeth, or premature facial wrinkling including deep crow’s feet and pale, graying, wrinkled skin on the cheeks and around the mouth.
     ○ Some characters, particularly those who are concerned about their appearance, might cite these as reasons for not smoking, or a friend of a character who smokes might call out the unpleasant cosmetic effects.
     ○ Short-term effects can also be depicted, including foul odor on clothes and breath, smelly cars, and dirty fingernails.
   • One way to portray the negative effect of smoking is to show a character who is mistaken for being older due to deep wrinkles; the character can explain that many years of smoking have caused the appearance of aging.

3. Treatment of Tobacco Use
   • Several treatment options exist for tobacco users who are trying to quit, including psychosocial treatment and then nicotine replacement therapies (e.g., nicotine gum, the transdermal patch, nasal spray, and inhaler) as well as non-replacement drugs, such as Bupropion and Varenicline. These drugs can also be combined with behavioral therapies to improve the success of recovery. Consider showing a character who undergoes behavioral therapy along with drug therapy to stop smoking instead of attempting to quit cold turkey, which is often depicted, but may be less effective.

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Fact:
A little dip or chew now and then can hurt — it’s a harmful habit.

Even a little smokeless tobacco has enough nicotine to get a user hooked. Smokeless tobacco contains nicotine, the same drug that makes cigarettes addictive. Holding an average-size dip or chew in the mouth for 30 minutes delivers as much nicotine as about three cigarettes.65 Some smokeless tobacco users sleep with it in their mouths so they keep getting nicotine through the night. That’s an addiction, not a habit.
“The reality of mental illness and substance use is that recovery is enduring. Entertainment programming and news stories can often remind us of the versions of ourselves we have been throughout the recovery process. The application of guidelines, like these, to support more authentic storytelling that shows the cycle of mental illness and substance use, the treatments and recovery process can be supportive of enduring recovery and can inform others of the process. It’s an invaluable tool to reach vast audiences with potentially life-changing information.”

Brian Cuban
Author, Shattered Image
“EIC has been providing resources to writers and journalists for decades. In that time, we’ve seen a shift in how open people have become, sharing their personal stories of triumph to inspire others to seek help when they need it. It’s these stories, these lived experiences, told from within news and entertainment that make us think, help us understand and make us take action.”

Melissa Rivers
Actress/Television Host/Producer
Member, EIC Board of Directors

“The key to more sound coverage of mental health lies in the education of our audiences – getting the message out about the complexities and nuances of mental health issues, and reaching viewers however we can. At NCTA we’re eager to support the evolution of health messaging in cable content, to help our viewers learn more about mental health. We’re immensely proud to be a partner in these efforts and to encourage our cable colleagues to be a force for good.”

Rob Stoddard
Senior Vice President Communications & Public Affairs, National Cable & Telecommunications Association (NCTA)
THE CHALLENGE

Many people view bullying as a normal part of childhood, believing kids will get over it as they get older. However, studies show that bullying has negative academic, physical, social, emotional, and psychological consequences for victims, and even for children who act as bullies. As recent anti-bullying campaigns highlight, parents, educators, and community leaders can work together to help prevent bullying and urge young people to treat others with respect and kindness.

DEPICTION SUGGESTIONS

1. Redefining Bullying Today
   • Consider showing a character from an older generation observing a child being bullied and simply dismissing it as “kids being kids.” Follow this by having a younger character correct this misconception, ideally by sharing his or her own experience of bullying someone or being targeted by a child who bullies to show how recognition of bullying has increased over time.
   • Bullying is most often witnessed on school grounds; however, it can also occur outside school like in shopping malls or neighborhood playgrounds. Think about showcasing bullying in other settings.
   • “Cyber bullying” is a relatively recent development, where kids are bullied through electronic technology, such as cell phones, computers, and social media (e.g., Facebook and Twitter). Examples of cyber bullying include mean text messages or emails, rumors sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles. Due to its reach, cyber bullying may be even more humiliating and damaging than physically bullying a child in front of his or her peers.
   • Consider depicting a student who is effectively handling a bullying situation at school but gets overwhelmed once the harassment moves online. The character’s anxiety levels can be shown rising, but at the same time, friends and family can be shown providing support.
   • Lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth, or those assumed to be so, are often bullied. Portraying gay-straight alliances or anti-bullying programs in schools involving all types of school personnel, including cafeteria workers, bus drivers, teachers, and administrators and students, can demonstrate how to create safe environments and prevent bullying. Also, drawing parallels to bullying related to other differences, such as religion and weight gain, can be effective.

2. Remembering the Bully
   • Consider focusing directly on the child who bullies, who is often lost in the conversation about how bullying affects young people. Children who bully may need specialized support to help them redirect their energies in more positive ways.
   • Consider portraying the home life of the child who bullies so the audience can get a better understanding of the motivations behind bullying and how the problem can be addressed from multiple angles, such as addressing abuse that may be occurring in the child’s home.
   • In addition to focusing on the child who bullies, the role of the bystander is critical. Depict a teenager or young child who observes bullying and takes a stand by supporting the person being bullied or telling a responsible adult.
Fact:

There is not a single profile of a young person involved in bullying.

There are many roles that young people can play. Young people can bully others, they can be bullied, or they may witness bullying. When young people are involved in bullying, they often play more than one role. Sometimes young people may both be bullied and bully others, or they may witness other young people being bullied. It is important to understand the multiple roles young people play in order to effectively prevent and respond to bullying.
THE CHALLENGE

DSM-V introduced Suicide Behavior as a diagnosis in their 2013 edition. This should be considered when creating content for entertainment media and other media. There are conditions and other factors that can elevate one's tendency for this behavior, and as with other behaviors, the goal is to learn more about prevention and recovery.

KNOW THE SIGNS

There are many possible signs that people who are working through suicidal behaviors can show prior to any suicidal actions. These should be considered in story and character and development:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself.
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means.
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person.
- Feeling hopeless.
- Feeling rage or uncontrolled anger or seeking revenge.
- Acting reckless or engaging in risky activities—seemingly without thinking.
- Feeling trapped—like there’s no way out.
- Increasing alcohol or drug use.
- Withdrawing from friends, family, and society.
- Feeling anxious or agitated, being unable to sleep or sleeping all the time.
- Experiencing dramatic mood changes.
- Seeing no reason for living or having no sense of purpose in life.

DEPICTION SUGGESTIONS

1. Realities
   - Think about ways that you can highlight how one person’s suicide or suicide attempt affects other people. For example, when someone attempts suicide, it always alarms friends and family and can even deepen existing depressive tendencies in certain people.
   - While anyone can suffer from depression or can have suicidal thoughts, the stigma surrounding mental illness and seeking help keeps many people from talking about it and seeking treatment, which could prevent suicide attempts. In your reporting and storytelling, consider using language that promotes understanding of mental illness and defeats misconceptions that may cause stigma. Where possible, remember to include information about local resources and helplines, including the National Suicide Prevention Lifeline 1-800-273-8255, that individuals can turn to for support if needed.
   - While primary prevention is not easy to incorporate in a story arc, consider showing young people and other demographic groups (i.e., churches, college clubs and student organizations, elderly individuals, etc.) talking about suicide or other mental health issues in an honest, helpful way and provide an opportunity for expert advice by another character—a doctor or other medical or psychiatric professional.

2. Treatment and Recovery
   - Professional psychiatric care, psychotherapy, and especially a combination of the two, can save lives. Think about showcasing characters seeking out professional help when they need it.
   - People can recover and go on to live fruitful lives without suicidal thoughts. When possible, consider ways that you can include stories about successful recovery for people who have once again been able to find hope even after feeling so hopeless.

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3. Language Matters

- 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:
  - Avoid exact details on locations and methods.
  - Avoid photos or videos of the location or method of death, as well as dramatic images of grieving family and friends or memorial services.
  - The words “committed,” “succeeded” or “failed” are inaccurate. Appropriate wording is that someone died by suicide, took his/her life or killed himself/herself.
  - 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.

RESOURCES

- Know the Signs http://www.suicideispreventable.org
- Reporting on Suicide http://reportingonsuicide.org
- MY3 App http://www.my3app.org
- Suicide Safe: The Suicide Prevention App for Health Care Providers http://store.samhsa.gov/apps/suicidesafe/

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“Mental illness can afflict anyone at any age. Awareness is the first step toward treatment, and the media can be a powerful ally in accurately portraying mental illness and, in turn, increasing awareness. Providing resources to journalists and writers supports the process of engaging the public in positive, proactive behavior that improves their lives and the lives of their families.”

Dr. Charles Sophy
Psychiatrist, L.A. Co. Dept. of Child and Family Services

“I think there’s nothing more important for an artist to do than question the “norm” and bring compassion to those existing outside of it and enlightenment to those hiding inside of it. We are all, in our own way, “outsiders”. Everyone has problems and sadness: health issues, mental illness, dysfunction, and substance abuse have touched every life in one way or another. It is from “hiding” this fact that most of the trouble occurs. EIC’s technical assistance has been invaluable in providing research and facts that bring these subjects to light. It has been a fantastic resource for us.”

Kerry Ehrin
Writer/Executive Producer, Television Series Bates Motel
THE CHALLENGE

Research shows that when treating people with substance use disorders, a combination of medication with behavioral therapies and counseling has proven to be successful. However, medication-assisted treatment is often misunderstood.

DEPICTION SUGGESTIONS

- Consider depicting a character using a variety of treatment methods to recover from his or her substance use disorder.
- Certain treatment medications are designed to reduce the symptoms of withdrawal that someone might experience when stopping drug misuse, such as depression, anxiety, restlessness, and sleeplessness. This makes it easier to completely stop the misuse. Think about showing a character opting to use medication-assisted treatment to avoid severe withdrawal symptoms while trying to overcome his or her substance use disorder.
- These medications can also help prevent relapse and sustain recovery by helping people cope with common relapse triggers, such as stress and situations linked to the drug experience (e.g., people, places, things, moods). Consider depicting a doctor explaining to a patient how these drugs can reduce cravings and prevent relapse while noting these drugs are not a complete solution and that a holistic approach is still needed.
- Some in the recovery community look down on medication-assisted treatment as contrary to a recovery plan. Consider a storyline with a character who is in recovery using medication-assisted treatment, but facing judgment from others, including friends, family, and others in recovery, and show how the character is able to educate others about the value of this form of treatment. For more information, visit https://findtreatment.samhsa.gov.

Fact:

Medication-assisted treatment does not just replace one substance use disorder with another.

As extensive research has proven, addiction is a disease of the brain and not a measure of the willpower of the individual.\(^6\) The initial decision to take illegal drugs is mostly voluntary. However, when drug addiction takes over, a person’s ability to exert self-control can become seriously impaired. Brain imaging studies from drug-addicted individuals show physical changes in areas of the brain that are critical to judgment, decision making, learning and memory, and behavior control. While 12-step programs and other therapies can be effective, they do not work for everyone as standalone treatment and recovery programs. Medication-assisted treatment can help to relieve drug cravings, reduce symptoms associated from withdrawal, and block the pleasurable effects of drug use. The combination of medication and therapy has proven to be highly successful in putting those suffering from addiction onto a path toward recovery.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>HEALTH EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>In low doses, intoxication, mild stimulation, relaxation and lowered inhibitions; in higher doses, drowsiness, slurred speech, nausea, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness/increased risk of injuries, violence, fetal damage (in pregnant women), hangover, depression, neurological deficits, hypertension, liver and heart disease, addiction, fatal overdose</td>
</tr>
<tr>
<td>Cocaine</td>
<td>Increased heart rate, blood pressure, body temperature and metabolism, feelings of exhilaration, increased energy, mental alertness, tremors, reduced appetite, irritability, anxiety, panic, paranoia, violent behavior, psychosis, weight loss, insomnia, cardiac or cardiovascular complications, stroke, seizures, addiction, nasal damage from snorting</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>Mild hallucinogenic effects, increased tactile sensitivity, empathic feelings, lowered inhibitions, anxiety, chills, sweating, teeth clenching, muscle cramping, sleep disturbances, depression, impaired memory, hyperthermia, addiction</td>
</tr>
<tr>
<td>Inhalants</td>
<td>Stimulation, loss of inhibition, headache, nausea or vomiting, slurred speech, loss of motor coordination, wheezing, cramps/muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, unconsciousness, sudden death</td>
</tr>
<tr>
<td>Heroin</td>
<td>Euphoria, drowsiness, impaired coordination, dizziness, confusion, nausea, sedation, feeling of heaviness in the body, slowed or arrested breathing, constipation, endocarditis, higher rate of contracting hepatitis and HIV, addiction, fatal overdose, nodding off</td>
</tr>
<tr>
<td>Marijuana</td>
<td>Intoxication, relaxation, slowed reaction time, distorted sensory perception, impaired balance and coordination, increased heart rate and appetite, impaired learning and memory, anxiety, panic attacks, psychosis, cough, frequent respiratory infections, possible mental health decline, addiction</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>Increased heart rate, body temperature and metabolism, feelings of exhilaration, increased energy and mental alertness, tremors, reduced appetite, irritability, anxiety, panic, paranoia, violent behavior, psychosis, weight loss, insomnia, cardiac or cardiovascular complications, stroke, seizures, addiction, severe dental problems</td>
</tr>
</tbody>
</table>
| Prescription Drugs | Varies by type: Depressants – sedation/drowsiness, reduced anxiety, feelings of well-being and lowered inhibitions, slurred speech, poor concentration and confusion, dizziness, impaired coordination and memory, slowed pulse/lowered blood pressure, slowed breathing, tolerance, withdrawal and addiction, increased risk of respiratory distress and death when combined with alcohol
Opioids – pain relief, intoxication, drowsiness and sedation, weakness, dizziness and nausea, impaired coordination and confusion, dry mouth, itching, sweating, clammy skin, constipation, slowed or arrested breathing, lowered pulse and blood pressure, tolerance, addiction, unconsciousness, coma, or death, risk of overdose increased when combined with alcohol or other CNS depressants, risk of use of medications that alter opioid metabolism (risk of drug-drug interactions)
Stimulants – feelings of exhilaration, increased energy and mental alertness, increased heart rate, blood pressure and metabolism, reduced appetite, weight loss, nervousness, insomnia, seizures, heart attack, stroke |
| Synthetic Drugs | Varies by type: Synthetic cannabinoids – rapid heart rate, vomiting, agitation, confusion, hallucinations, increased blood pressure, heart attack, addiction
Synthetic cathinones – rapid heart rate, high blood pressure, chest pains, paranoia, hallucinations, panic attacks, addiction |
<table>
<thead>
<tr>
<th>CONDITION</th>
<th>DESCRIPTION OF SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Deficit Disorder/Hyperactivity Disorder (ADD/ADHD)</td>
<td>Inattention or difficulty staying focused, hyperactivity or constantly being in motion or talking, impulsivity (e.g., often not thinking before acting)</td>
</tr>
<tr>
<td>Autism Spectrum Disorders</td>
<td>Impaired communication, cognition, social interaction, with various levels of restricted, repetitive behavior, focus, and actions. Includes Autism, Asperger’s Disorder, Rett’s Disorder, and Childhood Disintegrative Disorder.</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Recurrent episodes of highs (mania) and lows (depression) in mood; changes in energy and behavior; extreme irritable or elevated mood; an inflated sense of self-importance; risky behaviors, distractibility, increased energy and a decreased need for sleep</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder (GAD)</td>
<td>An overwhelming sense of worry and tension; physical symptoms including fatigue, headaches, muscle tension, muscle aches, trouble swallowing, trembling, twitching, irritability, sweating, light headedness, nausea and hot flashes</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>A prevailing sense of sadness and/or loss of interest or pleasure in most activities that interferes with the ability to work, study, sleep and eat; negative impact on a person’s thoughts, sense of self worth, sleep, appetite, energy and concentration</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>Relived trauma after experiencing a terrifying event, through nightmares or disturbing thoughts throughout the day; feelings of detachment, numbness, irritability or aggressiveness</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Hearing voices or believing that others are trying to control or harm the person; hallucinations and disorganized speech and behavior, causing individuals experiencing these symptoms to feel frightened, anxious and confused (positive symptoms); lack of pleasure in everyday life and a “flat affect,” which is characterized by reduced facial expressivity and dull or monotonous speech (negative symptoms)</td>
</tr>
</tbody>
</table>

WEBCASTS

EIC teamed up with SAMHSA to create a series of webcasts for entertainment and news media professionals that covers mental health and substance use topics as a resource for those developing story content in order to assist in creating stories that are authentic, accurate and inspiring. All webcasts with SAMHSA can be found at [http://www.eicnetwork.tv/Videos/HealthWellness/HWScreeningRoom.aspx](http://www.eicnetwork.tv/Videos/HealthWellness/HWScreeningRoom.aspx)

SPOTLIGHT ON

Spotlight On is EIC’s Entertainment Industry Newsletter providing information and suggestions for creative depiction on a wide variety of topics, including ADHD, Diabetes, Suicide Prevention, Veteran Concerns, and many more. A full list of Spotlight On Newsletters can be found at [http://www.eiconline.org/eic-resources/spotlight-on/](http://www.eiconline.org/eic-resources/spotlight-on/)

FIRST DRAFT

EIC’s First Draft Program provides technical assistance to writers, producers, and actors on a variety of topics by connecting them to experts via phone calls, in-person meetings, and lunchtime briefings. To register and learn more, [http://www.eiconline.org/eic-resources/first-draft/](http://www.eiconline.org/eic-resources/first-draft/)

PICTURE THIS

A Picture This publication is a guide to the key issues within the realm of specific health and social issues affecting various populations today, as identified by experts, advocates, policy makers, and others working to improve public awareness about and reduce stigma through understanding these important issues. All of EIC’s Picture This publications can be found at [http://www.eiconline.org/eic-resources/publications/national/picture-this/](http://www.eiconline.org/eic-resources/publications/national/picture-this/)

GUIDELINES

- Style Guide: Reporting on Mental Health, details the issues journalists need to think about when reporting on mental health, mental illness and suicide. The guide is available in English and Spanish. [http://www.eiconline.org/teamup/for-journalists/](http://www.eiconline.org/teamup/for-journalists/)

ADDITIONAL RESOURCES

- Center for Disease Control and Prevention (CDC) [http://www.cdc.gov](http://www.cdc.gov)
- Each Mind Matters [http://www.eachmindmatters.org](http://www.eachmindmatters.org)
- Mental Health America (MHA) [http://www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)
- NAADAC, The Association for Addiction Professionals [http://www.naadac.org](http://www.naadac.org)
- National Action Alliance for Suicide Prevention [http://actionallianceforsuicideprevention.org](http://actionallianceforsuicideprevention.org)
- National Alliance of Mental Illness (NAMI) [http://www.nami.org](http://www.nami.org)
- National Association for Children of Alcoholics (NACoA) [http://www.nacoa.org](http://www.nacoa.org)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) [http://www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Institute on Drug Abuse (NIDA) [http://www.drugabuse.gov](http://www.drugabuse.gov)
- National Suicide Prevention Lifeline [http://www_suicidепreventionlifeline.org](http://www_suicidепreventionlifeline.org) (800) 273-8255 (Veterans Press 1)
- OK2TALK [http://ok2talk.org](http://ok2talk.org)
- Substance Abuse and Mental Health Services Administration (SAMHSA) [https://findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)
- Suicide Awareness Voices of Education (SAVE) [https://www.save.org](https://www.save.org)
- The Carter Center [http://www.cartercenter.org](http://www.cartercenter.org)
The source to turn to for free research-based, fact-based, or anecdotal information on a myriad of health or social issues—when you need it, where you need it, how you need it.

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- Aging
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- Healthy Lifestyles
- Alcohol and Other Drugs
- Abuse
- Addiction Treatment and Recovery
- Animal Care and Protection
- At-Risk Children and Youth
- Foster Care
- Incarceration
- Runaway Homeless Youth
- Attention Deficit Hyperactivity Disorder (ADHD)
- Diabetes
- Homeland Security
- Disaster Preparedness
- Terrorism
- Human Trafficking
- Humor and Healing
- Infectious Disease
- HIV and AIDS
- Sexually Transmitted Infections
- Injury Prevention
- 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
- Conflict Resolution
- Domestic Violence
- Women’s Health
- Cancer
- Disease Prevention and Screening
- Reproductive Health
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