

MEDIA OUTREACH

to our audience

Mental Health in
Southwestern
Pennsylvania



Building Healthy Communities in SWPA



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 help individuals of Southwestern Pennsylvania counties by providing them with resources to increase public awareness and understanding of mental health issues in their community. As a foundation dedicated to benefiting those with mental illness, we believe the first step toward improving public acceptance of mental illness is education. The diagnosis of a mental illness should be something that begins a personal journey for both the patient 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 mental health diagnosis.

In order to promote change and decrease overall 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 mental health service leaders, published action strategies, and a special media recognition program.

Media interested in covering mental health have a great opportunity to accurately represent the details and facts surrounding people living with, treating, and encountering mental illness. This toolkit aims to provide important mental health information to the local media, journalists, news directors, editors, and bloggers.

Please utilize the enclosed information to make a difference in the way that mental illness is portrayed, therefore affecting how the public perceives it. We know that accuracy yields powerful social change, and thus, through education and informational resources, great things can be achieved in generating awareness about mental health. This toolkit continues our efforts towards enhancing the behavioral treatment, support, beliefs, and attitudes towards behavioral health.

SPECIAL MESSAGE

from Brian L. Dyak

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



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

According to the National Institute of Mental Health, about one in four adults in the United States suffer from a mental illness. The effects of mental illness may lead the patient to withdraw from normal activities, exhibit abnormal behaviors or feel afraid. The symptoms described are often related to what the public perceives as a “mentally ill individual”. In truth, many people lead healthy lives that are virtually symptom-free due mainly to an appropriate diagnosis and treatment plan. When portraying and telling stories about behavioral health issues, the media can inform and empower the public to seek medical attention and support by reducing their fear surrounding what a diagnosis can mean for them.

This toolkit was designed specifically to provide you with the mental health information necessary to develop accurate and newsworthy stories. In this toolkit you will find tips, local resources, and recent research that will help to create a more informed and aware community. As you know, the influence of the media is immense, and with the inclusion of accurate information, positive social and behavioral change is inevitable.

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.

CHECKLIST FOR THE MEDIA

Use this checklist to guide you through this toolkit. The following steps will help you to understand how to integrate a mental health awareness approach to your current and future projects.

✓	<p>■ TIP SHEET AND GLOSSARY TERMS</p> <p>Use the Tip Sheet on page 27 and the Glossary of Terms on page 33 to create news stories that support an increase in public awareness and understanding of mental health issues.</p>
✓	<p>■ FACTS AND FIGURES</p> <p>Gather inspiration for news pieces that will be eye opening and applicable to your community by using the Recent Mental Health Research and Figures on page 29.</p>
✓	<p>■ BRAINSTORMING YOUR STORIES</p> <p>Explore new approaches to writing mental health stories using the Brainstorming Guide on page 9.</p>
✓	<p>■ LOCAL RESOURCES</p> <p>Check out the resource outline on pages 39-41 to learn about the mental health organizations in your area, what their focus is, and how you can reach them.</p>
✓	<p>■ DEFEAT STIGMA</p> <p>Read through the guide on Avoiding Stigmatizing Language on page 11. Use the influence of the media to accurately portray mental health in a way that engages your audience and fosters understanding.</p>
✓	<p>■ GET INVOLVED</p> <p>Check out local events, such as forums, conferences, or health fairs in your area by reaching out to the mental health organizations listed on page 39.</p>



COVERING MENTAL HEALTH A BRAINSTORMING GUIDE

When tasked with the responsibility of covering mental health, utilize the following questions as a way to brainstorm while preparing for your story.

- 1. Is your story about a specific person?** If so, was this person receiving treatment, voluntarily off treatment, or completely untreated? Could treatment or lack thereof be related to the reason that they are in the news?
- 2. Is your story about a specific illness?** Does your story encourage your reader to take action regarding this illness? To get screened or seek treatment? To help a loved one?
- 3. Is there an underlying theme of hope for those diagnosed with mental illness?**
- 4. Would a reader unfamiliar with mental illness learn something new from this article or news story?** Could it change any misconceptions they may have regarding mental illness or those that suffer from it?
- 5. Have you contacted an expert?** Even if you feel that the story does not call for it, the knowledge of a mental health expert can provide background information, depth, and clout to your story. It can also engage your readers and help them to understand the topic at hand.
- 6. Does your story generalize an action or symptom to all sufferers of mental illness?** If it does, you could be unknowingly reinforcing a stereotype or misconception.

DID YOU KNOW...?

The Entertainment Industries Council, Inc. offers a free resource service to members of the media community called First Draft™.

This service puts you in contact with relevant experts that represent the best in their field.

For more information on how to utilize this resource, visit <http://www.eiconline.org/resources/firstdraft>

THE MEDIA'S LINK TO THE PATIENT EXPERIENCE

THE MENTAL HEALTHCARE TEAM

Treating mental illness means treating the whole person. This mindset requires the use of a healthcare team. This team should consist of a group of professionals that work together to provide the patient with the most comprehensive care possible. Utilize this group of professionals when covering a patient's treatment and lifestyle.



HOW TO AVOID USING STIGMATIZING LANGUAGE

It is important to avoid language that enhances the negative connotations associated with mental illnesses and their symptoms. Here is a list of “Dos and Don’ts” when talking about mental health from Mental Health America in Allegheny County, PA:

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

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.



POST-TRAUMATIC STRESS DISORDER (PTSD)

WHAT IS PTSD?

PTSD is a syndrome, or cluster of symptoms, that is seen 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.⁴²

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.⁴²

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 insight relating to news stories or dramatic portrayal, visit:

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



POST-TRAUMATIC STRESS DISORDER (PTSD)

TARA'S STORY

TARA'S STORY OF PTSD

CRISIS

This horrific experience left her *traumatized* and *feeling alone*... her substance abuse continued for years...

A high-achiever, Tara looked to the outside world like the perfect example of small-town success. An outstanding high school student, attractive and bright, she entered college with big aspirations and high hopes. Within her first two months, she was raped at a college fraternity party after passing out from intoxication. This horrific experience left her traumatized and feeling alone. Fearing that disclosure would destroy her reputation and her chance to stay at the university and get her college degree, Tara said nothing, and instead, began a long, painful spiral into substance abuse in hopes of numbing her pain.

INTERVENTION

...finally able to...*emerge* as the person she knew she could be.

Tara's depression went undiagnosed, her substance abuse continued for years, and she suffered from post-traumatic stress disorder, which at that time she knew nothing about. Still, her secret remained safe. Tara got her degree, got married, and continued to hide her internal pain until a series of stressful events in her 30's finally led her, at the urging of a family member, to seek mental health counseling and treatment.

Through proper diagnosis, extensive therapy, and treatment, Tara was finally able to deal with her past pain and trauma, and emerge as the person she knew she could be. Today, Tara is a successful corporate manager, who says the intervention by a trusted family member who recognized her pain helped get her on the road to recovery and a full, productive life.



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.⁴³

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.⁴³

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 suicide
- If any of these symptoms last for more than 2 weeks, a medical professional should be contacted.⁴³



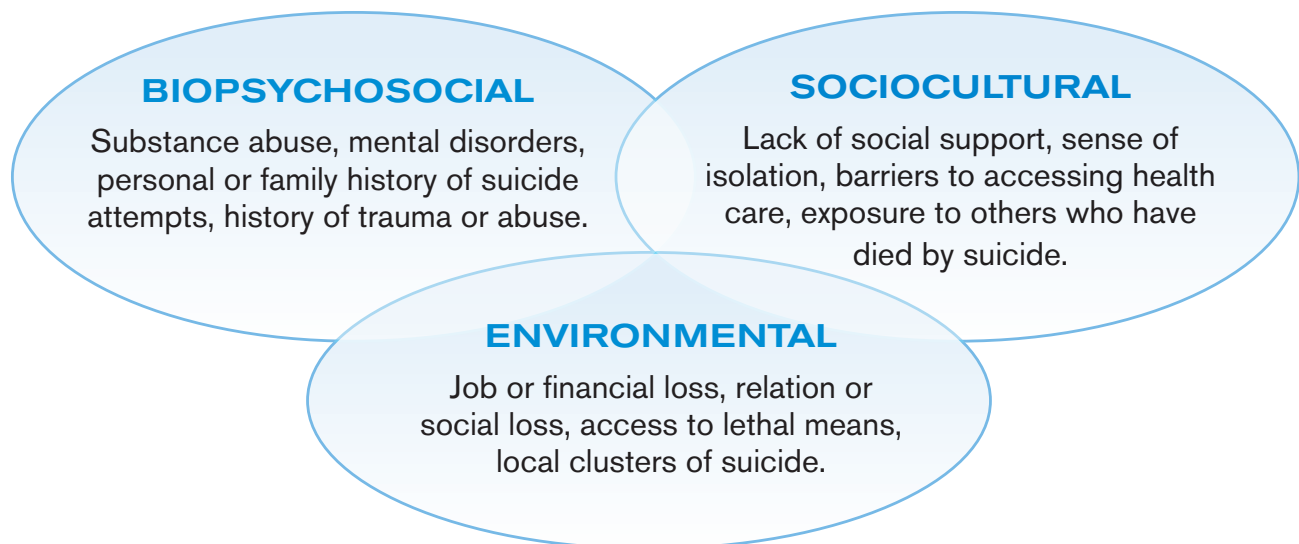
SUICIDE

WHAT IS SUICIDE?

Suicide is the act of killing oneself. It may be the result of experiencing tragic circumstances; feelings of being hopeless, worthless, or like there is no reason to live; mental illnesses such as depression can also be the cause of 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.⁴¹



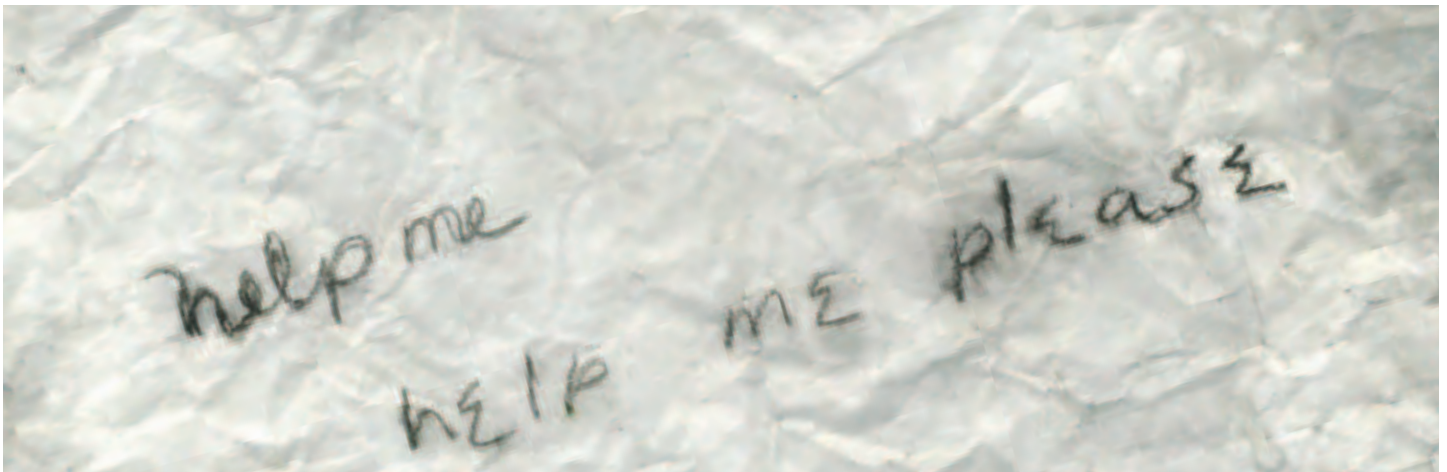
SPECIFIC POPULATIONS

- 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. American Indians and Alaskan Natives have more serious problems with mental health disorders than others do.
- 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.⁴³

SUICIDE

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.
- ***Seeing no reason for living or having no sense of purpose in life.***⁴³



SUICIDE

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.

CURRENT NATIONAL STRATEGIES

When exploring information about suicide the **National Strategy for Suicide Prevention (NSPP)**, the nation's framework for preventing suicide in the United States, should be mentioned. This document recognizes the toll that suicide takes on society and presents goals, objectives, and strategies for addressing this public health issue. Numerous individuals including leading stakeholders, grassroots organizations, public servants, private individuals, and governmental agencies originally developed the strategy.⁷

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>

SOME DEPICTION PRIORITIES WHEN REPORTING ABOUT SUICIDE:

- Recognize that suicide is preventable and the depression that goes with it is treatable.
- Recognize that suicide victims and survivors can be anyone. They come from different occupations, age groups, ethnic groups, etc.
- Show that suicide has consequences.

CHASE EDWARD'S 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.'⁴⁰



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.⁴⁴

WHAT ARE SYMPTOMS OF BIPOLAR DEPRESSION?

The depressive phase of bipolar depression mirrors the symptoms for clinical depression (see page 16). 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 concentrating⁴⁴

WHO CAN GET BIPOLAR DEPRESSION?

The disease usually surfaces in late adolescence or early adulthood. It is important to explain that it can also begin in childhood or even later into adulthood. Symptoms may be different depending upon the age of onset.¹⁵



BIPOLAR DEPRESSION

DIAGNOSING BIPOLAR DEPRESSION

Bipolar depression is a difficult disorder to diagnose, and is usually done so during a depressive phase. Your readers might not realize it is often misdiagnosed as major depressive disorder, or sometimes even as other conditions such as schizophrenia so make sure to emphasize the risk of misdiagnosis. Close monitoring of symptoms is key to a proper diagnosis. The diagnosis process can take up to 10 years.⁴⁴

TREATMENT OF BIPOLAR DEPRESSION

When treating bipolar depression, it is important to note that the most successful means is through a long-term combination of methods. Treatment may address psychosocial factors and include medication. Daily monitoring of moods, symptoms, treatments, sleep patterns, and life events can be shown helping patients and their families cope with this condition.⁴⁴

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

TOM'S STORY

TOM'S STORY OF BIPOLAR DISORDER

CRISIS

...*Hospitalized* seven times...
...*combination* of medications...

Tom B. lived the high life. He flew from Atlanta to Tampa, rented a Porsche, then flew to Toronto, and went on a \$27,000 shopping spree for new clothes. On a whim, Tom would hop on a jet to New York, Ft. Lauderdale, St. Louis, or anywhere else that seemed interesting. The problem is that Tom couldn't afford his lifestyle and until recently, he had no control over it.

Tom B. has been hospitalized seven times. He was diagnosed with bipolar depression at age 40. At age 45, Tom moved in with his parents to avoid homelessness. Only four years ago did doctors find the right combination of medications that worked for him.

INTERVENTION

...*treatment* is possible and can save lives.

As a board director for a mental health center and an advisor to the Montana State Board of Visitors, Tom points out that his struggles with finding the right treatment were not the result of improper medical care. The psychiatrists and counselors he saw over the years tried as hard as they could to treat him.

Tom's case is not atypical, and it highlights the difficulty of treating bipolar disorder. Often, effective treatment today is identified only through trial and error but treatment is possible and can save lives.



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.

HOW CAN I HELP AS A MEMBER OF THE MEDIA COMMUNITY?

- Consider accurately portraying mental illness in your stories in order to increase knowledge and understanding among the community as a whole.
- Utilize experts and medical professionals to provide added credibility to your stories as well as personal experiences.
- Provide coverage to stories regarding convicted persons that may be suffering from mental health that focus on their illness and current treatment status. How could treatment have changed their current circumstance? How could future treatment increase their chances of success?

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.
- **Mental health and substance abuse services** are mandated to be covered.
- **Certain standards** for health insurance policies have been set to protect consumers. These include minimum requirements regarding services that must 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.

MEDIA TIP SHEET

Your accurate, timely news stories provide an indispensable public service by debunking common myths and misconceptions about mental health-related issues. The following may help to clarify mental health issues and underscore the need to address the priority messages identified regarding stigma, hope, integration of healthcare, parity, and decriminalization of the mentally ill.

- **Produce success stories that are newsworthy, but that are also good programming and community service.**

Work to highlight stories that exhibit the large number of individuals living with mental illness successfully. You can do this by interviewing someone in your community who people may not expect to have a mental illness. Also consider the stories of individuals that are experiencing recovery due to their experiences with treatment. When discussing mental illness, recovery is defined as the return to a level of functioning that is no longer hindered by the illness itself.²⁹

- **Promote the idea that there is no good health without good mental health—the integration of body and mind.**

Currently, treatment of mental health and physical ailments are portrayed separately often leading the public to believe that it is not a 'real' disease. It is important to stress the link between mental and physical health in your stories so that people are able to understand that holistic care is necessary for successful treatment. Consider the role of mental health when someone is dealing with a chronic condition such as HIV/AIDS and their increased need for emotional as well as physical support. Help your readers to understand that when facing a diagnosis of mental illness, one is unable to function at the optimum level, just like a physical condition.

- **Compare systems that produce people who are hesitant to come forward with their stories to those systems that allow for more collaboration throughout the community.**

People respond and learn from stories that come directly from someone dealing with the topic at hand. When creating your story about mental health, consider encouraging real life patients to use their story to help others. By putting a face or relatable situation to mental illness, there may be increased understanding and reduced stigma.

- **Provide a realistic representation of what people with mental health issues are dealing with. Take a spectrum approach between health and illness.**

MEDIA TIP SHEET

Often, the focus of the media on mental health is aimed at one type of person: the one who is not receiving treatment or was unsuccessful at treatment. Although these patients' stories are compelling and newsworthy, consider making it a point to explain how the lack of proper treatment may have played a role in their situation. It is also important to represent those patients that are receiving treatment and are adept at managing it. Incidences of low productivity, family problems, and suicide are all reduced when the patient is receiving treatment.²⁹ Highlighting these patients could lead more people to seek out treatment when they need it.

- **Provide information that battles misconceptions about who can be diagnosed for a mental illness.**

Public opinion is formed utilizing information from the media. It is often perceived that only a particular class, race, or gender will be affected by mental illness. Another popular belief is that people with mental illnesses have no control over their lives. Consider utilizing subjects for your stories that debunk these misconceptions. By portraying accurate circumstances, you will be able to influence public opinion and reduce stigma.



RECENT MENTAL HEALTH RESEARCH

STATISTICS AND TRENDS IN MENTAL HEALTH RESEARCH FOR 2009

- 1 in 5 Americans experienced a mental illness in the past year.
- Those that are unemployed are at greater risk for mental illness and experience mental illness more frequently than those employed full-time.
- Less than 4 in 10, or 37.9%, of American adults with mental illness received mental health service.
- 60.2% of individuals with serious mental illnesses received treatment, but 4.4 million adults with serious mental illness were untreated.
- Full-time college students were less likely to have thoughts of suicide than non-students in their age range.
- The receipt of mental health services in the past year was higher among adults aged 18 or older with Medicaid or CHIP (23.6%) compared with adults with other forms of health insurance coverage (14%), private health insurance (12.7%), and no health insurance coverage (9.1%).
- The most frequently visited professionals for problems with mental illness were family doctors (62.5%), psychiatrists or psychotherapists (32%), psychologists (25.1%), or counselors (19.3%).
- Women are more likely than men are to experience mental illness, receive treatment, and utilize mental health services. Men are also less likely to utilize prescription treatment for mental illness.
- 34.9% of youth aged 12-17 that experienced a major depressive episode in the past year received treatment for their depression. Among the males in this age group, only 18.8% received treatment.²⁹

RECENT FINDINGS FROM THE NATIONAL ALLIANCE ON MENTAL ILLNESS

- Although sufferers of mental illness cannot be categorized by race or gender, ethnic minorities are less likely to have access to mental health services and often receive a poorer quality of care.
- The annual economic indirect cost of mental illness is estimated to be \$79 billion, \$63 billion of which results from the loss of productivity due to an illness.³⁰

RECENT MENTAL HEALTH RESEARCH

- Those living with SMI (serious mental illness) are more likely than those who do not to experience a reduced life expectancy due to an increased risk for developing a chronic illness.
- Death from suicide is the third leading cause of death for individuals aged 10-24 years old. Over 90% of deaths by suicide can be linked to a diagnosable mental illness.³⁰

RECENT FINDINGS FROM THE WORLD HEALTH ORGANIZATION (WHO)

- Mental health is an integral part of health; indeed, there is no health without mental health.
- Mental health is more than the absence of mental disorders.³¹
- Mental health can be affected by socio-economic, biological, and environmental factors.
- Cost-effective intersectional strategies and interventions exist to promote mental health.

TERMS & CLASSIFICATIONS FROM SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies three types of mental illness that are differentiated by their varying levels of functional impairment: serious mental illness, moderate mental illness, and low (mild) mental illness.

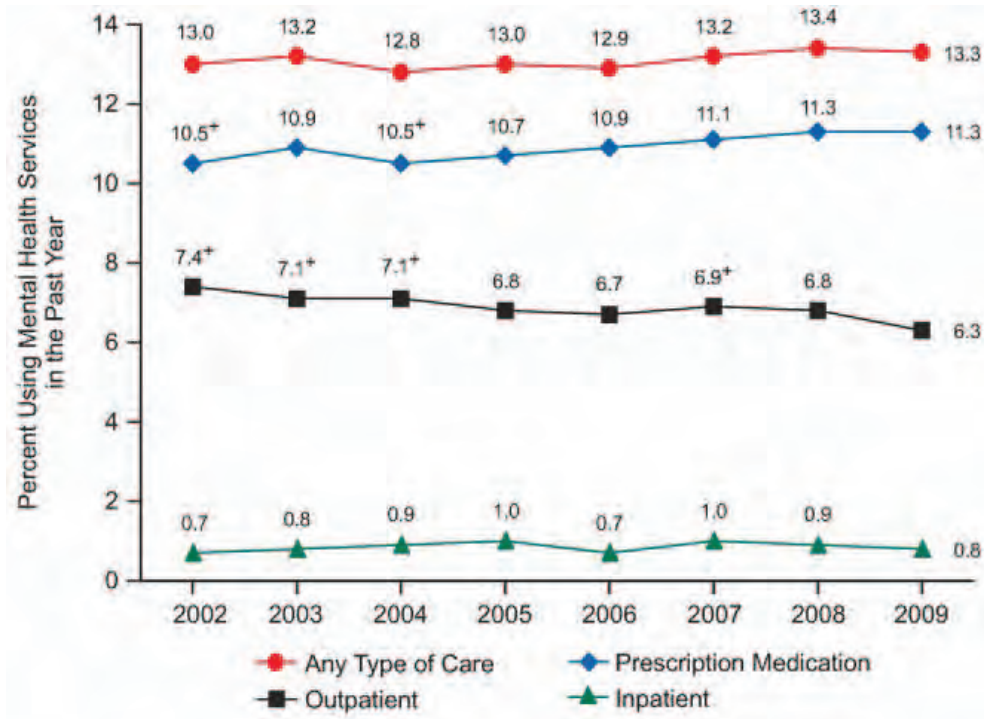
- **Mental illness:** the presence of a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria (excludes developmental and substance use disorders) with or without functional impairment.
- **Serious mental illness:** a mental illness that lasts for a significant amount of time and results in serious functional impairment that interferes with or limits one or more major life activities.
- **Functional impairment:** the interference with or limitation of one or more major life activities.²⁹

DID YOU KNOW...?

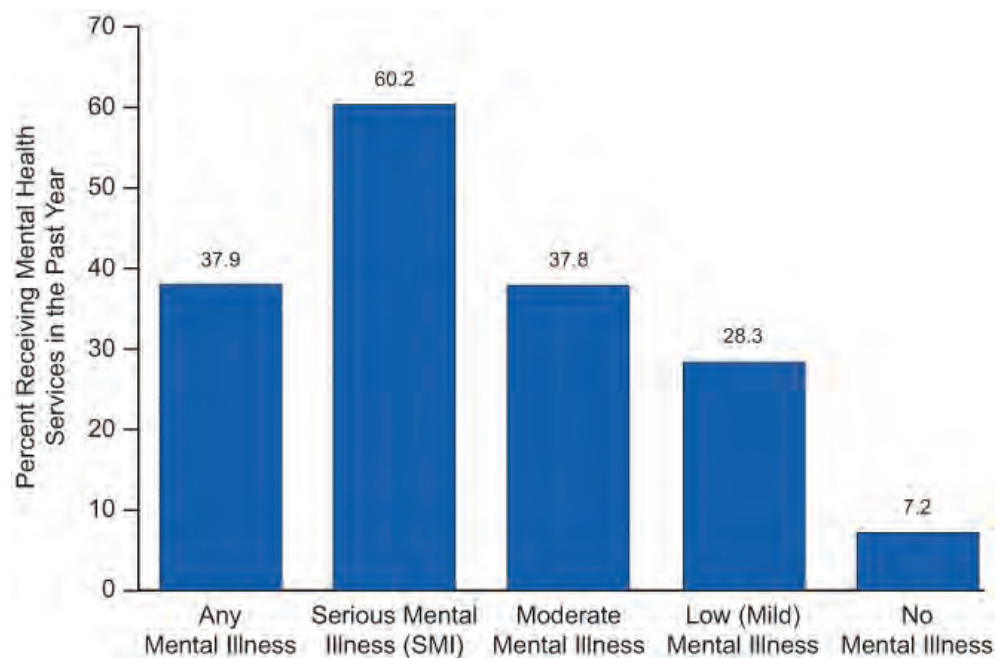
- More than 450 million people suffer from mental disorders.
- Less than 4 in 10 American adults with mental illness received treatment in 2009.
- Suicidal thoughts occurred in 8.4 million adults in 2009.

FIGURES

Past Year Mental Health Service Use among Adults Aged 18 or Older, by Type of Care: 2002-2009²⁹

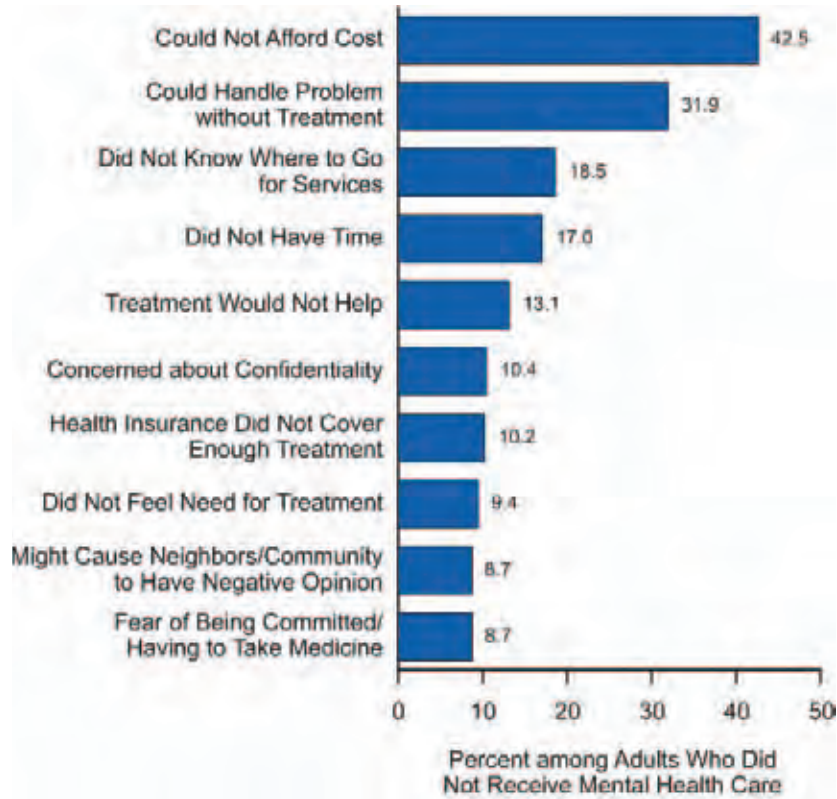


Receipt of Mental Health Services among Adults Aged 18 or Older, by Level of Mental Illness: 2009²⁹

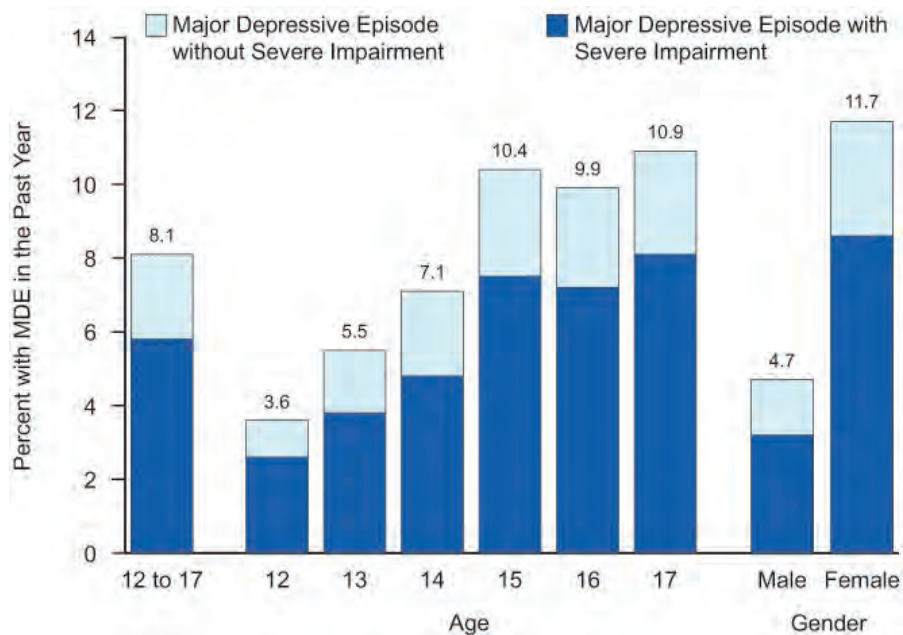


FIGURES

Reasons for Not Receiving Mental Health Services in the Past Year among Adults Aged 18 or Older with an Unmet Need for Mental Health Care Who Did Not Receive Mental Health Services: 2009²⁹



Major Depressive Episode in the Past Year among Youths Aged 12 to 17, by Severe Impairment, Age, and Gender: 2009²⁹



MENTAL HEALTH TERMINOLOGY

ALZHEIMER'S DISEASE: A fast moving or progressive neurologic disease of the brain that leads to the irreversible loss of brain cells (neurons) and dementia (see *dementia*). The clinical symptoms of Alzheimer's disease are impairment in memory, judgment, decision making, orientation to physical surroundings, and language. A working diagnosis of Alzheimer's disease is usually made on the basis of a neurologic examination. Currently, a definitive diagnosis can only be made postmortem. ³²

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.

ANOREXIA: is a serious, occasionally chronic, and potentially life-threatening eating disorder defined by a refusal to maintain minimal body weight within 15 percent of an individual's normal weight. Other essential features of this disorder include an intense fear of gaining weight, a distorted body image, denial of the seriousness of the illness, and amenorrhea (absence of at least three consecutive menstrual cycles when they are otherwise expected to occur). Despite this final symptom only seen in women Anorexia can develop in both genders.³³

ADD (ATTENTION DEFICIT DISORDER): This is a non-contemporary term for ADHD. Often used interchangeably with Attention Deficit Hyperactivity Disorder (ADHD), many people incorrectly assume that this condition means a lack of focus without hyperactive behavior.

ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER): A disorder in which the individual experiences hyperactivity in conjunction with feelings of difficulty when staying focused, paying attention, and controlling behavior. ³⁴

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.

BIPOLAR DISORDER: Also known as bipolar depression; People with bipolar depression have episodes of both depression and mania. The symptoms of depression are the same as major depressive disorder, commonly called depression. In contrast to major depression, bipolar disorder (until recently referred to as manic depression) also includes manic episodes and periods of "normal" or balanced moods; in other words, these are two different illnesses that require different treatments. The symptoms of both major depression and bipolar depression include overwhelming feelings of sadness, worthlessness and hopelessness, as well as physical changes, such as difficulty concentrating and problems with appetite and sleep. In contrast, Bipolar disorder in

MENTAL HEALTH TERMINOLOGY

addition to feelings of sadness, also involves episodes of mania, symptoms of which may include excessive energy, extreme irritability, or “out-of-control” behavior.

BULIMIA NERVOSA: Commonly referred to simply as Bulimia, is a serious eating disorder marked by a destructive pattern of binge-eating and recurrent inappropriate compensatory behaviors to control one’s weight. It can occur together with other psychiatric disorders such as depression, obsessive-compulsive disorder, substance dependence, or self-injurious behavior. Bulimia nervosa can be considered an invisible eating disorder, because patients are often of normal weight or overweight. Binge eating, a common practice of those suffering from bulimia, is the rapid consumption of an unusually large amount of food in a short period of time. Unlike simple overeating, the hallmark feature of a binge is feeling out of control. This means that one cannot stop the urge to binge once it has begun or that one has difficulty ending the eating episode even when far past being full. Bulimia Nervosa can occur independently or in conjunction with anorexia. (see *anorexia*).³⁵

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.

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

HALLUCINATIONS: A sensory experience of things that appear to be real but have ultimately been created by the mind. These feelings can manifest as bodily sensations, hearing sounds or voices, seeing patterns, lights, objects, or beings that are not there, and smelling foul or pleasant odors that have no true origin. Hallucinations can occur as a result of a variety of mental illnesses as well as the use or abuse of illicit or prescription drugs and alcohol.³⁶

MENTAL HEALTH TERMINOLOGY

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.

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.

PHOBIA: An unreasonable fear that can cause avoidance and panic. Phobias are a type of anxiety disorder.³⁷

POST-TRAUMATIC STRESS DISORDER (PTSD): The symptoms of PTSD can range from constantly reliving an event of extreme stress or trauma to a general emotional numbing, and possible conscious blackouts. Persistent anxiety, exaggerated reactions to a perceived threat, difficulty concentrating, nightmares, and insomnia are common symptoms. People with PTSD typically avoid situations that remind them of the traumatic event, because they provoke intense distress or even panic attacks. It is not considered PTSD unless symptoms persist for longer than 3 months.

PSYCHIATRIST: Psychiatrists are medical doctors concerned with prevention, diagnosis, and treatment of mental illness. They receive additional training and serve a supervised residency in their specialty. They can prescribe medication as treatment.³⁸

MENTAL HEALTH TERMINOLOGY

PSYCHOLOGIST: A professional specializing in diagnosing and treating diseases of the brain, emotional disturbance, and behavior problems. Psychologists may have various qualifications, including Board certification. They use talk therapy as treatment and cannot prescribe medication. ³⁹

PSYCHOSIS: 1. A mental illness that markedly interferes with a person's capacity to meet life's everyday demands. 2. A thought disorder in which reality testing is grossly impaired.

SCHIZOPHRENIA: A mental disorder lasting for at least 6 months, including at least 1 month with two or more active-phase symptoms. Active-phase symptoms include delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior. Schizophrenia is accompanied by marked impairment in social or occupational functioning.

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

Any labels referring to individuals' mental health should be used sparingly and cautiously unless diagnosed by a licensed mental health expert.

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BUILDING YOUR RESOURCE BASE

Becoming familiar with mental health topics does not necessarily make you an expert on mental health. You may want to have access to knowledge from experts who specialize in a particular area on which you may be writing a story. Sometimes you may not know where to look nor have the time to search for an expert who can clarify facts and give your story credibility. It is beneficial to have a list of expert contacts to draw from for future stories and interviews. Use the form on the next page to help you recruit mental health experts. This standard format will make it easy for an expert to know what kind of information you need about them to use them as a resource.



BUILDING YOUR RESOURCE BASE

Use this form to help recruit local mental health experts who are available to help provide content for your story!

Add photo of
the expert 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: _____

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

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>
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- ⁸ Action Alliance for Suicide Prevention Received from: <http://www.actionallianceforsuicideprevention.org>.
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- ¹⁰ Children’s Hospital of Orange County: Psychiatric Treatment Team <http://chocchildrens.org/healthlibrary/topic.cfm?PageID=P02585>
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- ¹³ National Alliance on Mental Illness (2003). “Cognitive Behavioral Therapy” http://www.nami.org/Template.cfm?Section=About_Treatments_and_Supports&template=/ContentManagement/ContentDisplay.cfm&ContentID=7952
- ¹⁴ Medicine Net “Depression” <http://www.medterms.com/script/main/art.asp?articlekey=2947>
- ¹⁵ National Institute of Health (2001). “Cognitive and Emotional Health: The Healthy Brain Workshop” Received from: <http://trans.nih.gov/cehp/NINDSSummary.pdf>
- ¹⁶ Pacificare Behavioral Health (2001). Received from: http://www.pbhi.com/Providers_public/PractitionerManual/GeneralManual/Practman_P00.asp#8
- ¹⁷ Changes “12 Steps to Mental Distress” received from: http://www.changes.org.uk/html/mental_distress.html
- ¹⁸ The Surgeon General “Mental Disorders are Disabling” Received from: http://www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html#mental_points
- ¹⁹ Medicine Net <http://www.medicinenet.com/paranoia/symptoms.htm>
- ²⁰ National Institute of Mental Health “Inmate Mental Health” Received from: <http://www.nimh.nih.gov/statistics/1DOJ.shtml>
- ²¹ Mental Health America “Position Statement 56: Mental Health Treatment in Correctional Facilities” <http://www.mentalhealthamerica.net/go/position-statements/56>
- ²² MHA pamphlet “Sticks and Stones Can Break My Bones...” But Words Can Poison

END NOTES

- ²³ Working Together Advocating for Change
- ²⁴ National Alliance on Mental Illness “Cognitive-Behavioral Therapy” http://www.nami.org/Template.cfm?Section=About_Treatments_and_Supports&template=/ContentManagement/ContentDisplay.cfm&ContentID=7952
- ²⁵ Gochman, D. S., ed. (1997). Handbook of Health Behavior Research. New York: Plenum
- ²⁶ Medicine Net “Dementia” <http://www.medicinenet.com/dementia/article.htm#tocc>
- ²⁷ Medicine Net “Stress” <http://www.medicinenet.com/stress/article.htm#what>
- ²⁸ Medicine Net “Trauma” <http://www.medterms.com/script/main/art.asp?articlekey=8171>
- ²⁹ Substance Abuse and Mental Health Services Administration, Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings. <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHRResults.htm>
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http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm
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