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EMCI Think Tank:
Mental Healthcare
Media Blueprint

**Bipolar Disorder, Depression, PTSD &
other related mental health concerns**

Summary Report

eic Entertainment Industries Council
–Encouraging the Art of Making a Difference

Host Organization

The Entertainment & Media Communication Institute

The 2008 Mental Healthcare Media Blueprint Think Tank was hosted by the Entertainment & Media Communication Institute (E&MCI), the research and strategy component of the Entertainment Industries Council, Inc. (EIC). The mission of the E&MCI is to foster developmental interdisciplinary activities in health, education and social sciences; communications research and theory; cultural studies; environmental strategies; and information technology. E&MCI activities address media opportunities to promote the well-being of the public and enhance the pro-social impact of entertainment and other media. The Institute provides a new means to implement and position health promotion campaigns, social marketing strategies, risk communication research and new informatics' applications within the broader media space.

EIC, a non-profit organization, was founded in 1983 by leaders of the entertainment industry to bring the power of the industry to bear on health and social issues. The organization is considered to be the chief pioneer of entertainment advocacy outreach and one of the premiere success stories in the field of entertainment education and information resources for entertainment creators, through innovative and time-proven services and methods of "encouraging the art of making a difference" from within the entertainment industry. Please visit www.eiconlne.org for more information.

Co-Sponsoring Organizations

The Entertainment Industries Council, Inc. would like to thank our event co-sponsors, AstraZeneca and George Mason University Department of Communication, for their generous support to make this Mental Healthcare Media Blueprint Think Tank possible.

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The Event

The Entertainment & Media Communication Institute's Mental Healthcare Media Blueprint Think Tank was held on June 4 and 5, 2008, on Capitol Hill in Washington, DC. The purpose of the event was to convene experts from the medical, communication and entertainment industry fields to collaboratively discuss, brainstorm and develop a new direction for mental health concerns in America. The multidisciplinary approach of this Think Tank focused on each specialty area to apply new ways of understanding to effectively communicate the complexities of mental illness. The Think Tank provided an opportunity to discuss significant obstacles, issues and new developments in the mental health field. Bringing together three different perspectives created a synergistic occasion for raising greater awareness and generating new perceptions of mental health within society. Topics discussed included bipolar disorder, depression, PTSD and other mental-health-related concerns.

The fifteen Think Tank panel participants included medical, psychological and psychiatric experts; communication scholars; and entertainment industry professionals. This synopsis of the Mental Healthcare Media Blueprint Think Tank is not meant to represent the individual positions of any of the attendees, but to provide a summary of the many substantive discussions held at the event.

The event was structured to provide attendees an opportunity:

- To integrate medical, communication and entertainment/media expertise.
- To create an enhanced cooperative effort with regard to understanding and communicating about mental illness.
- To break through existing silos in mental health efforts
- To develop a consensus or identify key areas of focus for elevating mental- health–related issues in America.
- To gain insight from multiple disciplines to create a blueprint for a shift in thinking about mental illness.

From left to right – Carlos Alcazar, Dr. Lisa Sparks, Dr. Mark Vanelli, Christian Clemenson, Dr. Kathy Rowan

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2008 Think Tank: Mental Healthcare Media Blueprint Summary Report

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*According to congressional figures,
more than 40 million Americans suffer
from a serious diagnosable mental illness.*
                           —*Gary Sachs, MD*

Foreword

The heart of the Entertainment and Media Communication Institute's Mental Healthcare Media Blueprint forum focused on forward thinking about mental health.

What's new? Simply this: A collaboration of experts from the medical, communication and entertainment industry fields under one roof to cooperatively discuss, brainstorm and develop a new direction for mental health concerns in America. Bringing together three different perspectives from experts who do not typically have the occasion to work in partnership created a synergistic occasion for raising greater awareness and generating new perceptions of mental health within society.

We challenged ourselves to work together across disciplines to address mental health issues in national media space. Now we'd like to extend that challenge to you to consider this immensely important issue. Take a moment to ask yourself: How can awareness of the issues related to mental health be elevated? How can stereotypes surrounding mental health issues be debunked? How can we limit some of the misinformation that exists? How do we reduce the fear, shame and stigma that people have about mental health issues?

The answers to these questions and more may be found within this publication from the collective thoughts and presentations that emerged from the Think Tank. This report does not represent the solution to addressing mental-health–related issues, but rather the inaugurating event for a dynamic, multidisciplinary strategy for elevating mental healthcare issues nationally.

To achieve maximum success, we need your help. Support from our congressional leaders and the entertainment industry's talented creative community are necessary building blocks to complete this Mental Healthcare Media Blueprint by turning our vision into reality. Read on to discover how you can help with this important cause with recommendations and depiction suggestions drawn from expertise and personal accounts of mental-health–related issues.

How should you read this report? This two-day event began with a Think Tank and concluded with a Congressional Briefing that included remarks from congressional representatives, personal accounts from leaders in the entertainment industry and action steps from Think Tank expert panelists. Let us start at the end and end at the beginning. Even if you are a reader who is in a hurry, there is much to be said for looking at the bigger picture. Forward thinking, or change, has consequences that extend beyond what we may predict in the here and now…

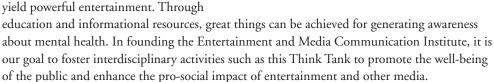From left to right – Tracy Knudson, Dr. Melinda Villagran, Dr. Lisa Sparks, Dr. Paul Barkopoulos, Frank Wheaton

Mental Healthcare Media Blueprint
Opening Remarks

Brian Dyak

President & CEO, Entertainment Industries Council, Inc.

The Entertainment Industries Council, Inc., recognizes that members of the entertainment industry make a variety of positive contributions toward promoting awareness of health and social issues. EIC is a resource of, to and for the entertainment industry focused on health and social issues, including mental health. The purpose of this Think Tank and Congressional Briefing is to work together to debunk myths surrounding mental health, and to cut across various disciplines in an effort to inform professionals and the public about mental illness, including issues of screening and diagnosis, treatment options, adherence to treatment and attitudes.

We believe that accurate depictions yield powerful entertainment. Through education and informational resources, great things can be achieved for generating awareness about mental health. In founding the Entertainment and Media Communication Institute, it is our goal to foster interdisciplinary activities such as this Think Tank to promote the well-being of the public and enhance the pro-social impact of entertainment and other media.
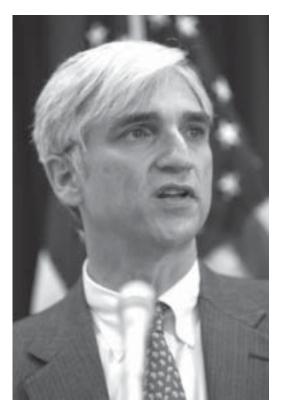
We all have a tendency to stay in separate silos as we work on and deal with important issues like mental health. This Think Tank provides a space for all of us, as professionals who are trying to work toward solutions, to work in a collective and multidisciplinary manner. This is not supposed to be like any other meeting you have attended; instead, this is created as an innovative approach to generate original ideas about addressing mental-health–related concerns. I welcome you all here today to take part in "The Art of Making a Difference."

Through education and informational resources, great things can be achieved for generating awareness about mental health.

—Brian Dyak

Collaborative Recommended Action Steps Presented to Congress

Gary Sachs, M.D.

Director of the Bipolar Clinic and Research Program
Massachusetts General Hospital
Associate Professor, Harvard University

This Think Tank and Congressional Briefing has been an absolutely wonderful experience for all of us who have participated. We want to lay out the interaction, conversations and finally the recommendations we made in yesterday's Think Tank. Now, if you're in the room today, you probably don't need me to tell you what an important issue mental health is.

According to congressional figures, more than 40 million Americans suffer from a serious diagnosable mental illness. We're talking about real diseases here. The area that I work on, bipolar disorder, affects just a portion of those patients, just 8 million Americans. According to the best figures available to me, if each of them has two parents, that number goes up to 24 million. They often have other relatives they come into daily contact with, plus teachers, police officers and other people in their communities.

In other words, if you're dealing with mental health, you have an opportunity to impact the majority of people in your district every single day. The estimate of the economic impact of Bipolar Disorder alone is an absolutely staggering $45 billion plus per year, not the least of which is spent dealing with the economic repercussions of absenteeism and presenteeism, and I'm sure you've seen some of the recent results of federally sponsored research in that area.

You may wonder why, an academic working in the wonderful position that I have at Massachusetts General Hospital and Harvard, would come to speak with people who are communication professors, and individuals in the entertainment industry. That was also a matter of simple math. I looked around and I realized that my own children spend about 90 minutes of rapt attention listening to some of the people up here, and I'm lucky to get 90 seconds. It becomes very important, when I realize that in the few seconds I have, I'm also answering questions about what it is I do compared to what you might see on Grey's Anatomy. It is a fascinating thing that entertainment media initiates those kinds of conversations.

We can see the power of having collaboration like the one that we've participated in for the Think Tank. Where did that bring us when we thought about the different views we have of mental health problems? It brought us to a consensus on the importance of communicating to the public about mental health issues. We are facing a crisis in America around the way health care is delivered. We have gotten to a point where editors of serious journals say, "Stop telling us about this problem, we all know how bad it is, please start doing something about it, now."

The National Institutes of Health (NIH) Director, Dr. Zerhouni has a vision or road map for what health care should look like. This provides a way of addressing the kind of chronic disorders that are most often a problem for the citizens in this country. This system includes the four P's of

health care. The first stands for care that is personalized because that is what all of your constituents really want. They don't want anybody taken care of by an algorithm or a national guideline, no matter how good it is. They want somebody to take care of them using the knowledge that the physician has of the disease and of who they are to give them individualized care. The road map also envisions health care that is preventive so that we can push off the development of mental health disorders just like diabetes and heart disease prevention efforts.

Now of course to be preventive you need the third P, a predictive focus. When will we have markers? I dare say that that is on the horizon. I hope that I will be back in some years to tell you that we can predict who is going to develop schizophrenia. If you saw what's in the genetics repository that the NIMH has put together, you wouldn't be at all surprised to see those results in just the next several years. The last P comes to the work that we did at the Think Tank, and that is that health care should be participatory. It should not be passively received by patients and their families, but instead, the patients should participate as active agents on their own behalf. I think we are all in complete agreement with this vision.

So what could we, as the three different groups that we are, imagine that would complement that vision? There is a view that we came up with, a value proposition we would like to offer here today. What we would like to do is help you articulate your mental health agenda for your district. We would be very happy to help you leverage the expertise of the various people who participated in this Think Tank.

Yesterday's Think Tank produced four additional items to compliment the four P's. First, we perceived the extension of one more P, standing for the patient. We would like to see patients empowered to be active agents along with their family members in a kind of collaborative team effort that is in fact suited to the illness that they have. Now, to make that work, what are the other three things?

We envision having physicians who are prepared to interact in a collaborative way, not the paternalistic way of the past, not the prescriptive way of the past, but as true collaborators, helping patients the way perhaps a navigator might help a pilot, as opposed to telling them the destination that they are going to fly to. We also imagine that all of this work would be greatly supported if there were routine accurate messages coming from media to all the sectors to inform them, through their portrayals of patient-doctor interactions, of the way disease actually manifests itself in real life, often, by the way, among our most productive citizens.

The fourth piece is our hope that we would be able to have enduring resources. These would presumably be web-based and allow us to take all of those things that are now seen once, maybe sometimes as reruns or syndication, and have them up on a web site. These could showcase the best portrayals, not just of symptoms, but of the solutions that people came up with to successfully manage their disorders. For example, instead of accessing reviews of books or restaurant reviews online, we could ask patients and their families if the content depicting successful interventions was useful for them.

The Think Tank's broad consensus envisions these four elements as aiding and complementing the NIH road map vision of better health care. We strongly encourage the congressional staff members present to think through how to articulate the mental health agenda best for your district. We would like to remind you that the Entertainment Industries Council would be happy to help you communicate your high priority agenda items to your constituents. Please let us help. Thank you very much.

We also imagine that all of this work would be greatly supported if there were routine accurate messages coming from media.

—*Gary Sachs, MD*

Gary Kreps, Ph.D.

Eileen and Steve Mandell Professor of Health Communication
Director, Center for Health and Risk Communication
Professor and Chair, Department of Communication
George Mason University

I'm really honored to be here today. I'm pleased to address those of you who serve our government. I truly appreciate the work you do and am hopeful that I can provide you with some input and recommendations that will help you serve the public in a very positive way. I'm also honored to be a representative of this Think Tank, a unique and intelligent multidisciplinary group that is working to address a very important issue.

Mental health is an issue that is not secluded; it is not something that affects just a few people, but is something that affects every single family. Every one of you may have some experience with a family member or friend or even your own struggles with mental health. It is very difficult to cope with these struggles. There are many challenges, fears, concerns and worries. There is a lack of understanding.

What do we do? How do we deal with this? Where do we go? What does this behavior mean? How can I get help? There is often a feeling of powerlessness, not knowing what to do, and I think there are many good options for overcoming this. Mental illness is not an insurmountable problem. Mental health is something that can be achieved, but we need to work cooperatively with experts through a variety of different areas. The recommendations of this multidisciplinary group are to come up with these strategies to communicate with the public about what their options are.

What can they do? How can we promote awareness of the issues about mental health and debunk some of the stereotypes? How can we limit some of the misinformation that exists? How do we reduce the fear and shame and stigma that people have about mental health issues? These are national problems that can be addressed. How do we promote early detection, so people who need help can get it right away, so we can try to nip these problems in the bud and help people live full and productive lives?

When mental health issues go unrecognized and untreated, they get worse. They exacerbate, and all kinds of problems occur. How do we get people in for treatment and find the best possible treatments so that people are diagnosed correctly and get the best forms of care? If you know anything about mental health treatment, it is not always easy to come up with the best strategies. It takes cooperation between health care providers and consumers, and it also takes support from family and friends.

How do we bring everybody on board so they can work together? How do we prevent relapse? This is not a one-time, one-shot issue, but it is a lifetime issue. That is often a major struggle. One of the big challenges is adhering to the recommendations, doing the correct therapy, showing up for appointments and taking the medications that are needed.

It is difficult for people who have mental health issues to do all these things themselves because they don't always recognize that they're having the problems. They need support from their family members and friends. We need to empower these people to recognize that they have a responsibility to be advocates for their friends and families, and that's where the media can play a huge role. The media is incredibly powerful, especially entertainment media.

Entertainment media grabs us at a level below our consciousness; it grabs us at a very emotional level. It teaches us things that we don't even realize that we're being taught. It encourages us to enact behaviors and model behaviors and feel a sense of self-efficacy. I can do this, I can address these issues. There are models here that I can follow.

What we are advocating is that the media provide really great success stories about how mental health issues can be addressed; about how mental health issues can be dealt with; about how you can help people with mental health challenges and how health care professionals can work effectively with people who have mental health issues. We also are advocating that the media provide stories about how law enforcement personnel can work effectively with people with mental health issues; about how a whole range of people can work together. America needs to have those models. We need to have those depictions. We need to have this information reinforced over time in a variety of different ways.

This panel is here recommending ways for getting these success stories and information out to the public. We are working to change the image, to change the behavior, to change the negative attitudes toward mental health issues. But we need support; we need legislative support. We can't do it by ourselves. Good intentions only go so far. We need resources, we need recognition, and we need to conduct good research that will demonstrate the best strategies for intervention. We need screening programs to educate health care providers, family members, advocates, police personnel and others to work effectively and to recognize mental health issues.

When you don't recognize the issues and you react inappropriately, you only exacerbate the problems. You make them worse. And there are many stories about how exacerbated mental health problems end up in disaster. We need to learn how to work effectively and to help people help themselves. We also need to develop a variety of outreach programs at many levels within the community, at the state level and at the federal level.

In closing, this group is eager to work with our colleagues in the legislature and the other areas of government to develop these kinds of outreach programs and really make a difference. I thank you very much for the opportunity to tell you about what we are doing, and I am looking forward to working with you all. Thank you very much.

What we are advocating is that the media provide really great success stories about how mental health issues can be addressed; about how mental health issues can be dealt with; about how you can help people with mental health challenges, and how health care professionals can work effectively with people who have mental health issues.

—Gary Kreps, PhD

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Think Tank Mental Health Depiction Suggestions

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Topics for Media Portrayals and Reporting

Risks and Diagnoses

- Keep in mind that most people carry the genes for various mental illnesses. Speaking to shared risks may help the audience become more receptive to information about these diseases.
- Consider discouraging self-diagnosis by emphasizing the importance of accurate diagnosis by an experienced doctor. Try to show people who think they may be suffering from a mental illness who visit a doctor for diagnosis.
- Try to create realistic, nuanced characters with mental illnesses, rather than characterizations of mental disease symptoms, in order to increase the audience's sensitivity to the subject.

Treatment and Adherence

- Consider emphasizing the importance of treatment adherence.
- Try to illustrate the therapeutic role and advancement in quality and outcomes of mental healthcare.

Disease Management

- Try to portray patients with mental illness as empowered actors in their diagnosis and treatment.
- Try to emphasize successful treatment and management of mental illnesses rather than negative aspects of the diseases.
- Consider telling mental health-related storylines over several episodes to meaningfully portray the many facets of living with mental illness.

Communication

- Take language into consideration by separating the disease from the patient. For example, keep in mind that a character *has* bipolar disorder rather than *is* bipolar.
- Consider coupling medical data with engaging emotional stories to create memorable and informative impressions of mental illness.
- Try to communicate accurate and easily understandable scientific information in order to facilitate a collaborative diagnosis process between doctors and patients.
- Keep in mind that effective communication strategies can make mental-health–related information accessible, especially to at-risk or underserved populations and to those who may have low literacy skills.
- Keep in mind that humor and self-disclosure are effective communication methods.

Social Networks

- Try to emphasize the importance of supportive social networks in the ongoing treatment of mental illnesses.
- Keep in mind that depictions of successful community or family mental health interventions may provide examples for overcoming complex challenges relating to mental health detection, diagnosis, treatment and possible relapse.

- Keep in mind that accurate portrayals can help family members and support networks recognize signs of mental health problems as well as empower family members to help their loved ones cope with mental health problems and work collaboratively with health professionals.
- Consider that accurate portrayals may help family members and support networks recognize signs of mental health problems and help providers become attuned to communicative cues to aid in detection.

Debunking Stereotypes

- Try to emphasize that individuals with mental illness are able to live "normal" lives like anyone else.
- Try to portray aspects of spectrum diseases (like bipolar disorder) outside of the normal stereotype.
- Consider portraying mental illness as natural and treatable by emphasizing that having a mental illness is not a character flaw.

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Personal Stories
From Entertainment Industry Leaders

Christian Clemenson
Emmy Award-winning Actor, Boston Legal

I have to confess that I am a complete disappointment to my parents. They shipped me off to Harvard with the expectation that I would become a doctor. Although I took my premed courses dutifully, it didn't quite work out the way they wanted. I discovered acting, and it discovered me, so I kept on making deals with my parents saying, "If I do this, then I'll go to law school or go to medical school, but if not, then I get to go to acting school." Eventually I told them that if I got into Yale School of Drama, then I would be an actor. My parents said "Okay, fine," expecting me to be denied because about five thousand people apply, and there are 15 people admitted. Well, I got in, so the decision was made for me. Fast-forward several years and I've been doing this for quite a while; I've killed or been killed by more characters on television than I care to admit.

A few years ago, I became relatively famous for playing the part of Jerry Espenson on *Boston Legal*. It is clearly the best job of my career. The idea for Jerry began about five years ago when a writer named Janet Leahy found out that her son was diagnosed with Asperger syndrome. She took all of those feelings that that created, her shock, her grief, her concern, and channeled it in a creative act. She created a character on television that had not been seen before— Someone human and fully drawn, someone who had Asperger's.

Jerry was originally written to appear in a three-episode arc. He had Asperger's, but it was undiagnosed and because of his exhaustive knowledge of the law, he became a functioning lawyer at a very high-power law firm. He wanted to be a partner though and went to Allen Shore for advice. Ultimately, though, because of his quirks and his odd behavior, they felt he just could not be partner, and he was turned down.

My character reacted very badly to his denial. He took a cake knife and threatened another character on the show. He was arrested, and during the process it was discovered that he had Asperger's. The charges were dropped with the agreement that he would seek treatment. He had to leave the firm, but there was the expectation at the end of this story that his life was better. Something terrible had happened, but because of the diagnosis, he could continue with his life better than it had been before. He wouldn't be a lawyer at Crane, Poole, and Schmidt, but he would be a lawyer still.

An amazing thing happened next. I've been an actor for over 25 years, played all sorts of different roles. In that time, I've received maybe a dozen letters from fans talking about my work. In the *one month* after these episodes appeared on *Boston Legal*, I received over *a hundred letters*. I could quickly discern who they were from because they were of two types. If the handwriting was really careful and precise and perfect, it was from someone who had Asperger's; if it was not, it was from the mother of someone with Asperger's.

Another wonderful thing happened. Jerry Espenson had given a name and a face to that condition, which was the first step in removing stigma. This was a character on television who had Asperger's at a time when few even knew what that condition was. Mothers could look at a television show and see that a person with Asperger's can manage in the real world and indeed even prosper. The seeming disability can even be an asset. Yet another amazing thing happened. There was an audience for Jerry, a character with Asperger's. There were stories for him. David E. Kelley, the creator and main writer on *Boston Legal*, became inspired by the character.

In my first year on this show, I appeared on six episodes and won an Emmy Award. In my next year on the show, I appeared on twelve episodes and was nominated for another Emmy Award. Last season I became a regular for the first time on this show. In two weeks, we start filming the next season of *Boston Legal* and Jerry Espenson will again be returning. There are occasional episodes that deal directly with his Asperger's, and these are clearly Jerry's most dramatic episodes. Some of my favorite episodes, however, are the ones where the Asperger's is not a plot point at all; where he just functions as a lawyer. He has great legal skills. He's even developed relationships, (something very difficult for someone with Asperger's), with his co-workers. They are idiosyncratic, odd relationships, but they are real relationships. He exists as part of this wonderful strange family of lawyers at the firm. David E. Kelley has said he always envisioned the show as being about the family life we create among our co-workers.

Boston Legal and Jerry Espenson have shown that people with Asperger's are a part of our families. They are embraced, eccentricities and all. Playing Jerry even made me develop a new way of working. I have read books like Daniel Tammet's *Born on a Blue Day*, and Temple Grandin's *Thinking in Pictures*. These works have taught me that people with Asperger's and other forms of autism have what's called synesthesia. They think graphically in images. I don't have Asperger's, I don't think that way, so I had to develop some new way of working. Instead of reading the script as I normally do, I hired a friend who would read it aloud to me. Learning the lines become more an auditory stimulus instead of something I would read. Something about that tricked my brain into thinking like someone who has Asperger's for just a few moments.

I've always described acting as this impossible job of believing absolutely what you know absolutely to be false, and denying absolutely what you know to be true. There are these magic moments in front of a camera where something happens and I can believe for a moment that I really do have Asperger's. Jerry's evolution as a character has also been an evolution of the perceptions of our audience. It has also been the evolution of my own realization that as an artist I can make a difference. I never realized until Jerry came into my life that I could reach people with important health messages and help to change people's perceptions about those who have mental illnesses.

All of this is to say that in a very strange way, my parents might be very proud today. I may not have made it to medical school, but I'm doing my part to contribute to the health of America. When I was asked to be a part of this event, what made it something I wanted to say yes to was the fact that I was not just being asked to put in an appearance as a celebrity, I was being asked to serve in an active role as part of the Mental Healthcare Think Tank; to be part of a dynamic process that led to the recommendations for new directions of mental health portrayed in media.

> *It has also been the evolution of my own realization that as an artist I can make a difference. I never realized until Jerry came into my life that I could reach people with important health messages and help to change people's perceptions about those who have mental illnesses.*
> —Christian Clemenson

Jonathan Greene

Co-Executive Producer and Writer
Law & Order: SVU

Hi, everybody, and thank you for coming today. First, I want to thank my colleagues on the panel because I can honestly say that, in the last 48 hours, I've learned more about this issue and, especially, the obstacles that stand in the way of people getting treatment, than I have in eight years of working on the show and doing the research about the issues we cover.

I'm really proud to be part of an entertainment program that isn't afraid to take risks and tackle controversial issues. And mental health is – those of you who watch the show know this – and has been foremost among them. In our more than 200 episodes, dozens have been about issues ranging from traumatic brain injury to Asperger's syndrome; from bipolar disorder to post-traumatic stress disorder; from sociopathy to the effects of anti-depressants on children. I, myself, have written episodes about the possibility of the mentally ill to become victims of sexual assault (in this case, a girl with Down syndrome), schizophrenia, depression, the connection between steroids and adult/teen suicide, and whether our genes influence certain criminal behaviors, something we're learning more about every day.

Today, however, I came to tell you a different story. It is the story of a kid who could read at the age of four; who was a star in his first six years of school until he reached junior high, where he found himself falling behind. As hard as he tried to study, he couldn't make it out of high school with higher than a B average. In college, he never began a term paper sooner than the night before it was due. He couldn't hang on to a girlfriend. He started a lot of projects but couldn't focus long enough to complete any of them. In the first fifteen years of his working life, this person had fifteen different jobs in twelve different cities, and almost got fired from the last one, which was an executive position running a television newsroom.

Of course, the person I'm talking about is me. When my boss told me that if I didn't shape up he'd have to let me go, I asked him for another chance, and he gave me a month to make things right. I had spent my whole life going through things like this, and I couldn't understand why, no matter how hard I tried, they kept happening. So I called a friend who's a psychologist, someone I've known all my life. I asked her what was going on, what I kept running away from, why I couldn't get it together. She told me to read a book called *Driven to Distraction*. It only took me two days to read because I couldn't put it down once I realized I was reading the story of my life.

My hope is that through activities like this Mental Health Media Blueprint, we can get the elephant out of the room and get the word out that people don't have to be ashamed of themselves or their loved ones who they believe may be mentally ill. Education fosters awareness, and awareness fosters action.

—Jonathan Greene

I'd found the answer to a question I didn't even know existed. I wasn't lazy or stupid like I'd been telling myself all these years. All of this, everything that had happened to me was because I'd been suffering from non-hyperactive attention deficit disorder, a condition I'd clearly had my entire life.

It has been a decade now since I was diagnosed. Just three years after

starting treatment for my ADD, I attained my life's professional dream: writing for a prime-time dramatic television show. I have been at the same job for going on my ninth year now. And what's important about this is that it's something I never could have done had I not discovered my condition, not discovered there was actually something to explain what had been happening to me all these years.

I am just one example of the millions of people in this country whose mental illness goes undetected and undiagnosed for, literally, decades. And in my story, I am the happy ending; I am the example of what's possible. I'm lucky; in the spectrum that is mental illness, mine is relatively mild. But for those who suffer from truly debilitating conditions like bipolar disorder, depression, post-traumatic stress disorder, the costs to themselves, their families, and by extension, this country, are enormous. My hope is that through activities like this Mental Health Media Blueprint, we can get the elephant out of the room and get the word out that people don't have to be ashamed of themselves or their loved ones who they believe may be mentally ill.

Education fosters awareness, and awareness fosters action. People can be helped to live normal, productive lives, and I'm living proof of that fact. Thank you all for coming and participating in this event.

Marti Noxon

Executive Producer
Private Practice

Thank you for listening and for having us here today. I did work on a show called *Buffy The Vampire Slayer* for many years, and on that show we dealt with a lot of mentally unstable monsters. My recent experience is a little more relevant, working on shows that deal directly with public health issues every day. The fact is that on a good day, 20 to 30 million people are watching television shows like *Grey's Anatomy.* The impact that we could have on a health issue in a single night is unbelievable. We receive thousands upon thousands of responses as well as internet activity where we are able to link individuals to health websites for good, accurate information.

I'm not going to lie and say that we don't write to excite, to be provocative, but when we are educated, we have the great opportunity to find ways to educate the public. When we have accurate information, we often find that the stories are a lot more interesting than what we make up. What is going on here today is essential.

Personally, I wanted to explain why I said yes without blinking when I was asked if I would be interested in participating in this Think Tank. I grew up in a home where mental health issues shaped my daily experience. My mom was very unstable. She seemed to have alcoholism; she jumped from one activity to another, from one lifestyle to another. Every time she'd go through these periods of depression and then hyperactivity, we were uprooted. My family was completely unpredictable. Every day I would wake up and think, "What kind of mom am I going to have today? Am I going to have a good mom? Am I going to have a bad mom?" As a result the ripple effect of that was that I developed my own mental health issues. I was in and out of hospitals when I was a young woman. Because of my own mental health issues, I put myself in places that weren't safe. I was diagnosed with PTSD and so I have experienced a lot of this first hand. My main message, however, is about my mom. She was 60 years old when we finally

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>
> —*Marti Noxon*

got her to a doctor who was an expert in psychopharmacology and bipolar disorder. It turned out that her whole life she had bipolar disorder. Now, this is not trivial because we had been presented in our community and in our family as my mom having a mental weakness. In turn, it was perceived that I had a mental weakness and that there was something wrong with us for not being stronger, for not being tougher, for not having the constitution to combat this.

What materialized was that my mom had a biological disorder that was no fault of her own. It probably lived in our family for generations, but we unfortunately suffered the stigma of being considered a crazy family. Fortunately I was in an area that is very cutting edge in terms of dealing with therapeutic issues. I was helped much younger than my mother. I got support and I went into a recovery program. As you can see, there is a tremendous amount of hope in my story because I got better. Years later I also helped my mother get better. For 60 years she and those around her suffered, and then within six months of diagnosis, she was stable. She's a completely different person.

I have seen what a difference education and understanding make with regard to mental health. This is not a failure of personality; this is a disease. It is a disease just like having diabetes or any other disorder that you may inherit. I have a stake in communicating these issues through my work. What is happening here today has incredible ramifications and I hope that we can help our fellow citizens learn more and understand how they can lead healthier, happier lives and bring a real value to your community. I personally pledge to help with this cause and I thank you for listening.

Jim Kearns

Writer and Co-Producer
John Q

Thank you for coming. This has been a great experience for me to get out here and meet the very special people that are on this panel. It has been very rewarding to be able to share our knowledge across disciplines.

I wrote and co-produced *John Q.* For those of you who haven't seen the movie, Denzel Washington plays a father whose child gets critically ill. His character is uninsured, does not have enough money to cover the health costs, and goes about all these different ways to raise the money. In an act of desperation, the character takes over the hospital to save his son's life.

While I was writing it, I was surprised that the idea for the film was very scary to a lot of people. I initially had quite a bit of trouble researching some of the medical information because when I told the doctors and nurses at a very prominent hospital in the Los Angeles area what the premise of the movie was, they refused to answer my questions and walked out of the room.

Years later when the movie was released, there were reports of emergency rooms all around the country saying, we are suddenly going to open our doors to everybody. The national association of HMO's actually hired a major Hollywood talent agency to help them change their image. My response to that was they would be a lot better off changing their policies.

I asked myself while writing the movie, "What would I do if my child was sick and I needed to save that child's life?" And the answer I gave was — everything. I would do anything; everything to make sure she got all the help she needed. When the movie came out, it did very well. I was suddenly invited to events and activities. I had become thought of as a mental health expert or a health advocate; and reluctantly, but surely I have become that.

My real life story is strangely similar because even though I was not John Q, shortly after the movie came out my daughter started to show symptoms that years later would be finally diagnosed as bipolar disorder. At that time and for several years afterwards, my family didn't have

anywhere near the information or the level of awareness that is available now. My daughter was a very smart high school student. She worked hard, maintained a 4.0 GPA but we could clearly see something wasn't right. We knew she was suffering but we had no idea what it was or how to help.

I figured, I'm a smart guy; I can get to the bottom of this. Like John Q, I would do whatever it took to help my daughter. Easier said than done. We sent her to one therapist after another. Even they weren't sure what was going on. One thought there was nothing wrong. Another thought she was just being a teenager. A third said she was depressed and prescribed a medication that didn't help. And so we found ourselves in this mental health never-never land where no diagnosis was followed by years of misdiagnoses.

There were times when we could tell that she was depressed. Then there were these moments where she would suddenly start to do strange things, what we were later to find out was the manic behavior associated with bipolar disorder. For example, suddenly she would clean her room at 3:00 in the morning as a teenager. All parents want their kids to clean their rooms, but not at 3:00 in the morning! The sound of the vacuum cleaner woke up the entire house. As time went on, her condition continued to worsen going from no diagnosis to misdiagnosis to dual diagnosis.

Dual diagnosis meant my daughter was suffering from two diseases, bipolar disorder (characterized by depression and manic moods) and drug addiction. She became addicted to drugs because she was hurting inside. And not being able to articulate this hurt made her turn to drugs to self medicate, to numb the pain. As we were to find out, using drugs makes proper diagnosis that much more difficult. Eventually and fortunately, after too long a period of living in the dark, we found the proper mental health professionals to help her and us through this quagmire.

Being invited to participate in this panel, particularly with these doctors, who have a wealth of knowledge and experience, demonstrates that we are now at a stage where the mental health information has become real and credible. There are well-researched diagnostic criteria now in place to accurately detect the disorders.

I strongly encourage people to continue to help and love your loved ones, not abandon them. Don't give up hope. If someone in your family, at your workplace, a friend appears to be suffering from what you perceive to be a mental health issue, don't look the other way. Contact your doctor. Try to understand these issues. Let us not underestimate the seriousness of this disease. People lose their jobs, relationships are destroyed and the social and psychological damage that occurs because of stigma is immeasurable. We all need to realize that there is a great deal of information out there and that if we properly educate ourselves, we can all do our part to make people aware of these disorders.

My daughter is a smart, beautiful young woman. By accepting that she has this disorder, by giving up drugs, staying on her meds, she has been able to reclaim herself. She's back in college, considering a year of study abroad, working and enjoying her life. I couldn't be prouder of her. She doesn't want to be labeled with this disorder. She, like many others, doesn't want to be a person defined by her disease. She wants to live her life. Ultimately removing these stigmas and informing people about this disorder is an extraordinary wagon to hitch ourselves to as citizens who are striving to make a difference.

I want to leave you with a quote from the late great playwright Arthur Miller, who wrote *Death of a Salesman* and other great works. He said something that has always motivated me when I don't want to get out of bed in the morning and I don't feel like writing; my mantra if you will: "Dare to change the world."

He thought many writers were too timid and didn't take on serious subject matter. As a writer I find that to be an extremely valuable message. It motivates me to dare to change the world. I'm here to ask you to do the same thing with respect to mental health. Thank you very much.

Dare to change the world.
—Jim Kearns

Congressional and Government Official Commentary

Elements of the Mental Healthcare Media Blueprint were presented to congressional staff members and stakeholders at a briefing on Capitol Hill at the House of Representatives following the Think Tank. This event was supported by the Congressional Entertainment Caucus, chaired by Congresswoman Diane Watson, along with the Congressional Mental Health Caucus, co-chaired by Congresswoman Grace Napolitano and Congressman Tim Murphy. The Substance Abuse and Mental Health Services Administration (SAMHSA) also collaborated in the briefing with remarks from SAMHSA Director A. Kathryn Power. The Entertainment Industries Council and its convened group of experts from the medical, communication and entertainment fields represented the multidisciplinary Think Tank.

The following priorities, new directions and communication strategies were offered to congressional staff members and stakeholders through presentations about repositioning mental health topics and solutions within the national media space.

Congressional Briefing Opening Remarks

Brian Dyak

President & CEO
Entertainment Industries Council, Inc.

Welcome everyone and thank you all for being here. This is an inaugural activity for the Entertainment and Media Communication Institute, the research and strategy component of the Entertainment Industries Council.

This multidisciplinary group of experts from the medical field, the communications field and the entertainment industry spent yesterday together generating new directions for repositioning the issue of mental health. We have an opportunity to take an issue like mental health and all of the costs that go along with it and elevate it to the same level of public awareness as mortgages and increased gas and food prices.

The time is here to take the mental health issue, including education, diagnosis and treatment, and help prioritize it in all communities. Some of what you will hear today is going to suggest a resource that was never available to each of the district offices and that is the work that is coming from this multidisciplinary approach of bringing these different fields together to try to enact change at the community level.

We look forward to supporting the advocacy organizations and the medical groups that are active in the mental health field, but we also look at bringing together station participation from radio and television and cable outlets. Just as congressional representatives can take a role at the district level around issues of mental health, we will also be active leaders in this cause. The Entertainment and Media Communication Institute is willing to help work with congressional representatives at the district level to create something that works for your constituents.

I'd also like to say that we truly enjoy our partnership with Astra-Zeneca pharmaceuticals that has had the foresight as a private corporation to recognize that this type of multidisciplinary group has value. Our job has been and will continue to be to get people out of silos and to have them to start collaborating more. Together we are able to come up with some very strategic ways to proceed to where I believe we can make extraordinary progress by the year 2020.

Today we will hear presentations given by members of Congress as well as representatives from EIC's Mental Healthcare Media Blueprint Think Tank in an effort to underscore the importance of repositioning mental health in national media space.

Congresswoman Grace Napolitano

38th District, California
Co-Chair, Congressional Mental Health Caucus

Greetings to staff members, professionals, advocates, policy makers and all others who are in attendance today. Thanks to all the panelists and good to see you again. I had the opportunity to sit with our expert panelists for a few hours of yesterday's Think Tank. I cannot tell you how pleased I am to have a continuing partnership with the Entertainment Industries Council, simply because this is a marvelous opportunity and a great way for us to be able to air a lot of what mental illness is not. We talked about the stigma, helping erase it, helping to show not only the problems with schizophrenia or bipolar or any of the other issues, but also the solutions that can help people lead full functional lives and be productive.

There was a little bit of give and take yesterday about calling it mental illness versus mental health or calling it something else entirely. Whatever it is, we need to be able to address it, ensure that we do not hide from it, and accept it for what it truly is. Whether it is depression, menopause, job stress, college stress, all of those things that affect mental health can be exacerbated with other issues.

For example, in my 30s my husband says, "Oh you're going through menopause," because I was having mood swings. Well my mood swings were brought on by excessive work because I was the chief earner. I was taking care of five kids, going to school, taking care of finances, taking care of the whole gamut. Tell me, who would not be stressed? This ended up being something that I addressed with my doctor who told me I'm not stressed, just overworked.

In other words, there are different things that can happen to us through life, and mental illnesses do not discriminate. The poor, the young, the old, the minorities, everyone can be affected by mental-health–related issues. These issues touch everybody and we need to understand that one in five children is diagnosed with a mental disorder. We are striving to help them at a very young age by providing schools with onsite assistance and offering treatment for those children who are exhibiting even emotional disorders and distress.

I've also been pushing for the last four years to have an increase in funding for the Department of Veterans Affairs to do mental health screening and mental health services when our troops return from overseas.

One of the things I would ask all of you, especially those who work in the Capitol, is to talk to your colleagues and to your friends and relatives about what you can do. Maybe get suicide prevention training on the job because it might be your colleague who decides that they do not want to live anymore. If you have an idea, please do not be afraid to reach out and facilitate change.

A lot of things were discussed yesterday in terms of what we all can accomplish to enhance our nation's mental health. Those of you that are in the policy area can begin to talk to your members about how you can be helpful in getting onto the resolutions to declare May Mental Health Month and to be able to supply funding to provide assistance and support for people who are in need.

EIC's work is critical in convening these experts because I believe that together we can reach great heights in being able to not only de-stigmatize mental health issues, but also to help others provide funding and assist the publics' understanding that these are in many instances treatable diseases.

Your influence in the media is far and wide reaching. It transcends the

> *There are different things that can happen to us through life and mental illnesses do not discriminate. The poor, the young, the old, the minorities, everyone can be affected by mental health-related issues.*
>
> —*Congresswoman Grace Napolitano*

United States audiences because our media reach throughout the world. The message of successful solutions and hope is critical. The scripts are real life with real people and real stories.

We continue to work together. We thank you for your attendance and are happy to help in any way. Thank you and God bless.

Congressman Tim Murphy

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

Mental health is one of those interesting issues that I can speak about really as a crossover, not only as a member of Congress, but as a psychologist and as a person who is a member of the entertainment and media field. I spent many years on television and radio as "Dr. Tim." I had a radio program for a number of years on WTAE radio in Pittsburgh, on KDKA TV, WTTA TV and also had shows in Cleveland and Baltimore.

I may not have reached the level of Dr. Phil during that time, but it did teach me some important things about media, mental health and mental illness. Media channels tune you in to what people say on a level that has entertainment value in terms of providing valuable information. There is also, unfortunately, a level where I think it crosses the line more into bigotry and prejudice.

We are all trying to work toward making sure we are focused on the informational level, raising awareness. It is important to realize that you can be raising awareness and providing informational content while also being entertaining. The manner in which this is achieved is critical. In other words, some television shows may go for the cheap comical reaction of referring to someone as crazy and loony; but to find some other ways to portray mental health through media channels using accurate, non-prejudiced depictions is notable.

For example, I remember once some years ago there was an episode on a television show where a young girl was going to see a counselor. In this episode a main character was going on about how terrible it was and that the girl did not need to see a counselor because she was not a "crazy person." This character was being very derogatory towards seeking counseling and I wrote a letter to the station's General Manager.

It is important for us to speak up and help people understand that seeking counseling is not a shameful act; instead, it is a very helpful act. Unfortunately sometimes, instead of raising understanding and awareness when dealing with mental illness, we drive people farther away. This can occur not only in terms of giving misinformation and prejudicial information on drama or comedy programs, but also on news programming.

For the sake of confrontational television and boosting ratings, information can be provided that is false and misleading. For example, post traumatic stress disorder among our soldiers is going to be in the news a lot over the next couple of years. Now, we are concerned about that, but it doesn't mean all of our troops will have the disorder. When I worked in the media twenty years ago with folks who came back from Desert Storm, and prior to that folks who came back from Vietnam, the theory in the military was oftentimes just get them back on their feet with what they used to call, "Three hots and a cot."

The expectation was that they should go back to work after a good night's sleep and three hot meals. This was something that worked well for many; however, the expectation

should also be that you can do some preparation, some work, and be able to handle these issues. We have to understand that if people have mental health problems, there are ways to receive help to get better. The expectation would be to get healthy, not that you are going to be suffering from this disorder for the rest of your life, so we're going create a system of despair around you because you can't possibly survive this.

I worry sometimes that media will approach post traumatic stress disorder with awful stories that make soldiers themselves think, "This is terrible. I'm never going to recover from this, so why even get help? It's an awful thing and I'm ashamed to be out there." The perception should instead be that we have a support system; we can help you; you will get better and we will be there for you. As a society we truly need to be supportive and provide all the help and understanding needed.

So while all of these things go through the entertainment industry, I'm delighted that the Entertainment & Media Communication Institute is here paying attention to these issues, working on issues, bringing it to the attention of those who can do something about this. These activities help society move through health and social issues.

We want to be sure the depiction of mental health tells the whole story and how all of us can work together and not deny that we know someone or we have family members that might have one of these particular problems. I close with the idea that back when I was doing radio and TV, and we would have people call up to talk about their problems. I always had to be very careful when someone would whisper, "I have this problem with my husband or my wife who is in the other room right now." Although that had a certain amount of voyeuristic interest, one working in the media field has to be very careful how will they steer around that. Media professionals have to display sensitivity and approach the issue in a non-confrontational manner. The pressure from the production executives can make it difficult, but it is possible to present fascinating stories that catch the public's attention in a way that also disseminates important information.

Thanks to all of you for what you are doing. Thank you for your attention to this important issue and keep up the good work. We need this in America, thank you.

Congresswoman Diane Watson

33rd District, California
Chair, Congressional Entertainment Industries Caucus

As Chair of the Congressional Entertainment Industries Caucus, I am pleased to be with you here today at this important briefing on new ways to communicate information about mental health issues. In the Entertainment Industries Caucus, we cover the many issues facing the various facets of our industry. Media and entertainment should be on the front line when discussing legislation, especially when it comes to mental health, because there is always a role for media in public policy. Combining three multidisciplinary groups— medicine, communication and entertainment—creates a more thorough, accurate and solid understanding of how best to

Depicting a mental health issue through entertainment proves to audience members that mental health issues can affect anybody.

—Congresswoman Diane Watson

communicate mental health illnesses to the public.

Mental illnesses such as bipolar disorder, traumatic brain injury, post traumatic stress, depression, addiction, alcoholism and eating disorders are increasing. The current state of the American economy coupled with downsizings, cutbacks, higher costs of living and the war in Iraq are taking a toll on the mental health of the American public.

Depicting a mental health issue through entertainment proves to audience members that mental health issues can affect anybody, even their favorite celebrities, and if it is portrayed accurately, that mental health issues can be treated and people do recover.

As our troops return to Iraq for repeat tours of duty or return home to stay, the entertainment industry can be a tool to educate the American public about the struggles of U.S. troops to deal with mental illness. For example, a movie titled "Stop Loss," directed by Kimberly Pierce, is an example of how people can come to an understanding about how returning soldiers have adjustment and mental health problems once they return from the battlefield.

Another example of how the entertainment industry can further educate the nation about mental illness relating to U.S. troops is by providing informational videos for families. For example, Sesame Street makes videos for families that relate to the transitional phase of a parent returning from a war zone. These videos can be helpful for families to deal with mental health struggles and the steps that can be taken to overcome such a difficult time.

I applaud the Entertainment Industries Council on its new Entertainment and Media Communication Institute (EMCI) which will be a new and important asset for the entertainment industry to create new ways to accurately depict health and social issues to society.

A. Kathryn Power, M.Ed.

Director, Center for Mental Health Services, SAMHSA

It is an honor to have been included in this very significant event. Congress created the Center for Mental Health Services to bring new hope to adults with serious mental illnesses and children with serious emotional disturbances. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center For Mental Health Services has embraced this mission by leading federal efforts to treat mental illness, to promote mental health, and to prevent the development or worsening of mental illnesses when they occur. The Center for Mental Health Services achieves this mission by helping states and other grantees to improve and increase the quality and range of their treatment, rehabilitation, support and recovery services for individuals with mental illnesses, their families and their communities.

Further, we encourage a range of programs, such as systems of care, to respond to the increasing number of mental, emotional and behavioral problems among America's children. The Center for Mental Health Services has been very fortunate to work with the Entertainment Industries Council (EIC) for over four years as a part of its annual PRISM Awards, first in the distribution of the PRISM television special to over 11,000 treatment centers and more recently as an active collaborator of all aspects of the PRISM and EIC work.

The Center for Mental Health Services has proudly supported two of the *Picture This* series, one on bipolar disorder and one on suicide and depression. What is the compelling reason for our involvement with EIC and PRISM? When I read that a show's episodes ratings are disappointing because "only a few million people tuned in" on a given night, I am reminded of the enormous reach that the entertainment industry has and its potential to communicate such important information to audiences.

In the past, as others have mentioned here today, mental illnesses were considered to be personal weaknesses or failures. However, decades of research have shown that these problems are real physical illnesses. And as with most illnesses, mental disorders can be treated to improve the lives of those affected. Unfortunately, we know that many people do not understand that recovery and treatment are a part of a lifelong process of healing and a journey of personal transformation. Fortunately, the entertainment industry can and does serve as a means of helping people understand that treatment is available and that recovery is absolutely possible. The Center for Mental Health Services works with EIC in its efforts to reach out to the entertainment industry and provide accurate information about mental illnesses that they can then utilize in their television and movie story lines and scripts.

We think that ours is a unique collaboration. We have access to the information that can enhance the entertainment industry's portrayals through our services, through our technical assistance and through our programs. EIC has proven strategies for reaching the entertainment industry and for access to entertainment practitioners through existing individual and corporate relationships. EIC also has the ability to interpret our information into compelling and useful story-telling terms that the public will respond to. We appreciate that EIC's Mental Healthcare Think Tank has taken place. This is ground-breaking work in collaboration with the fields of medical research and practice, communication and media. We are incredibly impressed that some of the recommendations are part of what we would like to see happen as well. SAMHSA and the Center for Mental Health Services look forward to being involved with all of you and with EIC as it moves forward with the Think Tank recommendations that have come out of this meeting and, more important, to achieving a more complete understanding of the power of recovery for all Americans. Thank you very much for your commitment to this important health issue.

> *Fortunately, the entertainment industry can and does serve as a means of helping people understand that treatment is available and that recovery is absolutely possible.*
> —A. Kathryn Power, MEd

Medical Expert Discussions

The diagnosis and treatment of mental illness have always been challenging to the practice of medicine. Many mental illnesses have been and still are widely misunderstood, misdiagnosed and mistreated. The medicine that forms the basis for treatment of these diseases is in many cases still being studied – with new data about these illnesses being collected every day.

Yet the diagnostic challenges posed by the complexity of mental illnesses are not the only obstacle to effective diagnosis and treatment. Our community at large remains remarkably uneducated on this subject. Mental illnesses are misunderstood, and those people suffering from them are stigmatized. This may not only cause some people to be reluctant to seek a diagnosis, but because there is such a stigma attached to the notion of taking a prescribed medication as treatment for a mental illness, even those who have been accurately diagnosed may be reluctant to pursue treatment options.

The Entertainment and Media Communication Institute is built on the premise that entertainment media represent a flexible and effective way to educate the general public. The Mental Healthcare Media Blueprint Think Tank medical experts spoke of ways they would like to see entertainment media communicate to its audiences on this subject, thereby facilitating doctors' efforts to effectively treat mental illness.

Information Distribution in the Treatment of Mental Illnesses and the Mental Healthcare Media Blueprint

Mark Vanelli, M.D.

Faculty Member, Harvard Medical School
Diplomate, American Board of Psychiatry and Neurology

Doctors may lack the detailed data necessary to administer quality long-term treatment, while patients and families labor under misconceptions, stigmas and fundamental misunderstandings of their diseases because their questions and concerns are not being addressed effectively. Accuracy of information is as important as information delivery. Everyone is interested in stories about people, and visual stories from actual patients is a more effective way of informing patients and the public about mental- health–related illnesses.

Mental illness is a real disease. Most of the time we divide illnesses into mental disorders and physical disorders, but this is inaccurate. Mental illness exists in the brain, not merely in the mind. For instance, repeated untreated episodes of depression and post-traumatic stress disorder cause atrophy of the hippocampus. Depression and other mental illnesses are biologically based disorders, yet they are frequently viewed by patients and families as attitudes, moral failings and weaknesses. So often, patients come to me and say, "I know if I just tried harder, I could get better. I just need to be stronger." Patients and members of their support systems need to be made aware that these disorders cannot simply be willed away. Patients need to realize that they have something that is real. Mental illnesses ought to be treated the way heart disease is treated – as a physical disease for which there are risk factors and medical treatments.

Real people, real stories. Doctors are trained to deal with medical knowledge that they dispense to their patients, and patients must use the medical information given to them as the basis for all their decisions. However, most of these decisions are non-medical in nature. If you ask the patients what they're most concerned about, they're asking, "What do I tell my boss? How does this affect my insurance? How will this impact my love life?" Patients must learn to deal with their disease on a daily basis for the rest of their lives; correct diagnosis is only the first step on a long road. There is a need for resources that are not merely medical in order to aid patients in their long-term recovery. These resources could be in the form of messages from shared experiences of friends and family of people living with mental illness, as well as success stories of patients who have learned to effectively manage their illness. This is where entertainment ought to step in. In many entertainment programs, characters with mental illness are usually portrayed for dramatic flair, as caricatures of a disease's symptoms or as individuals with the most extreme form of an illness. Patients need to see that they can live their lives generally like anyone else, and it is therefore essential that entertainment media portray nuanced examples of people living successfully with these diseases.

Knowledge is power. Most people are very well informed about traffic safety because organizations such as the National Transportation Safety Board collect this data and make it available to the public; individuals are able to make educated decisions about travel because they have this information available to them. Outpatient medication use is critical to the safe and effective treatment of chronic mental and medical illnesses. Unfortunately, no such information infrastructure exists to routinely report back to us on how long or how well patients do this. One of our greatest obstacles in treating patients is that people simply do not take the medications we stabilize them with at the hospital. Good data on what promotes and what detracts from people's ability to take medications over the long haul is needed to improve outcomes for patients with all chronic mental and medical illnesses.

> *Patients need to see that they can live their lives generally like anyone else, and it is therefore essential that entertainment media portray nuanced examples of people living successfully with these diseases.*
> —*Mark Vanelli, MD*

Improving Patient Comprehension
and Treatment through Media and the
Mental Healthcare Media Blueprint

Gary Sachs, M.D.

Director of the Bipolar Clinic and Research Program
Massachusetts General Hospital
Associate Professor, Harvard University

In today's age of easily accessible information, patients are taking charge of their own medical treatment more and more often. They want knowledge to gain an understanding of their symptoms and any illnesses from which they may suffer before and after seeing a doctor. Facilitating the journey of self assessment to diagnosis by providing accurate information and delivering information effectively is a task for which the entertainment industry and news media are aptly equipped. While the portrayal of an individual patient's experience of an illness largely reflects their individuality, that unique individual narrative becomes compelling in large part because it also constitutes common experience of humanity, Americans have come to recognize that high blood pressure and being overweight vary in severity and represent risk factors for heart attacks and diabetes. It is equally important to recognize, mental illness is a truly equal opportunity disease that we can manage better by learning to recognize the varying spectrum of expression as well as risk factors and vulnerabilities. In fact as we learn more about the genetics of mental illness, we understand most people do carry some of the genes associated with these disorders. By speaking to these shared human risks and interests, popular media can help educate about mental illnesses on a much broader scale.

Reaching the public. Understanding is built on experience. As with everything else, people base their understanding of mental illness on their own personal interactions, be they with friends or family who suffer from a mental illness or with a character in a film or television program. Often, the characters in popular media represent stereotypes, sometimes provocative, sometimes accurate and sometimes both. With disorders such as bipolar disorder, even an accurate stereotype represents only one manifestation along the spectrum of this diverse disease. It is important to broaden the audience's understanding of spectrum diseases by depicting common aspects of the diseases rather than only the stereotypical extremes of the spectrum. Language is another important aspect of broadening the audience's understanding of these illnesses. We need to destigmatize, depathologize and demedicalize these illnesses to the greatest extent that we can in order to move toward getting people to understand and better manage their lives. By portraying mental illnesses as natural, manageable, and treatable phenomena, entertainment media can help to make seeking treatment more acceptable than it may previously have been. The patients need to be seen as distinct from diseases - that is, it should be emphasized that a person with bipolar disorder is not "a bipolar," and a person with post-traumatic stress disorder is not necessarily permanently changed. Individuals with mental illnesses are more than just their disease.

Facilitating responsible diagnosis. Accurate diagnosis is the first step toward meaningful recovery, but it is also a complex and difficult endeavor. The American Psychiatric Association's diagnostic manual defines more than 330 different mental illnesses, but in nature these diseases do not necessarily adhere to their definitions. This is especially the case with spectrum diseases like bipolar disorder; it can be difficult to determine where someone falls on a spectrum. We have

> *By portraying mental illnesses as natural and treatable phenomena, entertainment media can help to make seeking treatment more acceptable than it may previously have been.*
>
> —*Gary Sachs, MD*

had highly accurate methods of diagnosis for over three decades, but most people get informal "'name that tune" kinds of diagnoses. When people are misdiagnosed, treatment can be like throwing fuel on a fire. This can be further exacerbated by patients' self-diagnoses spurred by portrayals of characters with mental illness in popular media. People see characters in television and film to whom they relate, and they recognize symptoms of the portrayed disease in themselves. While this may be advantageous for many viewers in that it prompts them to go to a doctor, proper diagnosis and treatment can become more difficult when patients diagnose themselves and demand treatment. Accurate portrayals of individuals with mental illness help to educate the public on these diseases, but it is equally important to emphasize the importance of accurate diagnosis and treatment.

Challenges to Understanding Mental Illness and the Mental Healthcare Media Blueprint

Tom Barrett, Ph.D.

President, Business/Life Management, Inc.
Co-Founder, Tightrope Communications
Faculty Member, Lockheed Martin's Center for Leadership Excellence

Stigma presents a significant challenge to doctors and patients alike, but it is not merely social misconceptions about mental illness that represent an obstacle in diagnosis and treatment. Medical misunderstanding or a lack of knowledge is another challenge to be overcome in the treatment of mental illnesses. Fortunately, media can address both issues. Stories are more powerful than data. The data by itself, without being engaged with emotion, does not stir people; it does not move them. By creating meaningful stories about mental illness, these barriers and challenges can be addressed.

The challenge of stigmas. Once an individual has been diagnosed with a disease, it unfortunately, and especially in the case of mental illnesses, becomes a label. Labels are a significant part of social identification, and a person may be less likely to seek treatment for an illness with derogatory connotations. There's no sanction for biochemical imbalance. People do not have permission yet to have a mental illness. Such stigmas are difficult to overcome. It can be a challenge to make a person understand that a label or an illness is only a part of his or her identity, not the whole. The media's ability to inform and help destigmatize through hopeful and sympathetic portrayals of individuals with mental illnesses may prompt some people who think they might be suffering from a mental illness, or simply are suffering, to visit a doctor.

The challenge of misunderstandings. Despite the popularity of many Internet-based medical information databases, frequently in private practice, patients are unable to diagnose themselves. Even when it is right in front of them and the people around them, they just don't know what they are looking at. Such confusion may prevent some individuals from seeking treatment. Even patients who have been diagnosed and prescribed medication don't understand the correlation between medication and feeling good. They think, "I feel better – I no longer need the medication," and then the cycle starts all over again. This is particularly true of patients suffering from bipolar disorder: because the "highs" feel so wonderful, the patients do not want the mood disruption created by their medication. Treatment adherence is essential to recovery, and this message needs to be communicated through media, as well.

> *Stories are more powerful than data. The data by itself without being engaged with emotion does not stir people, it does not move them. By creating meaningful stories about mental illness, these barriers and challenges can be addressed.*
>
> —Tom Barrett, PhD

Combating Stigma through
Entertainment Programming
and the Mental Healthcare Media Blueprint

Paul Barkopoulos, Ph.D.

Assistant Clinical Professor of Medicine, UCLA
Member, Attending Medical Staff,
Cedars-Sinai Medical Center and UCLA

Entertainment media undertake a great responsibility when portraying a character with a mental illness, especially if they hope to affect change in the way mental illnesses are thought of in popular culture. Accurate portrayals of individuals with mental illnesses are a simple way of helping to reduce the stigmas associated with these diseases, but accurate portrayals of the individuals themselves are just the first step on a long road toward a greater understanding of mental illness.

Combating stigma. Reducing stigma and reducing the struggle between patients and doctors over diagnosis and treatment come down primarily to the project of educating patients and family. Doctors have less and less time to be able to do that. Fortunately, entertainment media can fulfill some of this gap. One of the important ways entertainment media can contribute to reducing the stigma surrounding mental illness is to change the way people talk about these diseases. For instance, while cancer patients suffer from stigma themselves, they are not referred to as "carcinomas," yet a patient with schizophrenia or bipolar disorder is often called a "schizophrenic" or "bipolar." The process of conflating the individual with the illness increases stigmatization. Characters reduced to symptom can be easily relegated to jokes, stereotypes, or triviality. The more the audience can relate and identify to them, the more likely they will be to see a patient as a person rather than as a behavior or an illness. We also need to be careful not to stigmatize families. The support of a network of family and friends is often an essential aspect of long-term treatment. When families are stigmatized along with patients, they tend to avoid or react punitively to the problem, potentially derailing treatment for, often, devastating or even lethal conditions. Through their stories, the media must communicate that individuals with mental illnesses are more alike than different from other persons with or without an illness.

Empowering patients. It is important for patients to challenge their doctors. Many mental illnesses are now understood as existing on a spectrum, which makes accurate diagnosis an even greater challenge. Bipolar disorder, for instance, is many different things and, as a result, is a highly misdiagnosed disease. Given the proper information, a patient may recognize that his or her symptoms do not meet the classic criteria for that diagnosis. Entertainment media can be enormously helpful in getting out scientific information that would make diagnosing more certain and make treatment a more collaborative process.

Entertainment media can be enormously helpful in getting out scientific information which would make diagnosing more certain and make treatment a more collaborative process.
—Paul Barkopoulos, PhD

Communication Expert Discussion

What good are scientific research and medical facts without effective communication to inform the public with clear, easily understood messages? Communication is essential to translate and disseminate evidence-based research "from bench to bedside." In other words, effective communication strategies can make mental-health–related information accessible, especially to at-risk or underserved populations and to those who may have low literacy skills.

Communication strategies are important to help individuals understand their own and their communities' needs so that they can take appropriate actions to maximize health and well being. Health communication, with regard to mental-health–related issues, links the domains of other disciplines to inform and influence individual and community decisions that enhance health. As highlighted in the Think Tank, communication strategies are relevant in a number of mental-health–related contexts, including patient–provider relationships, the dissemination of health information and campaigns, patient compliance to clinical regimens, the way mental health is portrayed in mass media and the culture at large and influencing the public agenda.
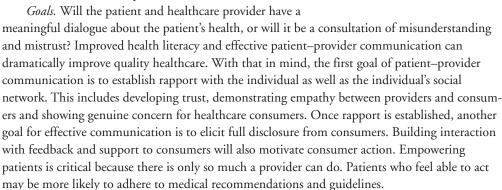
Communication expert panelists presented effective communication strategies to reach and influence key audiences with relevant, accurate and timely information about mental health.

Consumer-Provider Communication and the Mental Healthcare Media Blueprint

Gary Kreps, Ph.D.

Eileen and Steve Mandell Professor of Health Communication
Director, Center for Health and Risk Communication
Professor and Chair, Department of Communication
George Mason University

While effective consumer–provider communication can improve the quality of mental healthcare, it is also a complex and challenging endeavor. There are critical mental health consumer–provider communication goals, challenges to achieving those goals, and ways in which media portrayals of mental healthcare can help.

Goals. Will the patient and healthcare provider have a meaningful dialogue about the patient's health, or will it be a consultation of misunderstanding and mistrust? Improved health literacy and effective patient–provider communication can dramatically improve quality healthcare. With that in mind, the first goal of patient–provider communication is to establish rapport with the individual as well as the individual's social network. This includes developing trust, demonstrating empathy between providers and consumers and showing genuine concern for healthcare consumers. Once rapport is established, another goal for effective communication is to elicit full disclosure from consumers. Building interaction with feedback and support to consumers will also motivate consumer action. Empowering patients is critical because there is only so much a provider can do. Patients who feel able to act may be more likely to adhere to medical recommendations and guidelines.

Challenges. Complexities exist in patient–provider communications that need to be addressed to improve mental-health–related outcomes. First, a lot of different people are involved in this exchange, not just primary care physicians, psychiatrists or patients. There is a whole range of

people that need to be on board with each other to provide the best collaborative recommendations. Finding ways to communicate across the entire team to allow for feedback is essential. We must ask: How do we establish lines of feedback for interdependent communication participants? Is the family prepared to support the patient and assist the healthcare providers? How can we provide lines of information and support? Communication is a multichannel effort. Focus needs to be trained on a range of different communication channels for reinforcement of mental-health–related messages. What are the different information needs for consumers? How do they like to get information? Which information sources are most credible? People actively create meanings all the time. They interpret things in different ways, especially given the various kinds of labels in mental health. Do these labels make people feel less empowered? Health information is a key outcome in meaning creation, so we want to make sure people are interpreting information in the ways intended. Misconceptions about mental health and illnesses need to be assessed to provide valuable help and support.

Recommendations. Healthcare is a long-term, dynamic issue that needs long-term strategies for success. Communication can function as a motivator, an informer and an entertainer. Media portrayals of mental healthcare can help by specifically illustrating the successful management of mental health problems rather than negative implications of mental-health–related issues. Media should also illustrate the essential therapeutic role of mental healthcare along with advances in quality and outcomes of mental healthcare. Depictions of providers' genuine concern for patients may also provide exemplary models for enhancing consumer–provider communication. These depictions of mental-health–related issues within media should portray the long-term episodic process of mental healthcare, as opposed to a one-time occurrence. Communication barriers can be addressed in the media by shedding light on the importance of medication and therapeutic adherence. Lastly, media can help to illustrate the collaborative nature of mental healthcare and the need for support from family and friends.

Media portrayals of mental healthcare can help by specifically illustrating the successful management of mental health problems rather than negative implications of mental health-related issues.

—Gary Kreps, PhD

Entertainment Programming as Support for Family and Community Members Managing Mental Illness: The Mental Healthcare Media Blueprint
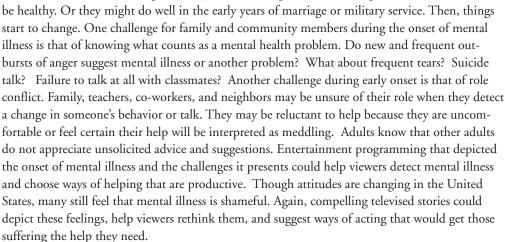
Kathy Rowan, Ph.D.

Professor and Associate Chair, Department of Communication
George Mason University

Entertainment media can be important sources of support for family and community members coping with a mentally ill loved one, co-worker or neighbor. This is the case for three reasons. First, the mass media are the principal teachers for most adults. Second, entertainment media are probably the more preferred of these teachers. Third, people often learn best when emotionally engaged. Compelling stories trigger thoughts about ongoing struggles. When those struggles involve someone who is mentally ill, watching a well-told story may give family and community members renewed hope and direction.

Family and community members do not diagnose mental illnesses, but they are often those most able to detect disturbing changes in someone's behavior or talk. Consequently, it is important that family and community members receive emotional and informational support, particularly during two periods in the course of mental illness, where help from others may be critical to successful treatment.

Disease onset. The first critical period is the onset of mental illness. The onset of many mental illnesses occurs in late adolescence and early adulthood. This means that someone might initially do well in high school or college and be healthy. Or they might do well in the early years of marriage or military service. Then, things start to change. One challenge for family and community members during the onset of mental illness is that of knowing what counts as a mental health problem. Do new and frequent outbursts of anger suggest mental illness or another problem? What about frequent tears? Suicide talk? Failure to talk at all with classmates? Another challenge during early onset is that of role conflict. Family, teachers, co-workers, and neighbors may be unsure of their role when they detect a change in someone's behavior or talk. They may be reluctant to help because they are uncomfortable or feel certain their help will be interpreted as meddling. Adults know that other adults do not appreciate unsolicited advice and suggestions. Entertainment programming that depicted the onset of mental illness and the challenges it presents could help viewers detect mental illness and choose ways of helping that are productive. Though attitudes are changing in the United States, many still feel that mental illness is shameful. Again, compelling televised stories could depict these feelings, help viewers rethink them, and suggest ways of acting that would get those suffering the help they need.

Disease relapse. A second critical period in managing mental illness is that of relapse. Mental illnesses are chronic; they last for years or sometimes for a lifetime. This means that there may be times when mentally ill individuals decide not to take their medicine or their medicines no longer work. For example, one family of five adult children and their families had a family reunion at the beach together in one large house. One family member suffered from mental illness. She decided that since this was a vacation, she could take a "vacation" from her medicine. The result was that she lapsed back to behaviors that included talking to nonexistent people, vomiting, and generally not being well. In another example, someone may have successfully sought treatment for mental illness and may be taking medicine, but still show signs of illness. Family and community members may be among the first to detect that something is not right with these individuals.

They are the people best able to help, but they may need guidance about how to do so.

In addition to difficulties deciding what counts as mental illness and deciding what one's role or responsibility is in these situations, family and community members face a third barrier during these critical periods. That barrier is a lack of communication skills. No one wants to give negative information. Doing so takes skill. In one case, no one in the family of a mentally ill person could persuade the mentally ill person or her spouse that she needed help. One day a local shop owner observed her throwing donuts at a customer. The shop owner called the police. Because the police and a judge handled this case thoughtfully, the mentally ill person was hospitalized and diagnosed, and she received the correct medications. Today that person has children who are successful in school and sports. The shop owner's act of having her arrested seemed cruel at first, but it turned out to be a kindness, perhaps even quiet heroism. Stories that show the ways a shop owner, police, judges and social workers, as well as family members, are quietly heroic and effective in assisting someone with a mental illness can make compelling drama.

> *The entertainment media use the power of story to help us feel risk. Good stories, based on real situations, can help us manage the risks we deal with every day, but sometimes fail to recognize.*
>
> —*Kathy Rowan, PhD*

We feel risk before we address it. The entertainment media use the power of story to help us feel risk. Good stories, based on real situations, can help us manage the risks we deal with every day but sometimes fail to recognize. Those with mental illnesses, their families and their communities can learn to overcome stigma, talk with one another and help one another lead the lives they deserve to have. Depictions of successful family and community mental health interventions may provide examples for overcoming challenges in mental health detection, diagnosis, treatment and relapse.

Health Communication and Family Care-giving: The Mental Healthcare Media Blueprint

Lisa Sparks, Ph.D.

Presidential Research Fellow in Health and Risk Communication
Professor and Director, MS in Health Communication
Chapman University

There is a strong connection between care-giving, communication and mental health. I believe that mental illness is a *family matter.* This is because family caregivers and support networks are key to diagnosis, treatment/medical adherence and maintenance of the disease. An important element for consideration is the varying preferences for health information sources of patients and family caregivers. Health information can be accessed through providers, the internet, television, radio and entertainment media.

Challenges. Mental health can be invisible, especially to those having problems. Family and friends can help bring mental health issues to the attention of their loved one. Invisible communication barriers may influence our social identity, including how we view ourselves and how we communicate with others. Communication with friends and family can help to lessen identity shifts after diagnosis. Emotions can also impact the ways we think about and understand mental illness, impacting decision making and information seeking. In other words, invisible barriers influence preferences for and ability to process messages potentially influencing mental health diagnosis, treatment and maintenance outcomes.

Implications for the media. To be effective, messages must be designed and delivered to match the specific communication skills, needs and predispositions of the unique characteristics of

families experiencing mental health problems. Key communication strategies including the use of humor, self-disclosure and story-telling must be developed to talk about mental health issues. Accurate portrayals can help family members and support networks recognize signs of mental health problems as well as empowering family members to help their loved ones cope with mental health problems and work collaboratively with health professionals. The media can illustrate the best ways to communicate within the family about mental health problems. Media may also be used to help family members and support networks recognize signs of mental health problems and help providers become attuned to communicative cues to aid in detection.

> *To be effective, messages must be designed and delivered to match the specific communication skills, needs, and pre-dispositions of the unique characteristics of families experiencing mental health problems.*
> —*Lisa Sparks, PhD*

Cultural Identity, Communication, and Mental Health

Melinda Villagran, Ph.D.

Associate Professor of Communication
Director, MA Program in Strategic and Health Communication
George Mason University

Cultural identity plays a major role in the way that we view, receive and communicate about mental health. Stereotypes and taboos about mental illness are often culture-specific, so accurate media portrayals of mental health topics require a clear understanding of the interplay among culture, communication and mental illness.

The term *culture* in the broadest sense is defined to include who a person is based on their race, ethnicity, gender, age, religious preferences, income and educational background. More than surface differences that make us unique however, culture provides a lens through which we view the world and through which the world views us. If we see ourselves as men or women, Latino, African American, Asian-American, as a mother or father – all of these factors shape our attitudes, beliefs and choices about mental health. Sometimes we even accept stereotypes about our cultural identity to avoid facing mental health challenges. For example, a woman exhibiting signs of mental illness might choose to attribute her symptoms to PMS. A Latino male who exhibits mood swings and anger issues might be viewed as *machismo,* or as having a "Latin temper." It is sometimes easier to accept inaccurate cultural stereotypes than it is to face the need to seek treatment for mental health concerns. Media that incorporate accurate depictions of mental illness can play a major role in helping viewers understand the differences between stereotypes and reality.

Opportunities and barriers. Although mental illness is a biological process, it is expressed through communication. Friends and family may notice signs of mental illness when a person communicates in a manner that does not match with the norms of their cultural identity. Communication creates the opportunity for others to recognize potential mental health issues and to overcome stigma through honest dialogue. Communication also creates barriers to treatment for some people. For example, the messages we get from our cultural groups can impact whether we view mental illness as a disease, a personal weakness or a source of family shame. In addition, miscommunication may occur because behaviors that are very normal in one culture might be viewed as "crazy" in another culture.

Professional identity is also an important factor in the relationship between culture and mental health. Who we are is based not only on our race, gender or socioeconomic status, but also on our profession. Professional identity shapes the way we interact with others based on our roles, our status and our titles. Our professional identity may also create a barrier for talking openly about mental health issues because of fears about being viewed as weak or incapable. For example, military members experiencing symptoms associated with post traumatic stress disorder (PTSD) may find it difficult to reconcile their professional identity as a strong, self-sufficient military member with the stereotype and stigma often associated with people in need of treatment for symptoms of PTSD.

Implications for the media. Diagnosis and treatment of mental illness among diverse groups starts with open communication about the issues, and accurate media depictions can be the catalyst for such discussions. Talking openly about mental illness is never easy, but when symptoms of mental illness impact our cultural and professional identities, it can be incredibly difficult to find culturally sensitive approaches to talking about the topic.

The challenges of cultural identity and mental health can be addressed in the media by shedding light on several key issues faced by various cultural groups. First, some viewers may wonder whether a doctor, a minister or an astronaut can be treated for a mental illness and maintain a positive professional identity. The truth is that people from every walk of life successfully function in their professions while adhering to mental health treatments. Media can reflect this reality. Second, culturally diverse characters can add to the richness of a mental health storyline, but these depictions should not rely on stereotypes to tell the story or get a laugh. Instead, media should illustrate culturally sensitive approaches to diagnosis and treatment of mental illness. Finally, stigma associated with mental illness creates a lack of communication about the topic among members of some cultures, so culture-specific portrayals of mental health issues can be especially valuable for some audiences. The take-home message is to exhibit cultural sensitivity without stereotyping group characteristics. Media can help reduce health disparities among minority groups through the use of linguistically and culturally appropriate messages about mental health.

Stereotypes and taboos about mental illness are often culture-specific, so accurate media portrayals of mental health topics require a clear understanding of the interplay among culture, communication, and mental illness.
—*Melinda Villagran, PhD*

Effective Mental Healthcare Communication: Summary and Suggestions from Communication Experts

The challenge for this Think Tank was to harness an innovative, collective agenda for strategically addressing mental health concerns. This initiative must be built on collaborations and ideas from across disciplines to promote enhanced outcomes for all those dealing with mental-health–related issues. Communication strategies are one major component in the creation of this Mental Healthcare Media Blueprint.

The following themes and suggested action steps for the Media Blueprint appeared throughout the Communication Expert Panel:

Consumer–provider communication

Media portrayals of mental healthcare can help by illustrating
- Successful management of mental health problems
- Essential therapeutic role of mental health care
- Advances in quality and outcomes of mental health care
- Providers' genuine concern for patients
- Long-term episodic process of mental health care
- Importance of medication and therapeutic adherence
- Collaborative nature of mental health care
- Need for support from family and friends

Social networks

- Media portrayals of social support can empower family members to help their loved ones cope with mental health problems and work collaboratively with health professionals.
- Media should illustrate the best ways to communicate within the family about mental health problems.
- Accurate depictions in entertainment programming can help family members and support networks recognize signs of mental health problems.
- Media can assist in identifying sources of support for family members confronting mental health issues.
- Media can use the power of storytelling to help the public become informed of, familiar with, and less afraid of mental illness.
- Media should illustrate options for intervention and treatment adherence by portraying successful interventions by community members, friends and families.

Cultural identity

- Media can examine the influences of cultural bias and discrimination on health disparities.
- Media can illustrate culturally sensitive mental health outreach and communication initiatives.
- Media can show how effective health communication reduces health disparities among racial and ethnic minorities through the use of linguistically and culturally appropriate health messages.
- The take-home message is to exhibit cultural sensitivity without stereotyping group characteristics.

Health communication alone, however, cannot change or solve all problems related to mental health, but comprehensive health communication programs should include a systematic exploration of all the factors that contribute to mental health and the strategies that could be used to influence these factors employing media channels. The following section captures insights and processes for enhancing the mental health issue from entertainment and media experts involved in the Think Tank.

Entertainment Industry Expert Discussion

The power of entertainment media in American life is unquestionable, with potential to influence attitudes, behaviors and social norms affecting our nation's health by raising the public's attention to important mental health issues and providing accurate information, realistic depiction and positive messages regarding mental-health–related illnesses.

Communicating mental health information through entertainment media can increase knowledge and awareness about the complex variety of issues surrounding mental illness while simultaneously keeping audiences amused. Entertainment programming has the power to take important medical issues and incorporate key messages into stories to educate *and* entertain the public.

The entertainment–education communication strategy is a major tool for social change used to help raise important issues, like mental health, and reinforce health campaigns. Entertainment media has the unique opportunity to reach multitudes of people by creating original television, film and other productions. Through these works, accurate mental health portrayals can inform and influence individual and community decisions that enhance health.

So how do we use this tool effectively? An important element in this multidisciplinary approach is meant to give others knowledge of the creative process from concept through to distribution. Entertainment media processes and the ways in which they relate to mental health were discussed in the Mental Healthcare Media Blueprint Think Tank. Entertainment expert panelists presented some barriers and effective strategies to overcome challenges and reach out to the masses about mental health.

Spanish-Language Television and the Mental Healthcare Media Blueprint

Carlos Alcazar

President & CEO, Hispanic Communications Network

I come from more of the executive side of the industry as President & CEO of Hispanic Communications Network. The Network is a hybrid company that produces programming that is distributed to radio stations, television networks, newspapers and the internet. At the same time the company is also a cause marketing firm that works with government agencies and nonprofit organizations with a cause and message to reach Hispanics through mass media. We weave causes in throughout our programming to get messages to the public through all media. The Hispanic market is unique in that it is new, so there is more opportunity to experiment. That flexibility allows for integration and collaborative work with socially responsible, educational and cause-related organizations.

Barriers. Challenges arise with the recent boom in the Spanish-language market

because at the end of the day it is money that does the talking. The struggling nature of a lot of television network start-ups is securing profits through ratings. If storylines fail to draw the audiences, the network loses out and the health information is not communicated to the public.

Also, cultural intricacies must be taken into consideration. For example, the tradition of self-medication is something that has extended here to the U.S. You do not necessarily need a prescription to acquire traditional prescription drugs; you can walk into a Latino drug store where they will sell you illegal black market medication for what you *think* your child might have. Language differences are another intricacy to keep in mind because what you call mentally ill in the Mexican population will be different from what you call mentally ill in other ethnicities.

Recommendations. A compelling element that has been addressed in our discussions today is the importance of focusing on the family. This relates enormously well to the Hispanic television audience. By concentrating on children and their influencers or caregivers, Hispanic television networks can begin to move the mental health needle in treatment and diagnosis in children. Did you know that one in four children in the U.S. under the age of five is Latino? This is the fastest growing population, which means that there is a huge opportunity as well as a need to reach children and educate others about the importance of children and mental health issues.

The cornerstone of Spanish-language television is soap operas, or telenovelas. These are typically three hours back-to-back and last from four to eight months on-air. With a clear beginning, middle, and end to the storyline, there are always very complex characters portrayed in this entertainment format. Writers are receptive to the research resources that are not widely available to the Spanish-language communities so that they can accurately create these characters. Mental health issues can and should be stories woven into this process.

> *By concentrating on children and their influencers or caregivers, Hispanic television networks can begin to move the mental health needle in treatment and diagnosis in children.*
>
> —Carlos Alcazar

The Impact of Entertainment Programming:
The Mental Healthcare Media Blueprint

Frank K. Wheaton, Esq.

Entertainment Attorney

Entertainment creators and talent have an incredible impact on audiences. There is an art and craft to connecting with viewers, and I think the writers and creators here today certainly understand and appreciate that magic. Before earning my law degree, I began my career in journalism. During that time, I appeared in a number of commercial campaigns, and I came to understand the importance of connecting quickly with the audience. I understood that I wasn't talking to the casting director in the room; I was talking to the farmer in Iowa, the housewife in Poughkeepsie. Even thirty-second and one-minute promos can leave an indelible impact on the viewing public. For instance, my father was once the voice of Alcoholics Anonymous. Imagine sitting in the dark, in a drunken stupor, and hearing his voice and ad on the radio or silhouetted on television telling you that there is hope, that you can turn your life around. The impact of those thirty seconds can be enormous. It can save lives.

From bipolar disorder and depression to autism spectrum disorders, these areas of mental health are now better understood and can be reflected with greater accuracy through the media, and the importance of doing so cannot be overstated. A few years ago I had the privilege of representing the great Olympic athlete Florence Griffith Joyner – "Flo-Jo." Florence was misdiagnosed. She had suffered a seizure on an airplane. They misdiagnosed her and consequently, they did not provide her with proper medications. Her next seizure was fatal. Deliberately, Al Joyner and I have monitored a number of movies that have been proposed about her because we want the movie made to have a residual impact and benefit for the audience. Proper portrayals of medical and mental health issues can educate the public and help prevent these mistakes from happening. My own godson, who is very bright, college-educated, had serious mental health problems. Consequently, he wound up on the streets. He was busted with drugs in his pocket. The only reason his story has a happy ending is that two police officers who stopped to talk to him recognized that something was wrong and took steps to get him the help he needed. We need a broad-based panoply of information available in order to facilitate that kind of outcome. The manner in which important health and social issues are portrayed really makes a difference.

This event highlights the tremendous importance of effectively communicating about these issues. I believe this event may prove to be one of the most important contributions of the EIC in its colorful twenty-four year history. Without a doubt, entertainment is one of the most powerful social media. The key is to focus on the importance of messages, no matter how short, no matter how silent. The airwaves belong to us, and I believe we have a responsibility to share this gift and privilege of the education and information that we have acquired with everyone within its reach.

From bipolar disorder, depression to autism spectrum disorders, these areas of mental health are now better understood and can be reflected with greater accuracy through the media and the importance of doing so cannot be overstated.

—Frank Wheaton, Esq.

John Kosinski

Political Director
Writers Guild of America West

Generally speaking, it is typical that academicians and health experts develop theories about how to effectively communicate health and social issues in the entertainment and other media. They then come to members of the media and suggest (or at times even insist) these theories or guidelines be implemented. What these strategies usually fail to do is to take into account the practical considerations of the creative process, the business climate, and the importance of entertainment value as the primary factor in decision-making.

However, by engaging members of the creative community in developing effective communications strategies, it increases the likelihood that such strategies will meet the media industry's needs, take greatest advantage of what the media has to offer, and be something that members of the industry can live with and comfortably take action upon. When you craft your own destiny, you're more compelled to want to see and bring about favorable outcomes.

The significant role the entertainment industry can play in elevating mental health-related issues in the national media cannot be overstated. Entertainment media benefit from the undeniable power of storytelling – which is at the heart of human experience. Writers can use that power to enhance and inspire healthy lives and communities by accurately portraying characters touched by mental health issues. Entertainment creators have the opportunity to harness that power of storytelling to generate public awareness and understanding, and debunk myths and misconceptions surrounding mental health.

This Think Tank was an important first step in breaking down existing silos in communicating about health and social issues by making the process one of "first-person" (our mission) rather than "third-person" (their mission).

> *Entertainment media benefit from the undeniable power of storytelling – which is at the heart of human experience.*
> —*John Kosinski*

Accurate Depictions
and the Mental Healthcare Media Blueprint

Marie Gallo Dyak

Executive Vice President, Program Services & Government Relations
Entertainment Industries Council, Inc.

Over the past 25 years, since the founding of EIC in 1983, I have had the privilege of working with the entertainment industry to bring the power and influence of the entertainment industry to bear on health and social issues. The establishment of the Entertainment and Media Communication Institute has extended our reach through an interdisciplinary collaboration for health and social progress.

Why do we need the entertainment industry's involvement? Simple. Accurate depictions of mental health issues yield powerful entertainment. Powerful storylines and characters have the ability to influence public perceptions, attitudes and behavior in a way that most other communication channels cannot. The public's increased understanding of the importance of accurate diagnosis and adherence to treatment can be achieved through entertainment media.

Mental health disorders are like so many other illnesses afflicting our communities – and even more so because of the importance of family and peer involvement throughout the mental health continuum. Families and social networks oftentimes bear the brunt of mental-health–related issues including managing behavioral symptoms, aiding in diagnoses, actively engaging in support systems and encouraging adherence to treatment for their loved one. Viewing characters that are coping with similar issues may help ameliorate feelings of shame, uncertainty or inefficiency.

EIC was founded to be a resource of, to and for the entertainment industry by providing the creative community with accurate, timely health information. Creating realistic stories about individuals affected by mental health disorders as well as their surrounding environment, family and peers, is a compelling way to debunk myths about bipolar disorder and other mental-health–related issues.

Through this activity and many more, we pledge to continue encouraging the art of making a difference through entertainment. Thank you.

*NOTE: The remaining presentations from participating entertainment experts, specifically Christian Clemenson, Jonathan Greene, Marti Noxon, and Jim Kearns can be found in the Personal Stories form Entertainment Industry Leaders section of this Report on pages 13–17.

Powerful storylines and characters have the ability
to influence public perceptions, attitudes and behavior
in a way that most other communication channels cannot.
—Marie Gallo Dyak

Collaborative Brainstorming and Think Tank Conclusions

The goal of this Think Tank is to reposition mental health issues in America. The members of this group represent three different disciplines coming together to collaboratively generate new ways of thinking about mental illness. The new way of thinking begins here and now with evidence-based medical issues integrated by way of communication strategies and then further incorporated within entertainment industry processes to deliver those messages and needs to the broader masses. The Think Tank activities can help with creating and raising the mental health bar within congressional agendas.

The focus of this collaborative brainstorming session is: What would the mental health field look like in the year 2020 if we were able to actualize communication strategies as well as engaging the entertainment and media in that process? Where would we be that we aren't right now?

There is certainly an opportunity for collaboration with the National Institutes of Health's (NIH) Roadmap regarding a broad spectrum of diseases. We can elevate the mental health issue by using our multidisciplinary approach in cooperation with the NIH Roadmap's 4 P's which refer to predictive, personalized, preemptive, and participatory medicine. Everyone has gotten tired of hearing how the health system is broken, and it is time for new direction.

Currently the awareness level surrounding mental health is extremely low. Even more staggering is the vastness of the burden of mental health on finances, workplace productivity, relationships, and much more. The entertainment industry, communication and medical disciplines, with help from patients, families and other social networks, are working to generate awareness through education that will ultimately produce change. **Our vision is to increase the nation's mental health and decrease the burden of mental illness.**

The collaborative vision for the future of mental health includes (1) prepared professionals; (2) patients as active directors of their collaborative care teams; (3) accurate and routine evidence-based messages in media informing all sectors; and (4) enduring resources that will collect feedback to determine what is and is not helpful.

The E&MCI's Mental Healthcare Think Tank *value proposition* for Members of Congress:: **We would like to help you communicate your mental health agenda to your constituents.** The E&MCI can be part of the solution and initial process planning for mental health issues.

Priorities found through collective Think Tank expertise:

Information dissemination recommendations:

- Increase information and education.
- Promote de-stigmatization. Mental illness needs to be communicated as a biologically based disease that should not induce feelings of shame or disgrace.
- Enhance communication through the use of nuanced examples integrating real stories from real human beings that go beyond diagnosis. Show successful management of mental illnesses that offers hope and efficacy.
- Emphasize proper diagnosis from medical experts.
- Aim to have as many people as possible seeking treatment from accurate portrayals, driven by high-quality information in the media and through other resources.
- Express messages of hope and success based on how quantifiable mental illness is. Demonstrate that this is worth supporting, given the national burden of mental health.
- Craft treatment messages that are culturally tailored and linguistically appropriate for the audience.

Legislative recommendations:

- Support evidence-based research. Congress should consider funding research in a number of areas, including evidence reviews that are updated regularly to include advances in knowledge. These reviews should then be made accessible to the public. Give particular attention to:
  - Intervention research to promote early detection and treatment and assist with issues of adherence.
  - Mental health promotion research to reinforce strategic health campaigns and messaging.
- Support training and education for healthcare providers about strategies for providing care and about working with families, including within the Department of Veterans Affairs and the Department of Defense so that all groups have much more support to do comprehensive training in an area where it is so desperately needed. Specifically, Congress should consider supporting
  - Educational forums for a variety of audiences to brainstorm ways of addressing mental health issues. We need to bring people from different fields together to educate family members, educators, health care professionals and more people from the entertainment industry.
  - Publications and other dissemination media, such as those created by the Entertainment Industries Council, that shed light on important health and social issues for members of the entertainment industry. We need recommendations about identifying warning signs, promoting access to health care for different populations in different regions and developing accessible communication.
  - Training about how to participate in clinical collaborations that would integrate schoolteachers and doctors to work together.
  - A curriculum for early childhood education that teaches that mental illness is biologically based, not an attitude problem or an indication of a failing child.
- Support more events such as those held by the Entertainment and Media Communication Institute, which convenes various disciplines to break silos in the mental health field.

Next Steps

Immediately following the Mental Healthcare Media Blueprint Congressional Briefing, Entertainment Industries Council leadership and Think Tank panelists met with Congressman Tim Murphy, Co-Chair of the Mental Health Caucus. This meeting demonstrates strong support for the Entertainment and Media Communication Institute's mental health efforts and is the first step of many in repositioning mental-health–related issues in America.

This Think Tank, under the direction of the Entertainment Industries Council, will continue to cut across disciplines to effectively work toward improving the quality of life for all. We are working to situate mental health issues in the consciousness of public policy makers, advocates, medical experts, scholars and all those affected by these diseases. We will begin with our value proposition to help Members of Congress communicate their mental health agenda to their constituents. As mentioned earlier, the Entertainment and Media Communication Institute can be part of the solution and initial process planning for mental health issues. Our vision to engage radio, television, film, print and online media can be achieved through a strategic, collective effort.

Together we can make a difference in our nation's mental health.

Summary

The 2008 Mental Healthcare Media Blueprint Think Tank covered a host of real-world mental health issues facing our nation. The focus of this event was on bringing together experts from the medical, communication and entertainment/media fields to reposition mental health issues, which influenced the agenda, discussions and key takeaways.

The key issues raised in the Think Tank include generating awareness about mental-health–related issues; educating the public in order to increase knowledge and decrease the stigma surrounding mental disorders; and actively working together to achieve enhanced mental health outcomes.

Our vision is to increase the nation's mental health and decrease the burden of mental illness. We envision the future of mental health to include

- Patients who are empowered to be active agents along with their family members in a kind of collaborative team effort that is in fact suited to the illness that they have.
- Physicians who are prepared to interact in a collaborative way, not the paternalistic way of the past, not the prescriptive way of the past, but as true collaborators.
- Routine, accurate messages coming from media to all sectors to inform and educate audiences through real-life portrayals of patient–doctor interactions and the successful management of disorders.
- Enduring resources that will collect feedback to determine whether or not interventions are successful.

The Entertainment Industries Council, Inc. would like to thank everyone who attended this event for their participation, ideas and commitment. EIC also offers a special thank you to AstraZeneca for sponsoring this Think Tank

We look forward to our continued work together!

Appendix (A)
Mental Healthcare Media Blueprint
Think Tank Agenda Summary and Participants

The Think Tank consisted of one full day of activities followed by a Congressional Briefing on Capitol Hill on Thursday, June 5, 2008.

Wednesday, June 4, 2008

The Think Tank schedule included:

- Opening remarks and introductions from all participants.

- Process overview and keynote remarks from Brian Dyak, President and CEO of The Entertainment Industries Council, Inc., and Melane Kinney Hoffman, Facilitator.

- Peer group discussion and presentations from
  - Medical experts (1 _ hour session).
  - Dr.Paul Barkopoulos, Geriatric Psychiatrist
  - Dr. Tom Barrett, President of Business/Life Management, Inc.
  - Dr. Gary Sachs, Director of Bipolar Clinic and Research Program, Massachusetts General Hospital
  - Dr. Mark Vanelli, Chief Medical Officer, Adheris, and Lecturer in Psychiatry, Harvard Medical School

- Communication experts (1 _ hour session).
  - Dr. Gary Kreps, Professor and Chair, Communication Department, George Mason University
  - Dr. Kathy Rowan, Professor and Associate Chair, Communication Department, George Mason University
  - Dr. Lisa Sparks, Presidential Research Fellow in Health and Risk Communications and Professor of Communication Studies, Chapman University
  - Dr. Melinda Villagran, Associate Professor of Communications, George Mason University

- Entertainment/media experts (1 _ hour session).
  - Carlos Alcazar, President, Hispanic Communications Network
  - Christian Clemenson Actor, *Boston Legal*
  - Jonathan Greene, Co-Executive Producer and Writer, *Law & Order: SVU*
  - Jim Kearns, Writer/Co-Producer, *John Q*
  - John Kosinski, Political Director, Writers Guild of America West
  - Marti Noxon, Executive Producer, *Private Practice.*
  - Frank Wheaton, Entertainment and Sports Attorney, EIC Board Director

- Group networking and a working lunch.

- Formulation of Blueprint by all participants.

- Closing remarks from Brian Dyak, President and CEO of The Entertainment Industries Council, Inc.

Thursday, June 5, 2008

The Congressional Briefing schedule included:

- Opening remarks from
  - Congressman Tim Murphy
  - Brian Dyak, President and CEO, Entertainment Industries Council, Inc.
  - Christian Clemenson, Actor, *Boston Legal*

- Think Tank report and recommendations from
  - Medical expert representative, Dr. Gary Sachs
  - Communication expert representative, Dr. Gary Kreps
  - Entertainment/media expert representatives Marti Noxon, Jonathan Greene and Jim Kearns

- Remarks from
  - Congresswoman Diane Watson
  - Congresswoman Grace Napolitano
  - Closing remarks from:
  - A. Kathryn Power, Director, Center for Mental Health Services, SAMHSA
  - Brian Dyak, President and CEO, Entertainment Industries Council, Inc.

Appendix (B)

Mental Healthcare Media Blueprint
Biographies

MEDICAL EXPERTS:

Dr. Paul Barkopoulos

Dr. Paul Barkopoulos has been involved in the private practice of general psychiatry in Los Angeles since 1985. He completed his residency at the UCLA Sepulveda V.A. Program. In addition, he received his Masters degree in Public Health from UCLA, his medical degree from UCLA, and his bachelor's degree from UCLA in psychobiology, graduating Magna Cum Laude. He is board certified in psychiatry, and sub boarded in geriatric psychiatry.

Dr. Barkopoulos also holds the title of Assistant Clinical Professor of Medicine at UCLA and is on the attending medical staff at Cedars-Sinai Medical Center and UCLA. Special areas of interest for Dr. Barkopoulos include treating mood and anxiety disorders. As well, he engages in extensive teaching and lecturing of physicians, healthcare providers, industry and the general public to increase knowledge and awareness within the community regarding mental health issues.

Dr. Tom Barrett

Dr. Tom Barrett is president of Business/Life Management, Inc., cofounder of Tightrope Communications and a faculty member at Lockheed Martin's Center for Leadership Excellence. As a leadership and communications analyst, he specializes in working with members of Congress, the defense industry and entrepreneurs. Dr. Barrett is the first person to formally research the impact of political life on family life. On Capitol Hill he has spent over 10,000 hours meeting one-on-one with members of the Senate and the House of Representatives. He is one of a few individuals ever asked to speak to the orientation for new members of Congress in *both* political parties and has had tribute paid to him in the *Congressional Record* for his contributions to the lives of political leaders. Additionally, he teaches a weekly off-the-record leadership class for members of Congress. Dr. Barrett lectures frequently on the subjects of stress management, leadership and the psychology of customer decision making. He has spoken at the United Nations, CIA, NASA, the Pentagon, and numerous Fortune 500 companies.

Dr. Gary Sachs

Dr. Gary Sachs earned his medical degree at the University of Maryland School of Medicine. He interned in family practice and psychiatry at University of Maryland Hospital in Baltimore and was a resident in psychiatry and Chief Resident, Acute Psychiatry Service, at Massachusetts General Hospital in Boston.

Dr. Sachs is the Principal Investigator of the NIMH Systematic Treatment Enhancement Program for Bipolar Disorder. He serves on the scientific advisory board of the National Depression and Manic Depression Association, is co-editor-in-chief of *Clinical Approaches to Bipolar Disorder* and serves on numerous editorial boards. Dr. Sachs has authored over 150 articles, abstracts, books, reviews and book chapters.

Dr. Mark Vanelli

Dr. Mark Vanelli received a B.A. cum laude in History and Science at Harvard University in 1980 and a master's degree in public health at the Johns Hopkins School of Hygiene and Public Health in 1983. Dr. Vanelli completed his M.D. at Brown University School of Medicine in Providence in 1987 and his psychiatry residency at Harvard Medical School at the Cambridge Hospital. From 1991 to 1998 Dr. Vanelli served as medical director of an inpatient psychiatric ward serving the indigent and persistently mentally ill. He became interested in medication adherence through his clinical experience with readmitting to the hospital a large number of patients who had prematurely discontinued their medication. Dr. Vanelli is a faculty member at Harvard Medical School;, a Diplomate of the American Board of Psychiatry and Neurology, and a past member of the American Public Health Association.

In addition, Dr. Vanelli has published in the areas of medical leadership and medication adherence. He has worked as a consultant with international health care organizations, pharmaceutical manufacturers and provider groups.

COMMUNICATION EXPERTS:

Dr. Gary Kreps

Gary L. Kreps (Ph.D., University of Southern California, 1979) is the Eileen and Steve Mandell Professor of Health Communication at George Mason University, where he chairs the Department of Communication, directs the Center for Health & Risk Communication, and serves on the Governing Board for the Center for Social Science Research. He is an affiliate of the National Center for Biodefense and Infectious Disease, the Center for Health Policy and Ethics, and the Climate Change Communication Center. Before joining the faculty at Mason, he was founding chief of the Health Communication and Informatics Research Branch at the National Cancer Institute (NIH), founding dean of the School of Communication at Hofstra University, Executive Director of the Greenspun School of Communication at UNLV, and a professor at Northern Illinois, Rutgers, Indiana, and Purdue Universities.

Dr. Kreps's research focuses on health and organizational communication, ehealth, entertainment education, multicultural relations, and applied research methods. He has published more than 40 books and edited volumes, and more than 220 scholarly articles and chapters concerning the applications of communication knowledge in society. His research has been funded by NIH, NSF, CDC, HRSA, USDE, RWJF, and the Kaiser Family Foundation. He has edited issues of the *American Behavioral Scientist, Journal of Health Psychology, Journal of Health Communication, Patient Education and Counseling, Journal of Medical Internet Research, Electronic Journal of Communication, Communication Research Reports,* and *Journal of Cancer Education.* He edits two Hampton Press book series (Health Communication & Communication and Social Organization).

Dr. Kathy Rowan

Dr. Rowan is a professor of communication at George Mason University in Fairfax, Virginia. Her research concerns science and risk communication, particularly effective methods for earning trust and sharing science through mass media. Her research has appeared in journals such as *Health Communication*, *Risk Analysis*, *Communication Education*, and *Journal of Applied Communication Research*. Professor Rowan examines science, health and risk communication in a variety of contexts. Her most cited research explores ways to use insights from science education to help explain complex science through mass and mediated communication channels. Recent projects have included service on a National Academy of Science study committee and work for Health Canada, the National Library of Medicine, the National Cancer Institute, the U. S. Department

of Agriculture, and the Environmental Protection Agency. Prior to joining George Mason's faculty, Professor Rowan was a faculty member at Purdue University for 15 years. She teaches graduate courses in risk and crisis communication and directs the undergraduate program in communication at George Mason.

Dr. Lisa Sparks

Lisa Sparks (Ph.D., University of Oklahoma, 1998) is Professor and Presidential Research Fellow of Health and Risk Communication at Chapman University in Orange, California, where she serves as Director of Graduate Studies for the Master of Science in Health Communication and has been invited to serve as Associate Faculty Member at the University of California, Irvine, Chao Family/NCI Designated Comprehensive Cancer Center in the School of Medicine. Dr. Sparks is a highly regarded teacher–scholar whose published work spans more than 100 research articles and scholarly book chapters; she is the author and editor of more than ten books in the areas of communication, health and aging with a distinct focus on cancer communication science. Her research goal is to understand and create evidence-based health messages that effectively change health behavior, resulting in better health outcomes by applying social science theory and methods to the continuum of cancer care surrounding issues of health promotion, disease prevention, survivorship and health disparities. Dr. Sparks's research and teaching interest in intergroup (intergenerational, intercultural) communication and aging approaches merges with her research in health, risk, and crisis communication, including provider–patient interaction, family care-giving, health information and decision-making, breaking bad news, health literacy, health organizations, interpersonal based health campaigns, communicating about (bio)terrorism and communicating relevant messages with vulnerable populations when information is uncertain during periods of health risk.

Dr. Melinda Villagran

Dr. Villagran conducts research on the interplay between health messages and culture in public and private institutions. She is an expert on provider–patient communication, with a special emphasis on culturally competent communication with Latino patients and family members. Her areas of expertise include organizational communication, interpersonal communication, communication in health organizations, health disparities, cancer communication and Latino health. Prior to joining the Mason faculty, she was on the faculty at the University of Texas Medical School in San Antonio, where she worked on teaching physicians to be more effective communicators and cultural issues in health communication. In Texas she also conducted research funded by the National Institute of Mental Health on mental health disparities among underserved populations. She is currently conducting research on communication about health after military deployments. She has authored or co-authored more than 30 published journal articles, book chapters and instructional materials on communication topics.

ENTERTAINMENT/MEDIA EXPERTS:

Carlos Alcazar

Mr. Alcazar is the President and CEO of Hispanic Communications Network (HCN), the largest educational and informational media company targeting U.S. Hispanics. Mr. Alcazar launched the venture in late 2005, leveraging an existing radio network (HRN) to move the company into television, publishing, online and mobile marketing. Mr. Alcazar has successfully guided education and media companies to achieve growth through corporate strategy, global expansion and business development for 15 years. Most recently, as vice president of a Pearson plc company

(Financial Times, Penguin Books and Pearson Education); he was responsible for creating new business opportunities in worldwide markets. He has launched and managed business units in Asia, Latin America, Europe and the United States. He currently sits on the board of the Boy Scouts of America Scoutreach, the National Fatherhood Initiative (NFI), the Smithsonian Museum's Latino Advisory Council, the Ready to Learn Partnership and the Latino Advisory Board of the Boys & Girls Clubs of America.

He is a regular speaker on issues related to the Hispanic market, media, education and television at press events, industry trade shows and conferences. Mr. Alcazar spent two years teaching elementary and adult school in the South Central section of Los Angeles. He holds a B.A. from the University of California, San Diego and completed Executive Education programs on Corporate Governance at Harvard Business School.

Christian Clemenson

For his role on *Boston Legal*, Christian Clemenson won the 2006 Emmy Award as "Outstanding Guest Actor in a Drama Series" and was nominated again for a 2007 Emmy Award, in the same category, for his portrayal as "Jerry 'Hands' Espenson." For the 2007–2008 season of *Boston Legal*, Clemenson is a regular on the series. In addition, he received stellar reviews last year for his role as "Thomas Burnett" in the film, *United 93*. Clemenson was born in Humboldt, Iowa and was a paper boy for the Des Moines Register newspaper, which awarded him a scholarship to attend the Phillips Academy in Massachusetts. After receiving a degree from Harvard and graduating from Yale's prestigious Drama School, Clemenson moved to Los Angeles. Film roles soon followed, including *Hannah And Her Sisters, Legal Eagles, Heartburn, Broadcast News* and *Bad Influence*. Television appearances include series such as *Murder One, Cybill, Mad About You, Ally McBeal, L.A. Law, NYPD Blue, The Division* and *The West Wing* and many television and cable films including the landmark *And The Band Played On.*

Jonathan Green

Mr. Greene is a co-executive producer of the NBC television series, *Law & Order: Special Victims Unit,* on which he is now in his ninth season as a writer (the show's tenth). He came to dramatic television after a career in broadcast journalism spanning 15 years and much of the Eastern Seaboard, beginning as a radio reporter and then moving to television as a news producer and, later, an executive in stations from Upstate New York to Florida, New England to North Carolina, Ohio to New York City. His last position in journalism was as a writer, producer and director of documentaries at Court TV (now TruTV). His final documentary, *The Interrogation of Michael Crowe,* earned him and the network a DuPont–Columbia Award, one of the highest honors in broadcast journalism.

In his tenure at SVU, Greene's episodes have contributed to the show's numerous honors, including Emmy nominations for lead actors Christopher Meloni and Mariska Hargitay, and a guest-star Emmy win for film legend Leslie Caron. He has been a finalist for the Humanitas Prize and for the Edgar Allen Poe award, given by the Mystery Writers of America. In addition, his episodes have won SVU the Golden Psi award from the American Psychological Association, the Socially Responsible Media Award given by the Physicians for Social Responsibility, and three PRISM Commendations from the Entertainment Industries Council. Greene holds a bachelor's degree in political science and a master's in communications, both from Syracuse University. A native of New York City and its suburbs, he and his family now reside in Los Angeles.

Jim Kearns

Mr. Kearns is a screenwriter of substantial accomplishment. He wrote and co-produced the feature film, *John Q,* starring Denzel Washington, which debuted number one at the box office

for its opening weekend. *John Q* is a dramatically charged exploration of America's healthcare system. He recently adapted *Slightly Out of Focus,* the autobiography of World War II photographer Robert Capa, and is currently writing *The Coward* about an American soldier in Iraq wrongly accused of cowardice and sentenced to death. He is currently in his third year as a member of the National Institute of Health's Council of Public Representatives, advising the director of NIH. His youngest daughter has been diagnosed with bipolar disorder.

John Kosinski

Mr. Kosinski is the director of government affairs and public policy for the Writers Guild of America, West. Before joining the WGAW in January of 2008, John was the Assistant Political Director for SEIU United Healthcare Workers - West (UHW-W). UHW is one of the largest local unions in the country, representing over 150,000 members working in all facets of the healthcare industry. Mr. Kosinski helped develop UHW into one of the most aggressive and dynamic political programs in the country. He led several electoral, bargaining and organizing campaigns and supported the work of dozens of priority campaigns for the union, including statewide ballot initiatives, strikes and various labor actions, and several large-scale new organizing campaigns. He dedicated over eight years to helping organize and mobilize rank and file healthcare workers within SEIU and is excited to bring his skills and experience to the WGA.

Marti Noxon

Ms. Noxon, whose television credits include *Buffy the Vampire Slayer, Grey's Anatomy,* and *Private Practice*, is currently developing multiple projects for film and television, including *Witches* for the Walt Disney Company. Noxon, a graduate of the theater department of UC Santa Cruz, currently lives in Hollywood with her husband and two children.

Frank Wheaton

You may have seen or heard Frank K. Wheaton on *60 Minutes II, The Today Show, Good Morning, America,* CNN or another network program as the former and exclusive representative of Mrs. Essie Mae Washington Williams, the African American daughter of the late Senator James Strom Thurmond. This fascinating news revelation of 2003 and 2004 sent shock waves around the globe and allowed Mr. Wheaton to successfully negotiate what would become a *New York Times* bestseller, the Harper-Collins publication titled, *Dear Senator*. In addition, Mr. Wheaton has appeared on several major broadcast and cable networks, including ABC, CBS, NBC, FOX and MSNBC. Southern Californians are accustomed to his television broadcasts on KCAL, KABC, KNBC, KCOP or KNX and on KFWB and other radio stations as the former eloquent spokesperson for the colorful city of Compton, California, reporting on breaking news stories and events over the past years. His polished broadcast presentation was cultivated through years of experience and a natural- born talent. His father, James L. Wheaton, was a well-respected actor and voice in the theatrical community.

THINK TANK FACILITATOR:

Melane Kinney Hoffmann

Health Futures LLC

As principal of Health Futures, LLC, Melane Hoffmann is an independent consultant with twenty-five years' experience in social marketing, marketing communications and related project management. She has provided strategic direction, program development, management and

utilization of market research; directed integrated campaigns that have included advertising (both public service and paid), direct marketing, media relations and community outreach projects; and led efforts to build coalitions and public/private sector partnerships for a variety of national organizations. Ms. Hoffman has served as consulting vice president for programs for the National Health Council, and was a staff member of AARP as director, health campaigns, where she oversaw the organization's campaign to increase physical activity among older Americans. She spent eight years at Porter Novelli Public Relations, and nine years in major advertising agencies, including J. Walter Thompson and Ketchum Advertising, where she developed the health care practice in the Washington office. Ms. Hoffman has drawn upon her extensive background in commercial marketing to address public health challenges. At Porter Novelli she was a senior manager in the Social Marketing and Health practice groups, directing social marketing campaigns including nationally acclaimed public education programs on high blood pressure, cholesterol, bone marrow donation and asthma for the National Heart, Lung and Blood Institute, part of the National Institutes of Health (NIH). Additionally, she launched a comprehensive program for NIH's National Institute of Mental Health that successfully reached a full spectrum of the medical community, mental health professionals and the public.

Entertainment Industries Council

Management Team:

Brian Dyak

President & CEO, EIC

Mr. Dyak has pioneered building a bridge between the entertainment industry and health and social issues. Since 1983 Mr. Dyak has led social marketing and health communication activities to foster development of television and motion picture "depiction suggestions" on a variety of timely health and social issues. He is publisher of *Spotlight on Depiction of Health and Social Issues*, a resource encyclopedia provided to the entertainment industry's creative community. His most recent entertainment industry resource publications (2008) address depression and suicide, bipolar disorder, and substance abuse addiction, treatment and recovery. Mr. Dyak also developed *First Draft*, a technical referral service that provides entertainment creators accurate information on numerous health and social issues provided by scientific and technical experts. He most recently has created the Entertainment and Media Communication Institute, the new research and Think Tank division of the EIC, merging multidisciplinary fields to discover new ways of presenting timely information to audiences and public policy makers.

Mr. Dyak is an award-winning executive writer and producer of the *PRISM Award*s, the entertainment industry's annual recognition of television shows, feature films and music that accurately portray substance abuse addiction, treatment and recovery and mental health topics. Now in its 13th year, the *PRISM Awards* airs on FX Networks and is the only health-related television special in the history of television that has aired for nine consecutive years. He has also created over 1400 public service announcements for television and radio. Mr. Dyak has additionally served as a consultant to numerous federal agencies and presidential administrations and testified before Congress on health communication topics. He has appeared on numerous national news programs as spokesperson for the role the entertainment industry plays as a constructive resource to bring accurate information to viewing audiences through the "creative art of making a difference."

Marie Gallo Dyak

Executive Vice President, Program Services & Government Relations, EIC

Ms. Dyak is responsible for concept development and implementation of special projects, primarily involving the entertainment industry and the substance abuse prevention and mental health fields. This includes public service initiatives, special events and development of in-kind support for substance abuse prevention, information dissemination, and entertainment-based human resource issues. She is an Emmy Award winning producer. She has served on the National Network for Youth's Board of Directors, drawing from years of managing runaway shelters in Florida. She is a jurist for the Nancy Dickerson Whitehead Awards for excellence in print and broadcast journalism reporting on drug and alcohol issues, and an executive member of Women in Film and Video of Washington, D.C. Ms. Dyak is an active member of member of the Executive Committee of the Friends of NIDA and Friends of SAMHSA. She holds a B.S. in sociology from St. Louis University. She has been with EIC since 1983.

Larry Deutchman

Executive Vice President, Marketing and Entertainment Industry Relations, EIC

Mr. Deutchman is responsible for developing and marketing materials and services to members of the entertainment industry designed to engage them in the accurate and responsible depiction of health and social issues in TV, movies, DVDs, animation and comic books. He is a member of the Academy of Television Arts & Sciences, Hollywood Radio & Television Society, National Association of Television Program Executives, Entertainment Publicists Professional Society (past board director) and DVD Exclusive Academy. Larry serves as a jurist for the Emmy Awards, EPPSilon Awards and Clio Awards. Among awards earned for his productions are the CINE Golden Eagle, Telly Awards, International Broadcasting Awards, Mobius Broadcasting Award, Markie Awards, Buccaneer Awards, Buckle Up America! Award and various film festivals. He invented/created "The Incredible Crash Dummies" Tyco/Mattel toy line and licensed property, including writing of creative bible and style guide. Larry holds a BS in English and communications with a specialization in film from Rutgers University and an MBA in marketing from California Lutheran University. He has been with EIC since 1986.

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Thank you to the special "Mental Healthcare Media Blueprint"
EIC Team for your work on the inaugural EMCI Think Tank event and report.

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