

Portrayal of Mental Health and Gun Violence in the Media

Monica E. Calkins, Ph.D.

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University of Pennsylvania

June 7, 2023 11:00 AM





MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

MHTTC Network

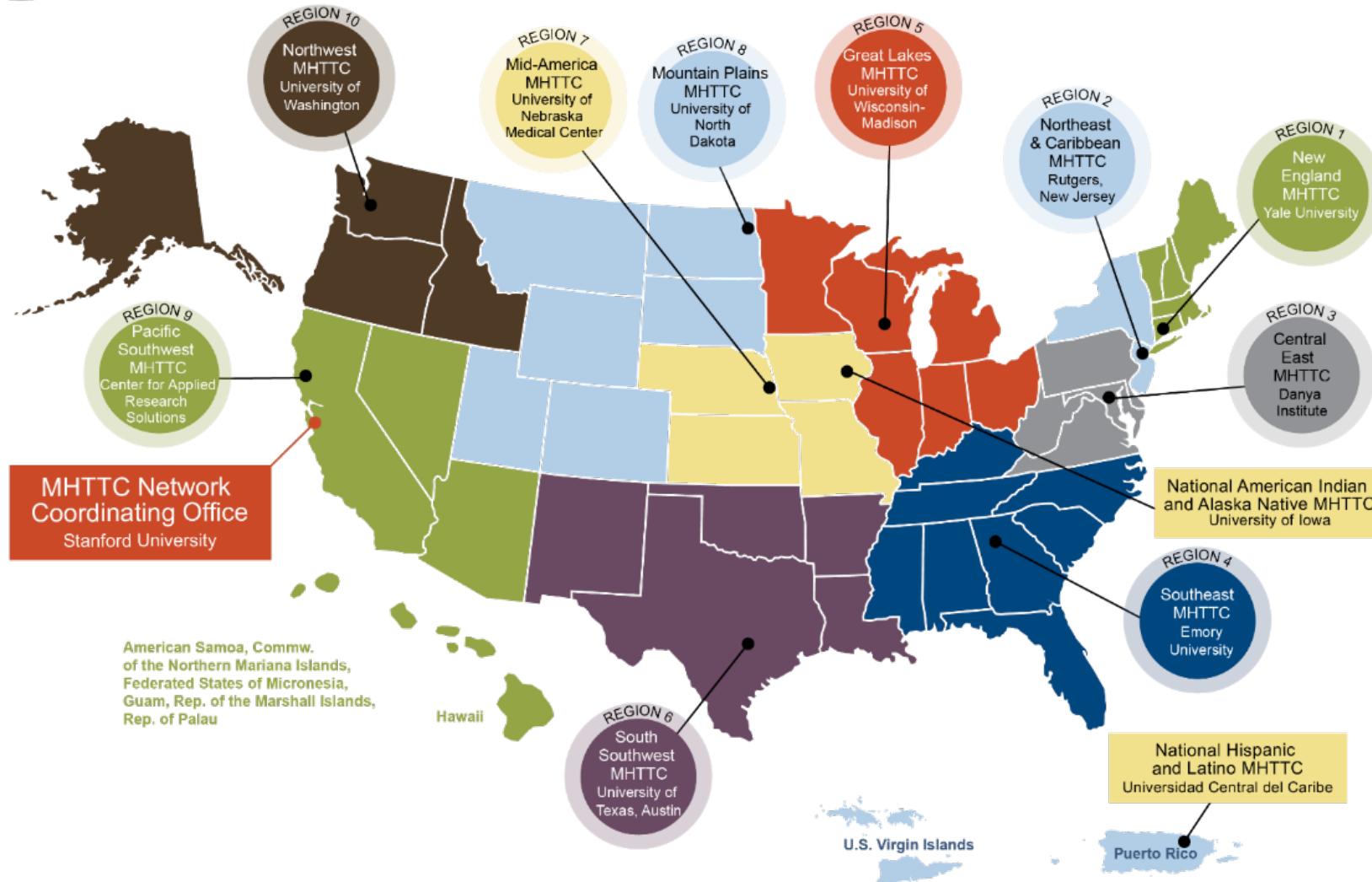


MHTTC

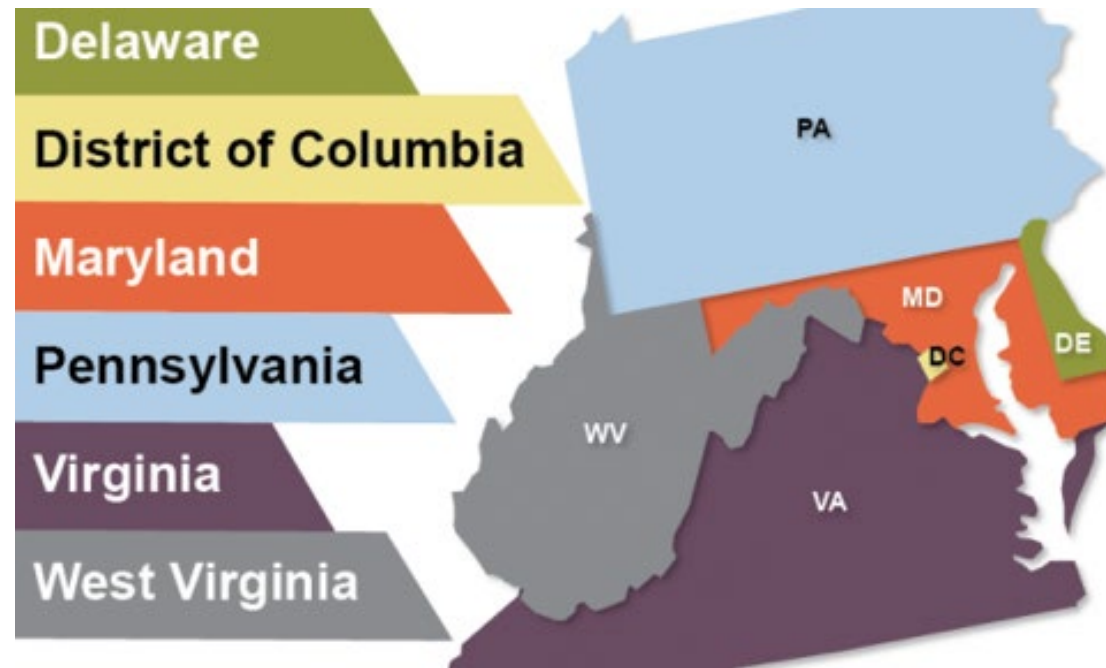
Mental Health Technology Transfer Center Network

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MHTTC Network



Central East Region 3



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

This work is supported by grant SM081785 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

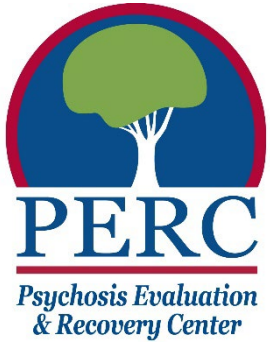
Presented 2023

Evaluation Information

- The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.
- At the end of today's training please take a moment to complete a **brief** survey about today's training.

[Evaluation Link](#)





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June 7, 2023 11am-12:30pm
SAMHSA Region 3 Central East MHTTC



Learning Objectives

- Develop awareness of common myths and stereotypes about mental health and its association with gun violence as depicted in historical and contemporary media
- Recognize the nuanced associations between mental health and gun violence
- Identify the potential impact of media representations on individuals, families, and society
- Develop awareness of current efforts to assess and reduce the stigmatization of mental health through the media, including advocacy opportunities

Association Between Mental Health and Violence

You are NOT ALONE

Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.



1 in 5 U.S. adults experience mental illness

1 in 25

1 in 25 U.S. adults experience serious mental illness

17%

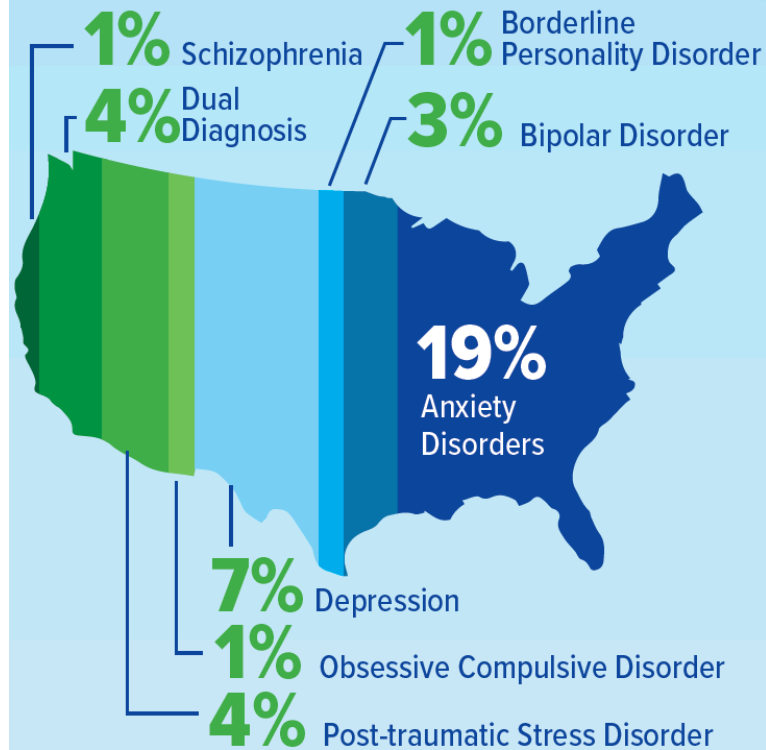
of youth (6-17 years) experience a mental health disorder

 www.nami.org

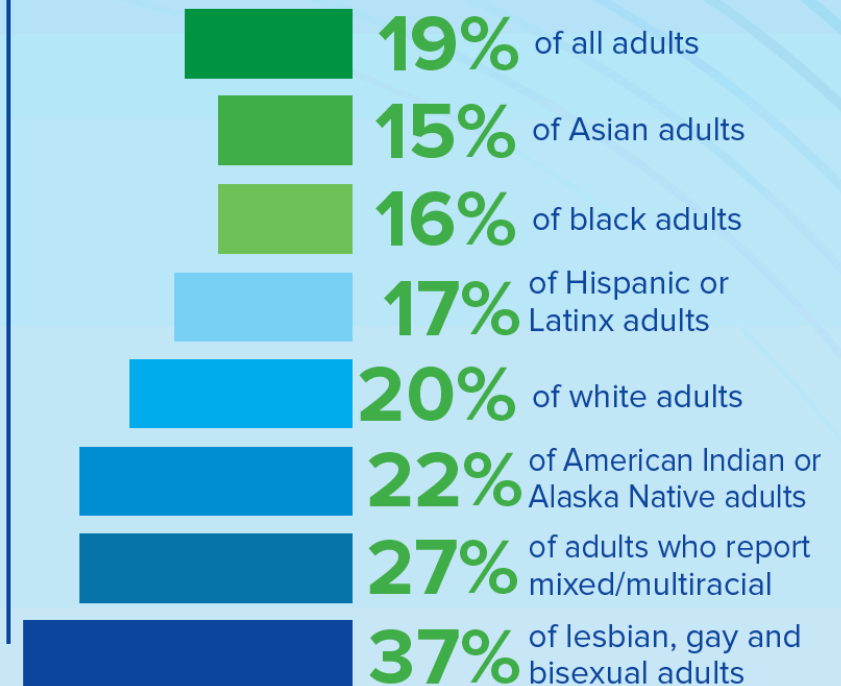


National Alliance on Mental Illness

12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)



12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)



Information reported by NAMI National. Some information on this page comes from studies conducted by organizations like Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC) and the U.S. Department of Justice.



SCHIZOPHRENIA

Schizophrenia interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others.

It is a serious mental illness (SMI) and brain disease that involves a psychotic episode. It can have profound effects and typically occurs in early adulthood.

3 PHASES

Schizophrenia has three phases that happen over time. There are different symptoms that begin in each of these phases —

PRODROMAL PHASE	ACUTE PHASE	RESIDUAL PHASE
<i>May build slowly and subtly over years</i>	<i>Must be at least one month long</i>	<i>Can last years</i>
Symptoms start	Symptoms continue, with added anxiety, irritability and anger (more intense affect than other phases)	Symptoms are often the most disabling, with added depression
Behaviors Social withdrawal, decline in function, less attention to hygiene, unusual rituals, loss of motivation, disconnect from emotions	Behaviors Grossly disorganized behavior or trouble thinking or speaking clearly	Behaviors Like prodromal symptoms, but may have a lower level of functioning, disorganized behavior may persist
Thinking Suspicious, superstitious, illogical or odd beliefs	Thinking Grossly disorganized speech, delusions	Thinking Cognitive deficits often persist, delusions may persist, but are less intense
Senses Odd sensory experiences, like seeing a shadow and thinking it is a monster	Senses Hallucinations	Senses Hallucinations may persist, but are less intense

Facts: Relationship Between Mental Disorders and Violence

- People experiencing mental disorders generally NOT more likely to commit violent acts than others
 - The vast majority of people with serious mental illness (schizophrenia and bipolar disorder) DO NOT exhibit violent behaviors
 - Increased likelihood in the early, untreated stages of illness
 - Particular types of symptoms increase likelihood (e.g., certain delusions – command, perceived excessive threat in the environment)
 - Concurrent substance use (especially intoxication/withdrawal) may increase the risk – but substance use alone also increases risk
 - Many forms of mental health conditions are NOT at all predictive of interpersonal violence, especially depression and anxiety
- We (mental health professionals and researchers, public health experts, general public) are generally not very good at predicting violent behavior
 - Many risk factors
 - Past (especially recent) behavior best predictor

Facts: Relationship Between Mental Disorders and Violence

- Little evidence that individuals with mental illness have more access to carry or unsafely store guns than individuals without mental illness
- The contribution of people with mental illnesses to overall rates of violence is small (~2%)

2%

Annual rate of violent behavior for the general population¹¹

2%

Annual rate of violent behavior for individuals who have SMI and no history of violent victimization, exposure to violence, or co-occurring disorders¹¹

25%

Annual rate that people who have SMI are victims of violent crime each year¹²

11.8x higher

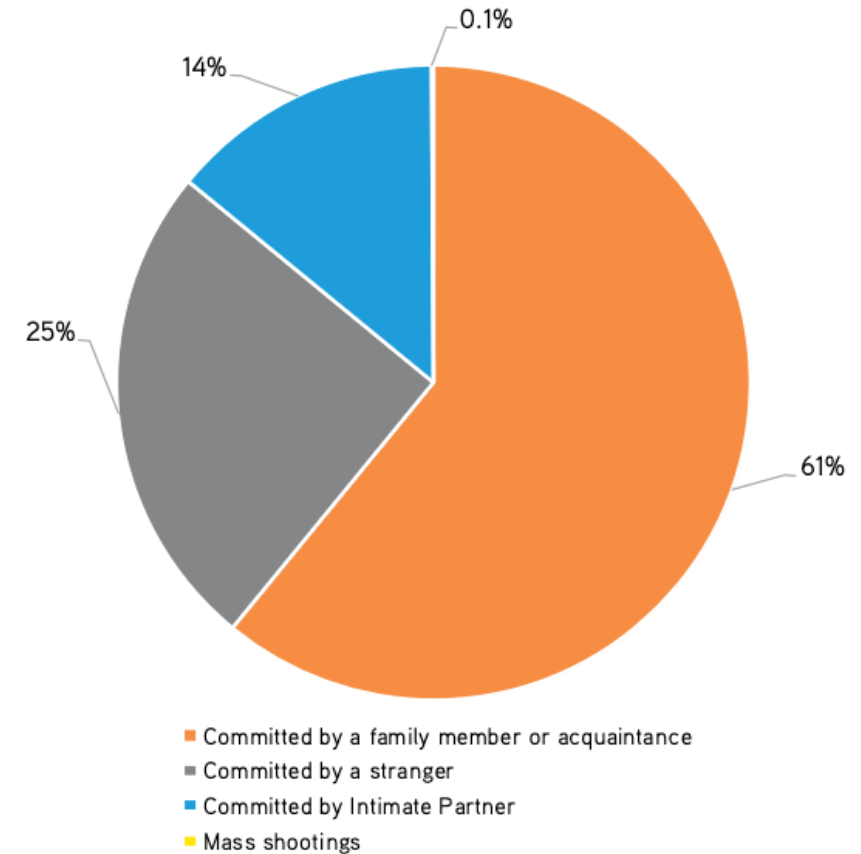
Likelihood for someone who has SMI to be the victim of a violent crime, compared to the general public¹²

[SMIadviser.org](https://www.SMIadviser.org)

Facts: Mass shootings

- Mass shootings are relatively rare (but disproportionately depicted in the media), gun violence of other types is much more common
- 95% of mass shootings are committed by people **WITHOUT** serious mental disorders


FIGURE 2. Firearm Homicides



SOURCE: Federal Bureau of Investigation, "Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1997-2016." Jaclyn Schildkraut and H. Jaymi Elsass, *Mass Shootings: Media, Myths, and Realities* (Santa Barbara: Praeger, 2016). See also: Jaclyn Schildkraut, Margaret K. Formica, and Jim Malatras. *Can Mass Shootings be Stopped? To Address the Problem, We Must Better Understand the Phenomenon* (New York: Rockefeller Institute of Government, Regional Gun Violence Research Consortium, May 22, 2018). <https://rockinst.org/wp-content/uploads/2018/05/5-22-18-Mass-Shootings-Brief.pdf>.

Facts: Mass shootings (cont.d)

Mass murders involving firearms and other methods in school, college, and university settings: Findings from the Columbia Mass Murder Database

Ragy R. Girgis MD | Russell Tyler Rogers MA  | Hannah Hesson BA |
Jeffrey A. Lieberman MD | Paul S. Appelbaum MD | Gary Brucato PhD

J Forensic Sci. 2023;68:207–211.

Highlights

- Mass school murders are largely perpetrated by individuals without a history of psychotic symptoms.
- Nearly half (45.6%) of all mass school shooters take their own lives during the event, suggesting that many such perpetrators may see their actions as a sort of final act.
- Congruent with previous findings, all mass murders meeting our definition of mass school shootings have been perpetrated by males.



A Study of the Pre-Attack Behaviors of Active Shooters in the United States

Between 2000 and 2013

Authors

James Silver, Ph.D., J.D., Worcester State University

Andre Simons, Supervisory Special Agent, Behavioral Analysis Unit, FBI

Sarah Craun, Ph.D., Behavioral Analysis Unit, FBI

[Read Full Report Here](#)

Methodology

With the goal of carefully reviewing the pre-attack lives and behaviors of the active shooters, the FBI developed a unique protocol of 104 variables covering, among other things:

- Demographics
- Planning and preparation
- Acquisition of firearms in relation to the attack
- Stressors
- Grievance formation
- Concerning pre-attack behaviors and communications
- Targeting decisions
- Mental health

Key Findings of the Phase II Study

1. The **63** active shooters examined in this study did not appear to be uniform in any way such that they could be readily identified prior to attacking *based on demographics alone*.
2. Active shooters take time to plan and prepare for the attack, with **77%** of the subjects spending a week or longer planning their attack and **46%** spending a week or longer actually preparing (procuring the means) for the attack.
3. A majority of active shooters obtained their firearms legally, with only very small percentages obtaining a firearm illegally.
4. The FBI could only verify that **25%** of active shooters in the study had ever been diagnosed with a mental illness. Of those diagnosed, only three had been diagnosed with a psychotic disorder.
5. Active shooters were typically experiencing multiple stressors (an average of **3.6** separate stressors) in the year before they attacked.
6. On average, each active shooter displayed **4 to 5** concerning behaviors over time that were observable to others around the shooter. The most frequently occurring concerning behaviors were related to the active shooter's mental health, problematic interpersonal interactions, and leakage of violent intent.
7. For active shooters under age 18, school peers and teachers were more likely to observe concerning behaviors than family members. For active shooters 18 years old and over, spouses/domestic partners were the most likely to observe concerning behaviors.
8. When concerning behavior was observed by others, the most common response was to communicate directly to the active shooter (**83%**) or do nothing (**54%**). In **41%** of the cases the concerning behavior was reported to law enforcement. Therefore, just because concerning behavior was *recognized* does not necessarily mean that it was *reported* to law enforcement.
9. In those cases where the active shooter's primary grievance could be identified, the most common grievances were related to an adverse interpersonal or employment action against the shooter (**49%**).
10. In the majority of cases (**64%**) at least one of the victims was specifically targeted by the active shooter.

Facts: Suicide Deaths by Firearms

Redirecting the Mental Health and Gun Violence Conversation From Mass Shootings to Suicide

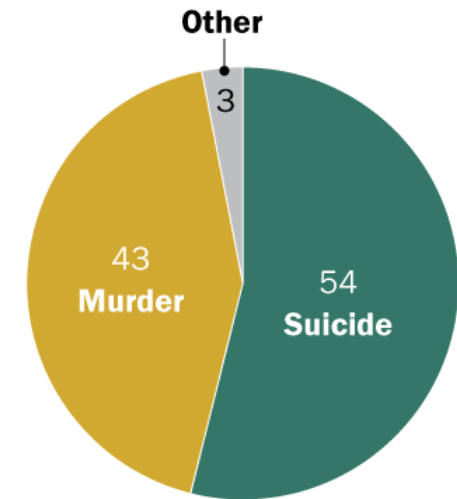
Jeffrey W. Swanson, Ph.D.

Psychiatric Services 69:12, December 2018

By the numbers, suicide is a public health problem that is twice the size of the homicide problem—13.4 versus 6.1 deaths per 100,000 people in 2016 (1)—and the number of suicide decedents dwarfs the number of mass shooting victims. Preventing mass shootings altogether would have saved approximately 500 lives between 2000 and 2016 (2); preventing gun suicides would have saved 319,000 during the same period (1). As other causes of mortality have declined, the U.S. suicide rate has increased 33% since 2000 (1); easy access to guns is an important reason.

Suicides accounted for more than half of U.S. gun deaths in 2021

% of U.S. gun deaths, by type



Note: "Other" includes gun deaths that were accidental, involved law enforcement or had undetermined circumstances.

Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER

Facts: Trauma Associated with Witnessing Gun Violence

Association of Neighborhood Gun Violence With Mental Health–Related Pediatric Emergency Department Utilization

Aditi Vasan, MD, MSHP; Hannah K. Mitchell, BMBS, MSc; Joel A. Fein, MD, MPH; David G. Buckler, MUSA; Douglas J. Wiebe, PhD; Eugenia C. South, MD, MSHP

JAMA Pediatrics December 2021 Volume 175, Number 12

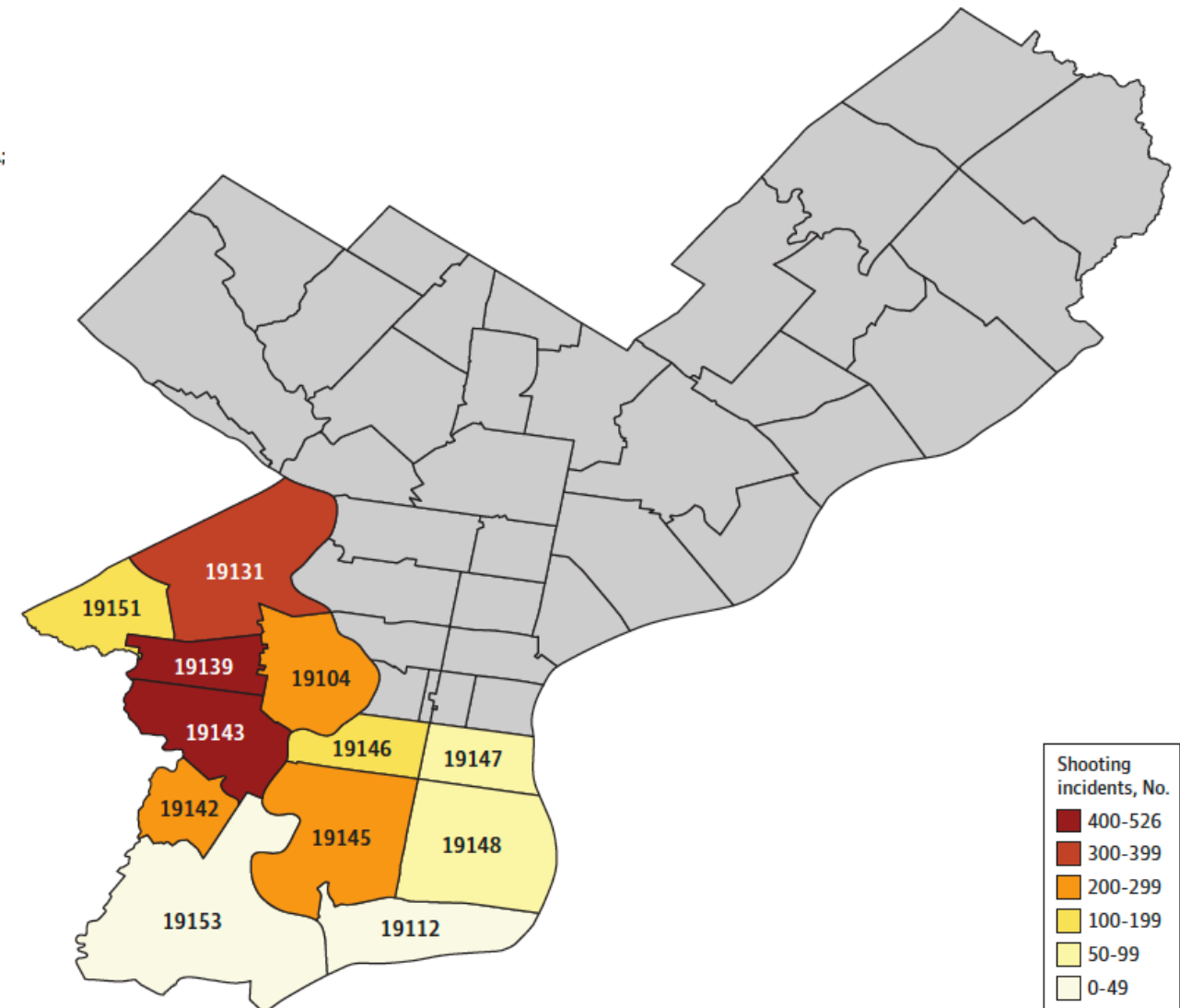
Key Points

Question Is neighborhood gun violence exposure associated with children’s mental health–related pediatric emergency department (ED) utilization?

Findings In this cross-sectional study of 54 341 children, pediatric ED utilization was compared before and after episodes of neighborhood gun violence. Among children living within 2 to 3 blocks of a shooting, increased mental health–related ED utilization was found at 2 weeks, 1 month, and 2 months after the shooting.

Meaning Exposure to gun violence is associated with an increase in children’s acute mental health symptoms, suggesting that trauma-informed care must be prioritized in communities with a high prevalence of violence exposure, and public policies that reduce neighborhood gun violence are urgently needed.

Figure. Total Number of Shooting Incidents by Zip Code, 2014-2018



Summary of Facts: Relationship Between Mental Disorders and Violence

- Overall, people who have SMI are much more likely to be victims of violent crime than perpetrators.
- Mass shootings, though tragic, account for a small percentage of U.S. gun deaths, and are rarely perpetrated by individuals with a history of SMI, though often occur together with death by suicide.
- Death by suicide and traumatic stress exposure due to witnessing gun violence are far more common mental health concerns.

Stereotypes and Myths

Mental Health Stigma

Stereotypes, Prejudice & Discrimination

Stereotype: Cognitive

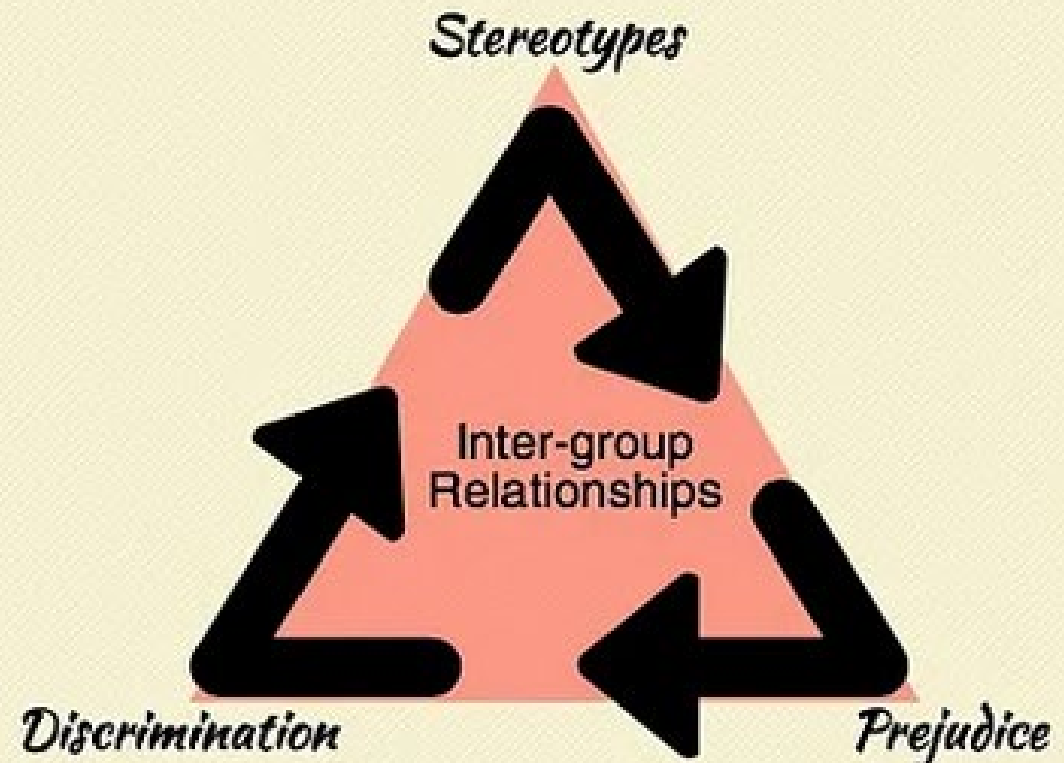
How do I categorize and "label" a person?

Prejudice: Affective

How do I feel about a person? What are my attitudes towards him/her?

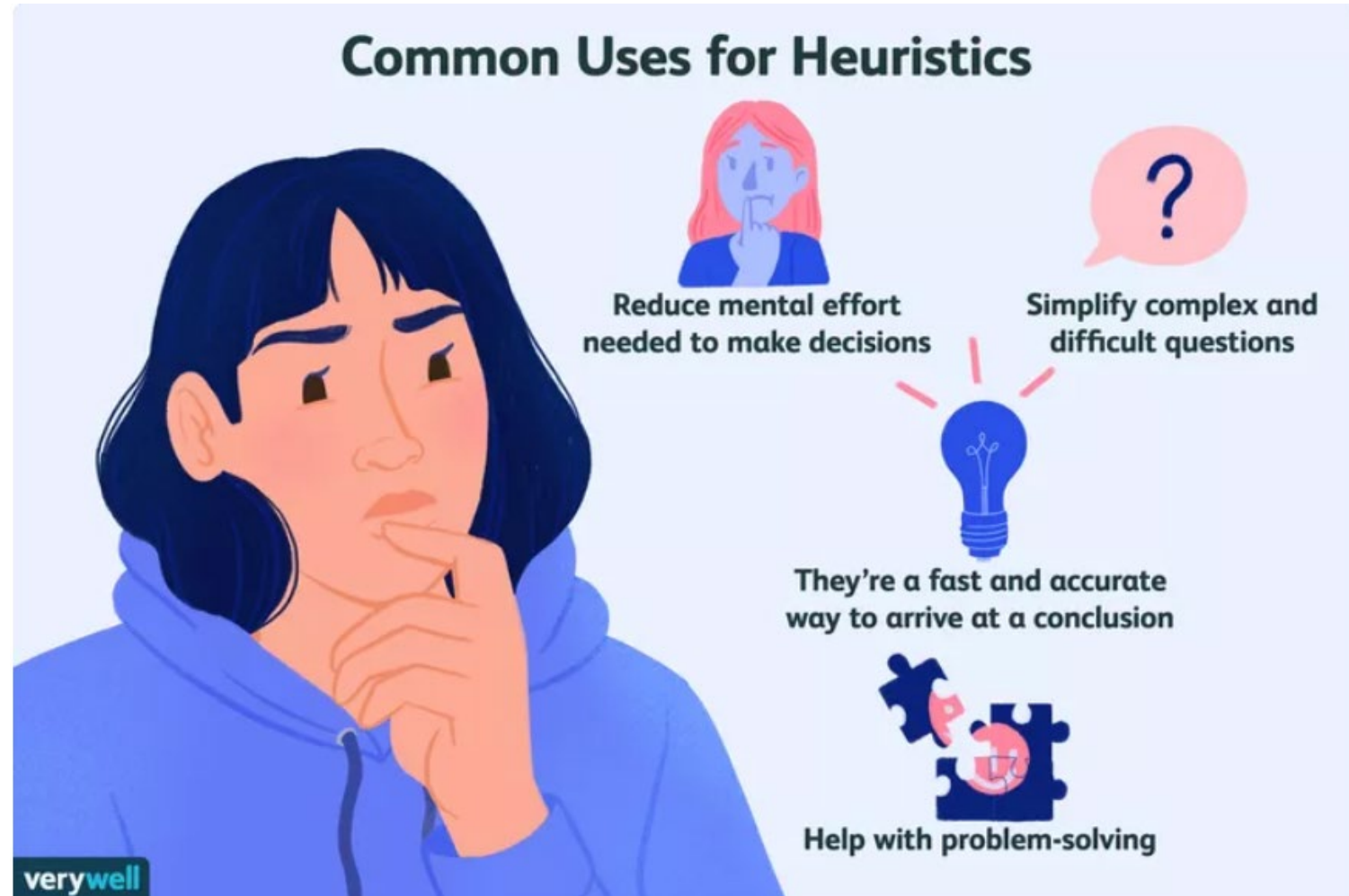
Discrimination: Behavioral

How do I act towards a person?



Heuristics: How Stereotypes Are Formed

Heuristics : mental shortcuts that allow us to solve problems and make judgments quickly and efficiently. But, can lead to bias in judgment and decision making.

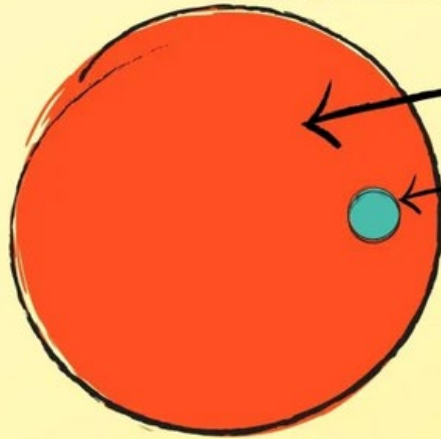


Heuristics of Stereotypes



Availability Heuristic

Tendency to estimate the likelihood or importance of something based on how easily we can think of an example



All information

Information most "available" to you

- Recent
- Emotional
- Vivid

I saw a plane crash on the news. Flying is dangerous. I'll never do it again!

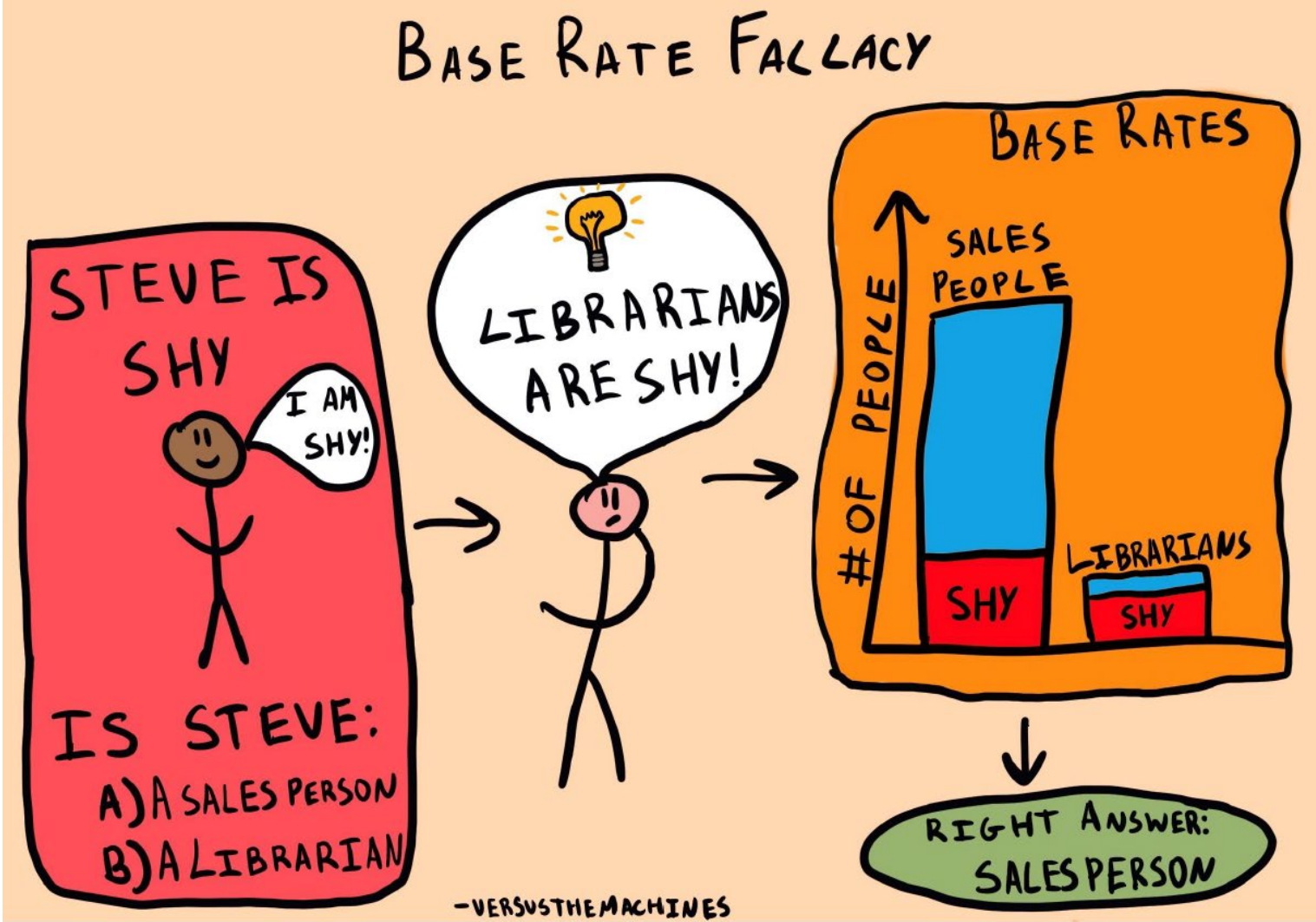
I heard about a terrible shark attack. There's no way I'm getting in the water!



Illustration by Emily Roberts, Verywell

Heuristics of Stereotypes (cont.d)

Base Rate Neglect or Fallacy- make decision based on information specific to a person or situation while ignoring base rate (statistical) information (e.g., being shy and occupation)



Heuristics of Stereotypes (cont.d)

Representativeness Heuristic

Tendency to estimate the likelihood of something based on how similar it is to existing mental categories



TIP: Understanding cognitive errors can help us avoid harmful stereotypes

Heuristics of Stereotypes (cont.d)



Dunning-Kruger Effect

Overconfidence due to limited knowledge or competence



"Don't worry.
I just Googled how to
perform heart surgery!"



"5G
causes COVID.
I did my own
research!"

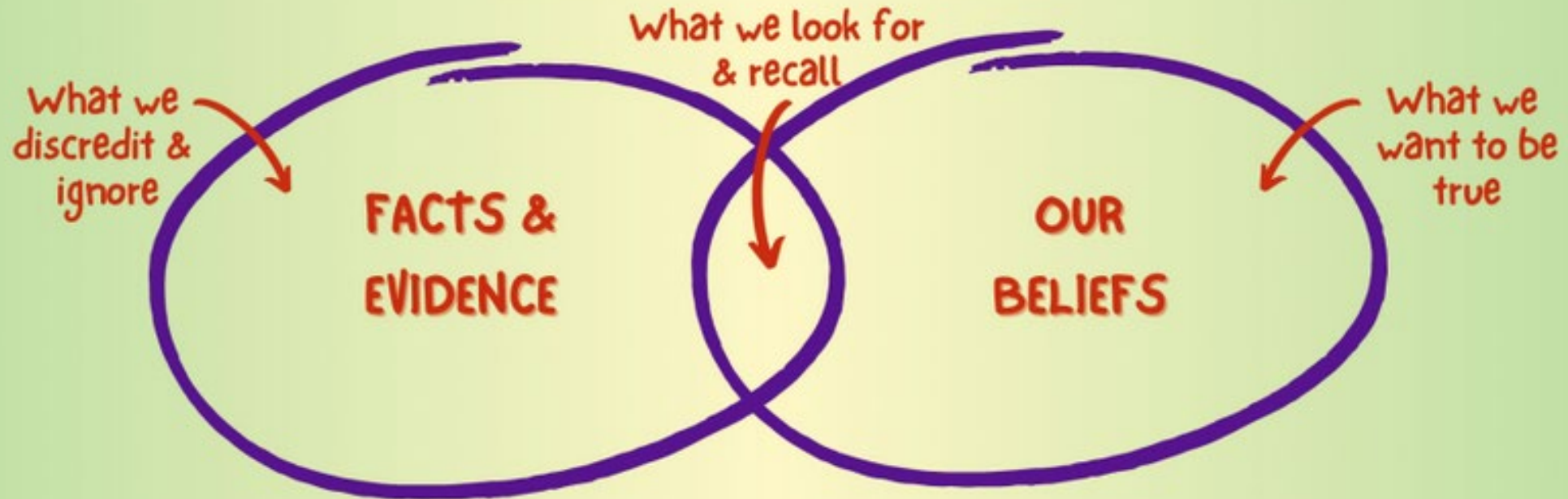
**We're unaware of what we don't know.
Instead: Be curious and humble.**

Heuristics of Stereotypes (cont.d)



Confirmation Bias

Tendency to search for, interpret, and remember information that confirms our beliefs



TIP: CB can give us a false sense of knowledge. Instead, try to prove yourself wrong.

Stigma: Heuristics of Stereotypes

We will now consider how media portrayals of the relationship between mental disorders and violence persistently portray and reinforce inaccurate stereotypes.

Stigma: the feelings and experiences of 46 people with mental illness

SOKRATIS DINOS, SCOTT STEVENS, MARC SERFATY, SCOTT WEICH and MICHAEL KING

'Schizophrenic is the worst diagnosis because I've heard it in the newspapers and on TV, that they are really mad schizophrenic people, they are very dangerous to society, they've got no control. So obviously I came under that category.' (African–Caribbean woman 41, schizophrenia)

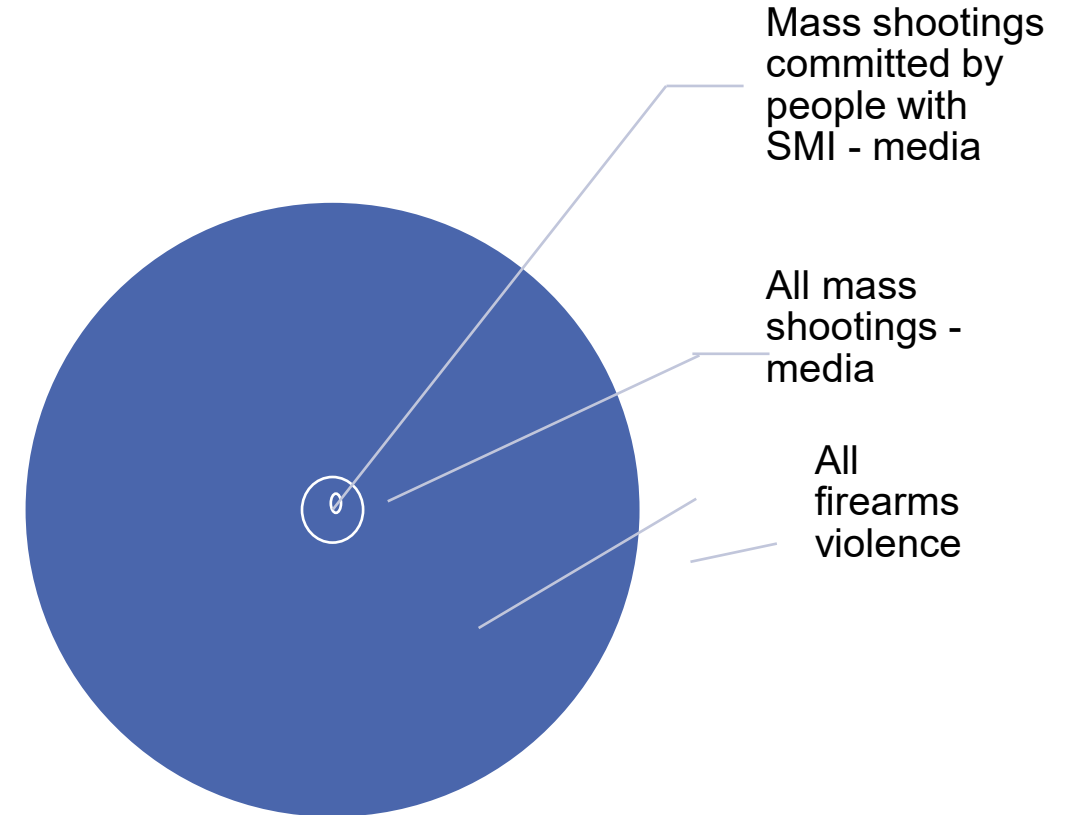
Availability

Representativeness Base Rate Fallacy

'It's just the stigma that's attached to schizophrenia. If it's on the news or TV it's usually because they've brandished a sword on the high street or attacked someone. There's never a story about a schizophrenic who saves life of granny who falls in canal.' (African man, 33, schizophrenia)

Common Stereotypes Portrayed in News and Entertainment Media

- People with mental disorders are aggressive, violent, “homicidal maniacs”
- Related: mental illness and EVIL overlap
- Related: People with mental disorders should be feared (prejudice), kept away from society (discrimination), in other words:
 - denied rights and privileges afforded to others
 - “punished”



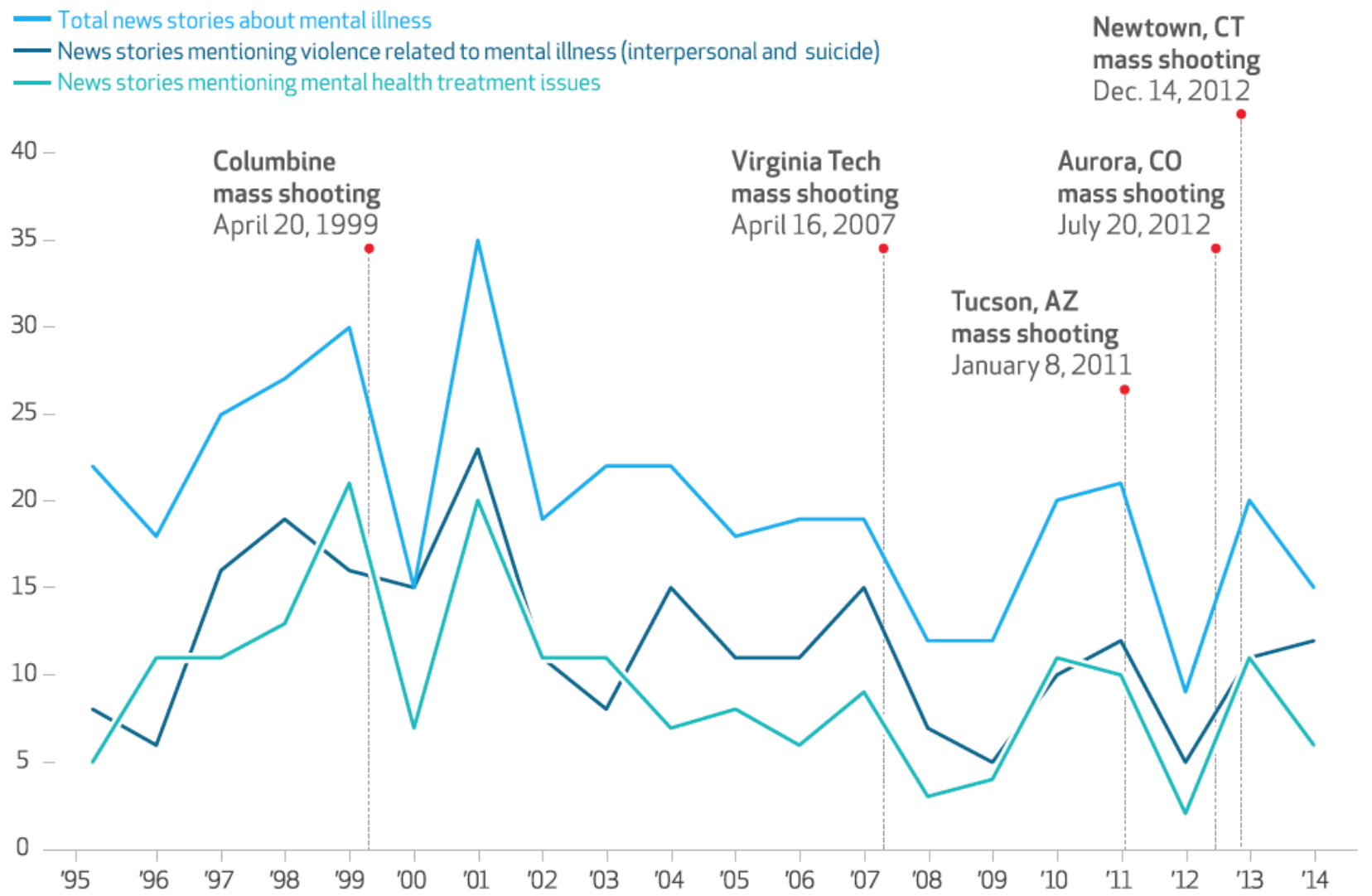
Media portrayals contribute to availability bias

Trends In News Media Coverage Of Mental Illness In The United States: 1995-2014

News media portrayals likely contribute to availability bias and base rate neglect.

EXHIBIT 1

Volume of US news coverage focused on mental illnesses overall, by mention of violence, and by mention of treatment



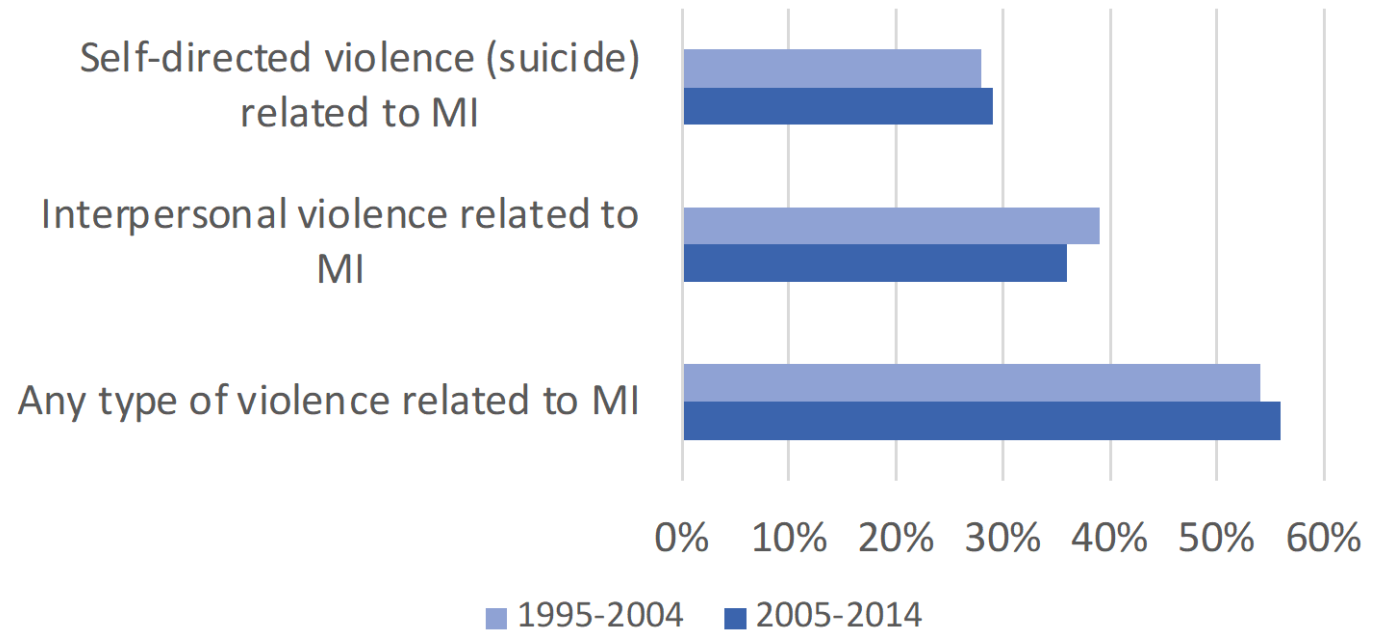
SOURCE Authors' analysis of news media data, 1995-2014. NOTE N = 400 news stories.

Trends In News Media Coverage Of Mental Illness In The United States: 1995-2014

Across the two decades of news coverage examined, there were no differences in the issues mentioned in news stories about mental illness

News media portrayals likely contribute to base rate neglect – and do not accurately portray the base rates of self-directed v. other directed violence.

Specific Topics Mentioned in News Coverage About Mental Illness
1995-2014



McGinty et al. (2016)

More than half of news stories mentioned some type of violence related to mental illness.

Coverage has continued to emphasize interpersonal violence in a way that is highly disproportionate to actual rates of such violence.

News media portrayals likely contribute to representativeness bias – general public forms an inaccurate representation of how likely it is that a person with mental illness will act in a violent manner.

EXHIBIT 3

Content and type of news stories about mental illness and interpersonal violence, 1995-2014

	1995-2014 (N = 152)		1995-2004 (n = 92)		2005-14 (n = 60)	
	No.	%	No.	%	No.	%
STATEMENTS ABOUT MENTAL ILLNESSES AND INTERPERSONAL VIOLENCE						
Mental illness increases the risk of interpersonal violence	57	38	34	37	23	38
Most people with mental illnesses are not violent toward others	12	8	9	10	3	5
It is difficult to predict interpersonal violence in people with mental illnesses	2	1	1	1	1	2

News Media Framing of Serious Mental Illness and Gun Violence in the United States, 1997-2012

[*Am J Public Health*. 2014;104:406–413

Gun violence and MI –
in the news

McGinty et al. (2014)

Again, fostering
availability bias.

TABLE 1—News Media Portrayals (n = 364) of the Association Between Serious Mental Illness and Gun Violence, by Story Focus: United States 1997–2012

Mentioned in News Story	All Stories (n = 364), %	Event-Focused News Stories (n = 250), %	Thematic News Stories (n = 114), %
Mention of facts about SMI			
SMI is often stigmatized	7.1	4.4	12.4***
Negative public attitudes may lead to reluctance to seek treatment among persons with SMI	1.4	0.8	1.8
Negative public attitudes may lead to public desire for social distance from persons with SMI	0.6	0.4	0.9
Most people with SMI are not violent	7.7	2.4	18.6***
Predicting violence among persons with SMI is difficult	3.0	1.6	6.2
Mention of specific diagnoses associated with gun violence			
Schizophrenia	26.4	26.4	25.7
Bipolar disorder	6.9	6.8	6.2
Depression	14.8	16.4	10.6
Personality disorder	15.7	17.6	11.5
Psychosis	29.1	32.4	21.2*
Mention of additional factors associated with SMI and gun violence			
Substance use	10.7	12.0	8.0
History of abuse or trauma	4.4	5.2	2.7
Bullying	4.4	4.8	3.5
Stressful life event precipitating gun violence	3.0	3.2	2.7
Unemployment	4.5	6.0	1.8
Mention of any policy proposal to reduce gun violence	36.8	16.8	81.4***

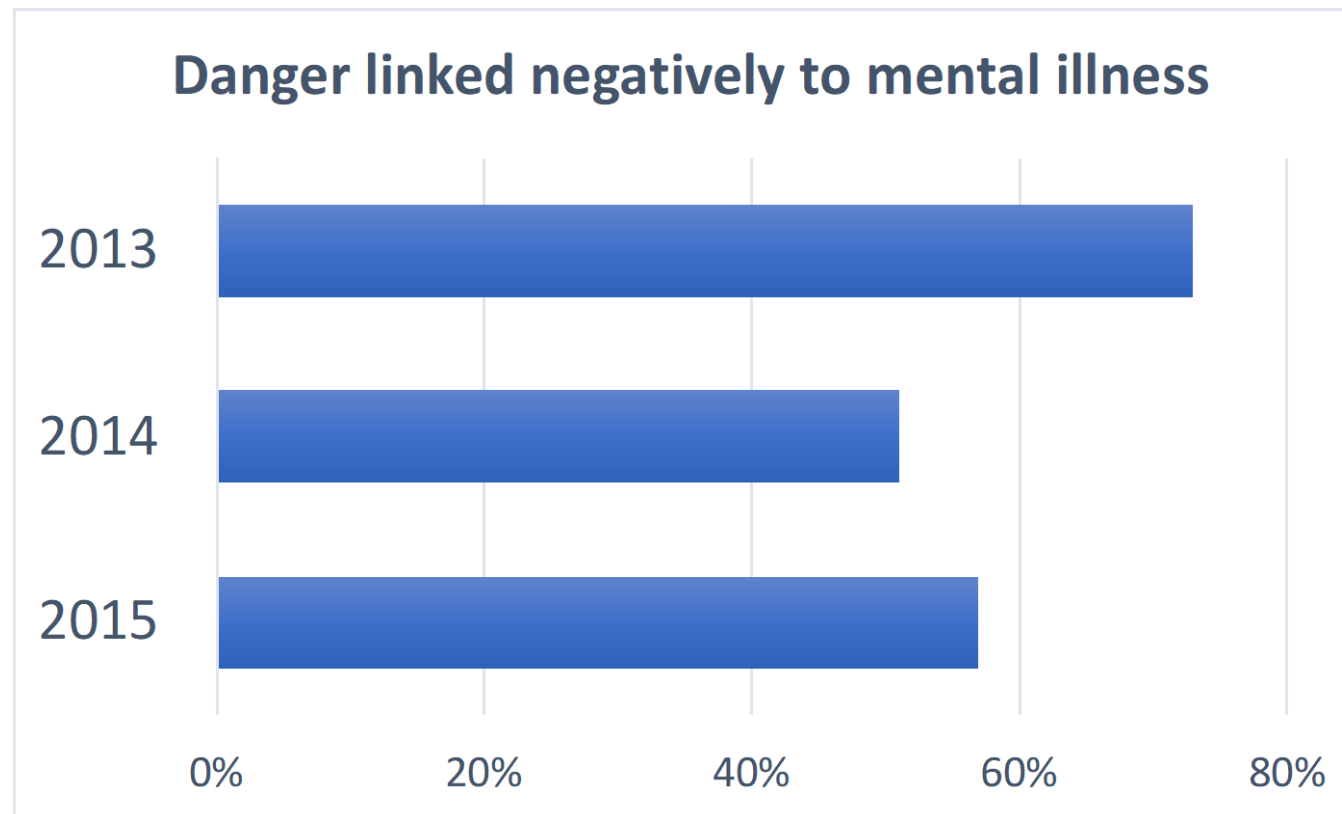
Note. SMI = serious mental illness. Event-focused news stories are defined as those with a focus on a specific shooting event by a person with serious mental illness. Thematic news stories are defined as those with a focus on the general problem of serious mental illness and gun violence. News outlets were chosen based on high circulation or viewership across the country. * $P < .05$; *** $P < .001$; vs news stories focused on specific shooting events by persons with serious mental illness using the χ^2 test.

Television coverage of mental illness in Canada: 2013–2015

Rob Whitley¹ · JiaWei Wang¹

Soc Psychiatry Psychiatr Epidemiol (2017) 52:241–244

Analysis of Television Clips (year 2013-2015)

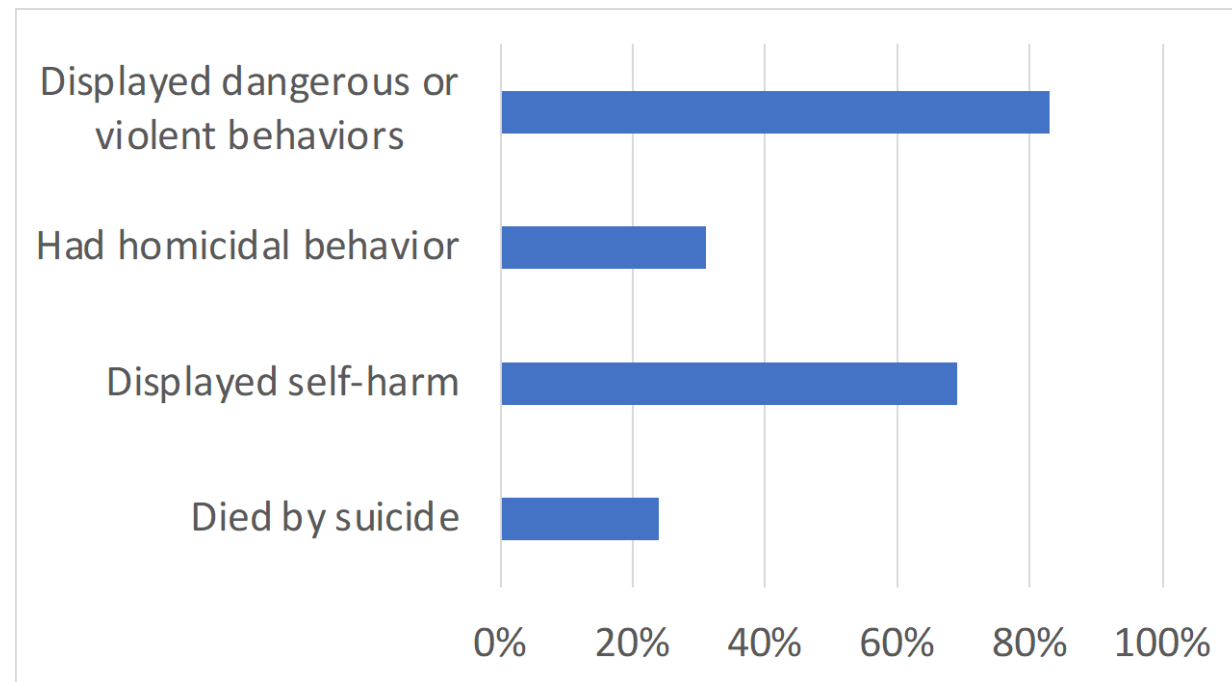


Portrayals of Schizophrenia by Entertainment Media: A Content Analysis of Contemporary Movies

Patricia R. Owen, Ph.D.

PSYCHIATRIC SERVICES ♦ ps.psychiatryonline.org ♦ July 2012 Vol. 63 No. 7

41 Films (1990-2010)– 42 characters

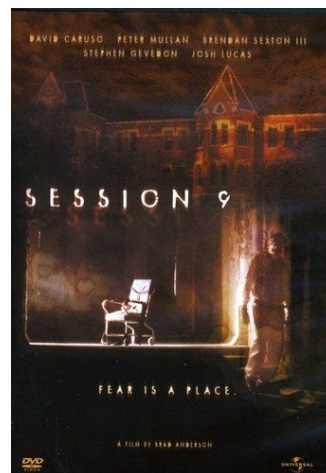


The Horror of Stigma: Psychosis and Mental Health Care Environments in Twenty-First-Century Horror Film (Part II)

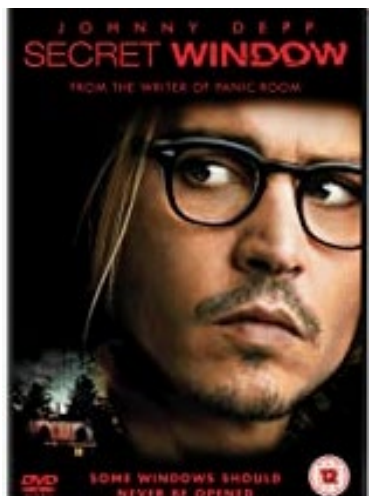
John Goodwin, MA, BA, ALCM, BSc (Hons), RPN

Perspectives in Psychiatric Care 50 (2014) 224–234

Analysis of Films (from 2000 to 2012) Featuring Psychosis (n=33):
79% portrayed as “homicidal maniac”



- Not only reinforce/perpetuate stereotypes about violence but also induce fear (prejudice)
- Other stereotypes:
 - Treatment/mental health facilities
 - Secret/mystery
 - Conflation of DID/Schizophrenia



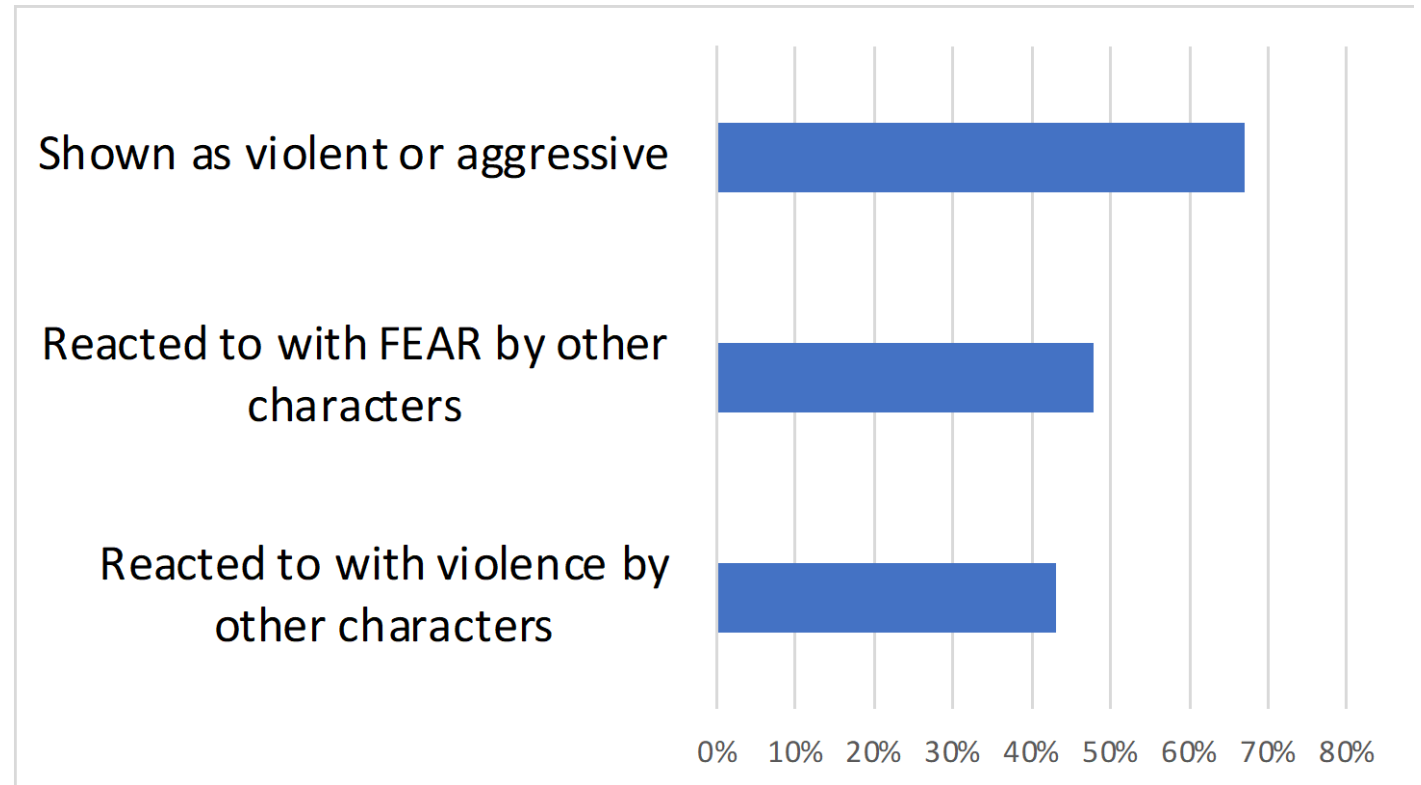
THE DEPICTION OF MENTAL ILLNESSES IN CHILDREN'S TELEVISION PROGRAMS

JOURNAL OF COMMUNITY PSYCHOLOGY,
Vol. 35, No. 1, 121–133 (2007)

Otto Wahl, Erin Hanrahan, Kelly Karl, Erin Lasher,
and Janel Swaye

- 269 hours of children's television programming (527 programs)
- 21 characters with mental health symptoms

Stereotype formation appears to be fostered in children.



The Continuing Rise of Gun Violence in PG-13 Movies, 1985 to 2015

Daniel Romer, PhD, Patrick E. Jamieson, PhD

Evaluated proportion of top-30 box office films rated PG-13 and R-rated movies each year

Evidence that the media may also normalize gun violence.

Trends in gun violence per hour in top-grossing PG-13 vs. R-rated movies from 1985 to 2015

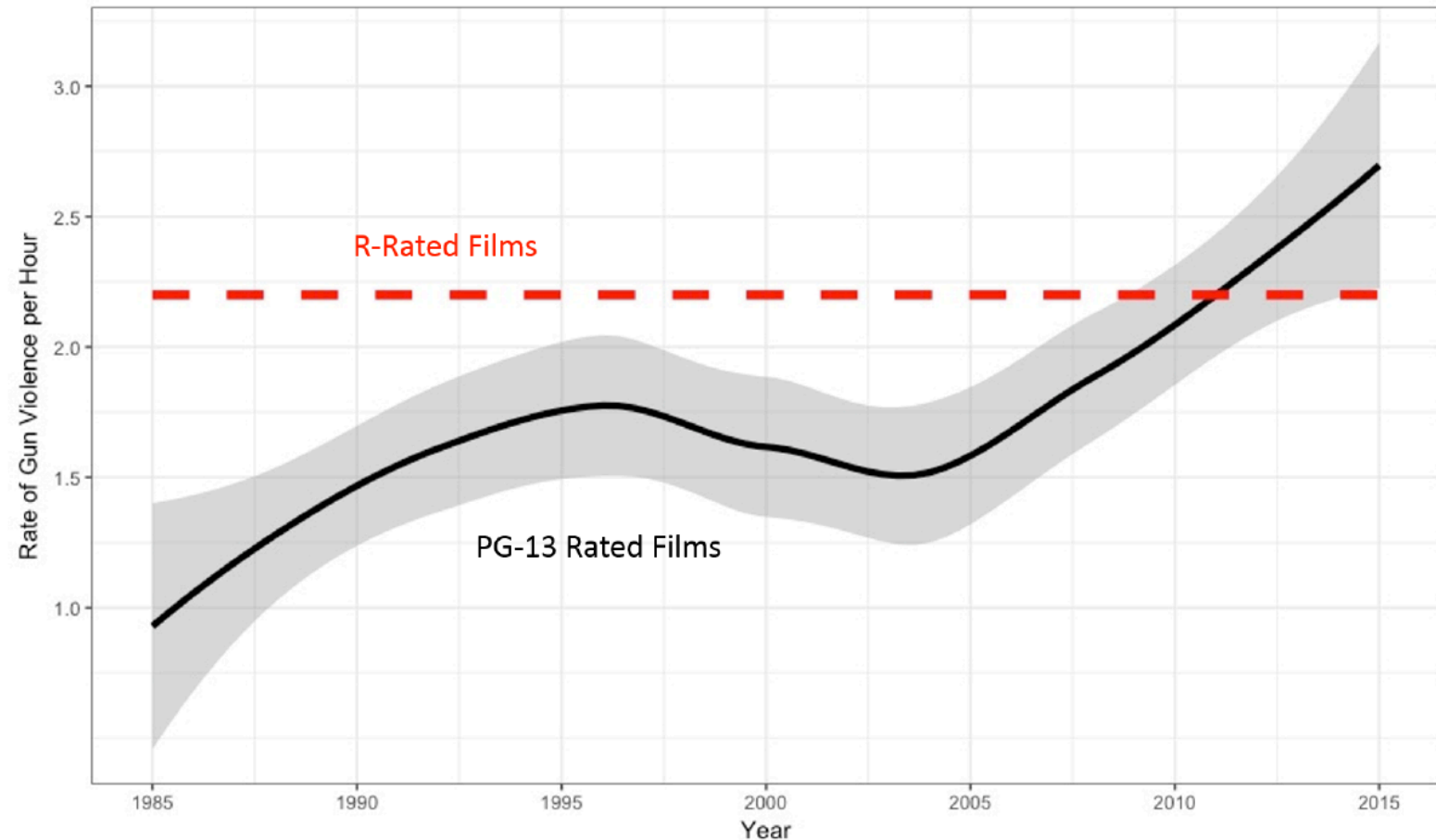



Figure. Rate of gun violence per hour in long-term average for R-rated films and fitted trend for PG-13 films from 1985 to 2015. Shading indicates 95% confidence interval. Value of 1 equals 0 to enable comparisons with 1985 when the rate was zero.

The association between the rise of gun violence in popular US primetime television dramas and homicides attributable to firearms, 2000–2018

Patrick E. Jamieson, Daniel Romer *

- Analyzed segments of 33 popular TV dramas from 2000-2018
- Relative amount of TV violence involving guns related to actual homicides due to firearms, especially among youth.

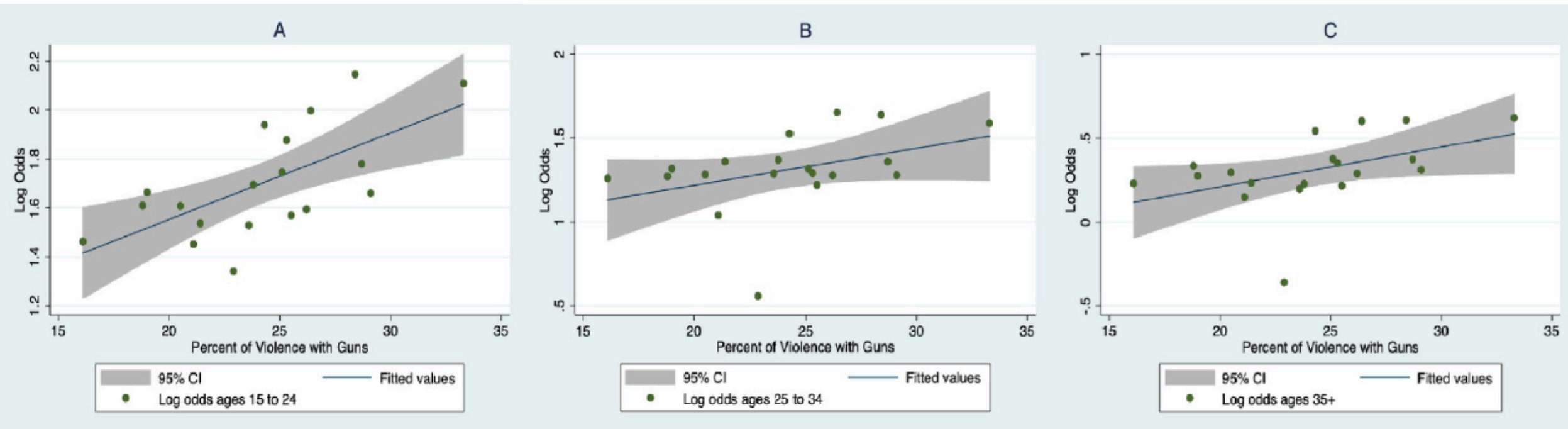
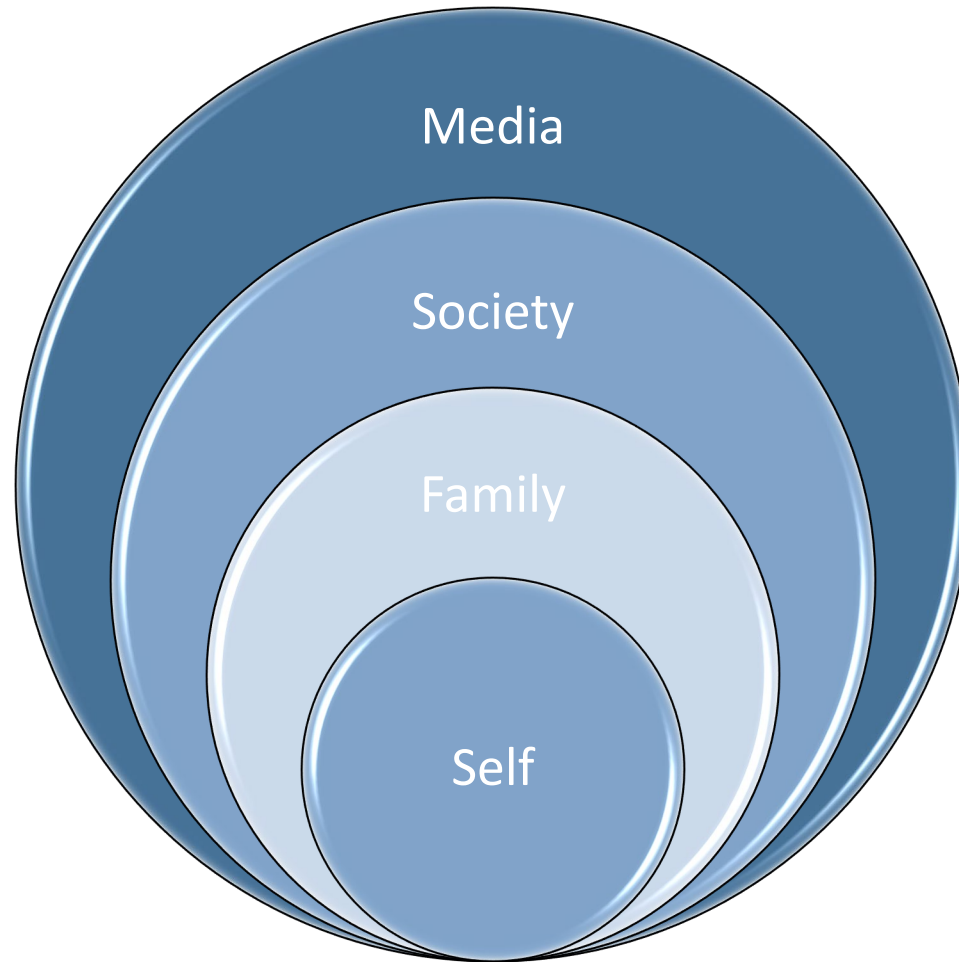


Fig 4. Plots and best fitting linear relations between percentages of gun use in violent TV segments and log odds of homicides attributable to firearms for persons (A) ages 15–24, (B) ages 25–34, and (C) ages 35+ from 2000 to 2018.

Stigma: Impact of Media Representations on Individuals, Families and Society

What is the potential impact of media portrayals of mental illness?



Trends in Public Stigma of Mental Illness in the US, 1996-2018

Bernice A. Pescosolido, PhD; Andrew Halpern-Manners, PhD; Liying Luo, PhD; Brea Perry, PhD

JAMA Network Open. 2021;4(12):e2140202. doi:10.1001/jamanetworkopen.2021.40202

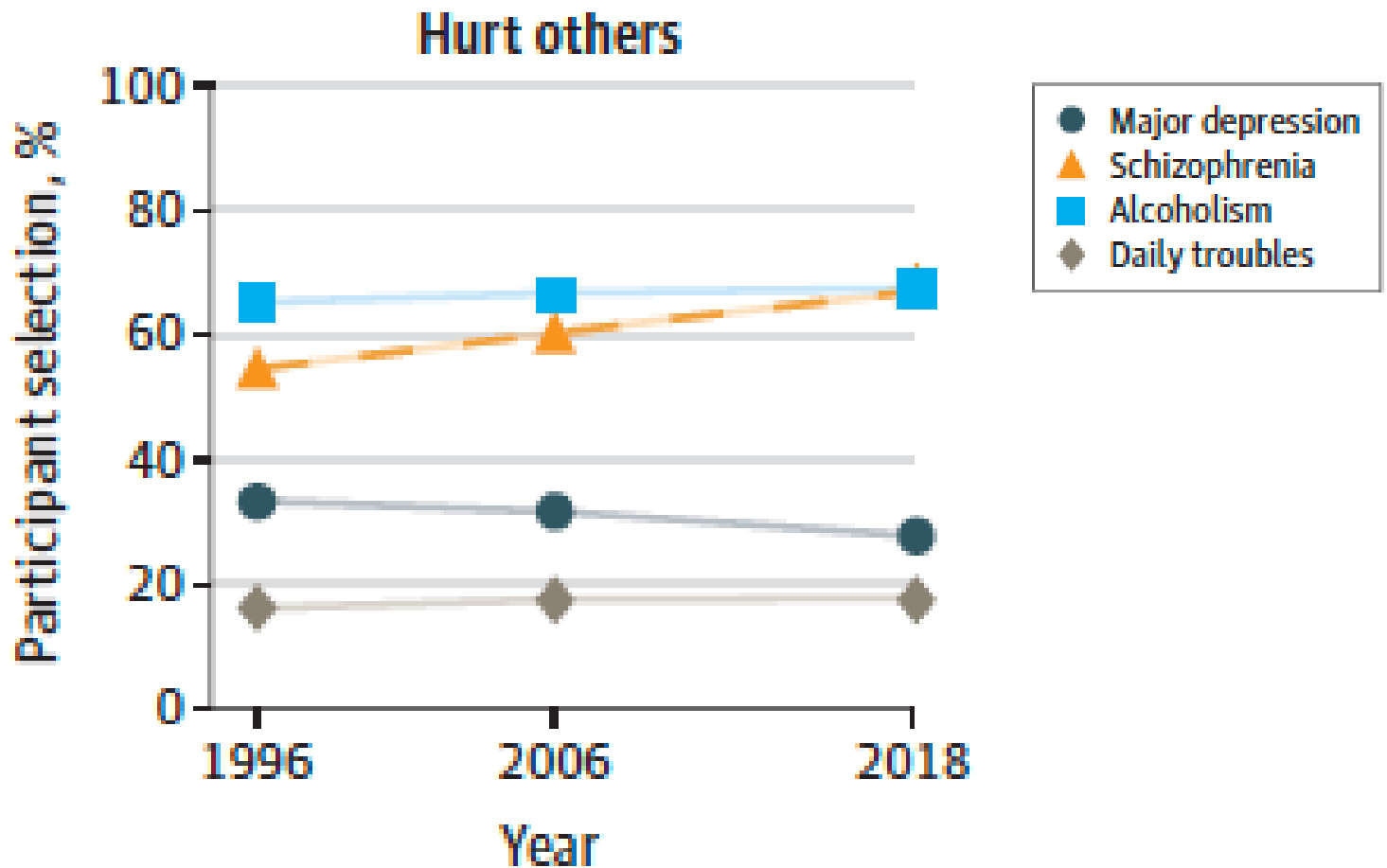
Key Points

Question What changes in the prejudice and discrimination attached to mental illness have occurred in the past 2 decades?

Findings In this survey study of 4129 adults in the US, survey data from 1996 to 2006 showed improvements in public beliefs about the causes of schizophrenia and alcohol dependence, and data from a 2018 survey noted decreased rejection for depression. Changes in mental illness stigma appeared to be largely associated with age and generational shifts.

Meaning Results of this study suggest a decrease in the stigma regarding depression; however, increases and stabilized attributions regarding the other disorders may need to be addressed.

C Percentage expressing concerns about dangerousness



How do we know that media depictions have an impact?

The Impact of Films on Viewer Attitudes towards People with Schizophrenia

Michael Shaun Perciful¹ · Cheryl Meyer²

Curr Psychol (2017) 36:483–493

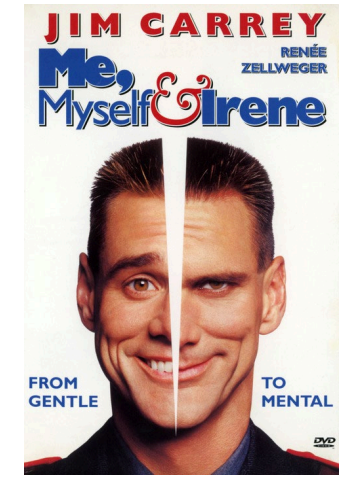


Table 1 Means on attitude measure from before and after viewing films

Item	Likable-inaccurate	Fear based-inaccurate	Accurate	Control	<i>F</i> and <i>p</i> values
I cannot blame anybody for being scared of schizophrenia	Pre = 3.35 Post = 3.19	Pre = 3.46 Post = 3.79	Pre = 3.38 Post = 2.5	Pre = 3.65 Post = 3.15	<i>F</i> = 5.00 <i>p</i> = .002
I would not be able to cope with having a roommate with schizophrenia	Pre = 2.96 Post = 3.08	Pre = 3.18 Post = 3.61	Pre = 3.54 Post = 3.0	Pre = 3.23 Post = 3.08	<i>F</i> = 3.05 <i>p</i> = .03
I would be afraid to meet somebody who has schizophrenia	Pre = 1.73 Post = 1.92	Pre = 1.79 Post = 2.21	Pre = 1.96 Post = 1.5	Pre = 2.27 Post = 1.81	<i>F</i> = 5.58 <i>p</i> = .001
If I met somebody who admitted to having schizophrenia I would feel quite uneasy	Pre = 2.35 Post = 2.62	Pre = 2.14 Post = 2.61	Pre = 2.5 Post = 1.92	Pre = 2.54 Post = 1.96	<i>F</i> = 8.71 <i>p</i> = .000
People with schizophrenia need to be supervised at all times	Pre = 2.5 Post = 2.46	Pre = 2.54 Post = 3.14	Pre = 2.84 Post = 2.03	Pre = 2.65 Post = 2.19	<i>F</i> = 6.65 <i>p</i> = .000
Healthy people should not become romantically involved with somebody who has schizophrenia	Pre = 1.73 Post = 1.81	Pre = 1.5 Post = 2.11	Pre = 1.96 Post = 1.73	Pre = 2.08 Post = 1.81	<i>F</i> = 6.14 <i>p</i> = .000
People with schizophrenia should try to be more in control of themselves	Pre = 2.5 Post = 2.92	Pre = 2.54 Post = 2.89	Pre = 2.69 Post = 2.65	Pre = 2.62 Post = 2.31	<i>F</i> = 2.86 <i>p</i> = .04
I can understand why nobody would like to have somebody with schizophrenia as a co-worker	Pre = 2.81 Post = 3.23	Pre = 2.57 Post = 3.18	Pre = 2.69 Post = 2.15	Pre = 2.58 Post = 2.5	<i>F</i> = 6.17 <i>p</i> = .000



The Impact of Films on Viewer Attitudes towards People with Schizophrenia

Michael Shaun Perciful¹ · Cheryl Meyer²

Curr Psychol (2017) 36:483–493

Table 2 Individual items from immediate impact scale analysis

Items	<i>F</i> Score	Significance	Likeable	<i>SD</i>	Fear- Based	<i>SD</i>	Accurate	<i>SD</i>	Control	<i>SD</i>
This film made me feel that people with schizophrenia are unpredictable	24.18	$p < .001$	6.80 ^{3,4}	2.79	7.68 ^{3,4}	2.48	2.85 ^{1,2}	2.2	3.07 ^{1,2}	2.98
After watching this film, I believe that people with schizophrenia can live on their own	9.32	$p < .001$	6.38 ²	2.30	3.61 ^{1,3}	2.04	6.92 ²	2.31	5.23	3.23
After watching this film, I think that people with schizophrenia are dangerous	32.21	$p < .001$	5.15 ^{3,4}	2.48	6.60 ^{3,4}	2.35	1.65 ^{1,2}	1.38	2.19 ^{1,2}	2.26
Viewing this film made me feel more positive about people with schizophrenia	10.98	$p < .001$	4.46 ³	2.73	2.82 ^{3,4}	2.07	6.81 ^{1,2}	2.35	5.08 ²	3.08
Viewing this film made me feel less positive about people with schizophrenia	27.20	$p < .001$	5.54 ^{3,4}	2.91	6.46 ^{3,4}	2.97	1.46 ^{1,2}	2.08	1.88 ^{1,2}	1.82
This film makes me feel more concerned for my safety when around people with schizophrenia	15.95	$p < .001$	3.42 ^{2,3}	2.64	5.5 ^{1,3,4}	2.98	1.46 ^{1,2}	2.27	1.58 ²	1.84
This film helped me to be more empathic towards those with schizophrenia	5.68	$p = .001$	6.35	2.83	6.50 ⁴	2.10	7.19 ⁴	2.00	4.46 ^{2,3}	2.97
This film was an accurate portrayal of schizophrenia	13.91	$p < .001$	3.15 ^{2,3}	2.65	5.21 ^{1,4}	1.89	5.96 ^{1,4}	2.34	2.31 ^{2,3}	2.31
My knowledge of mental illness comes from the media	2.19	NS	2.85	2.66	4.75	3.13	3.81	2.99	4.5	3.05
I think films can impact they way people perceive others with mental illness	4.69	$p < .005$	8.85 ⁴	1.59	9.11 ⁴	1.37	8.58	1.70	7.11 ^{1,2}	3.28

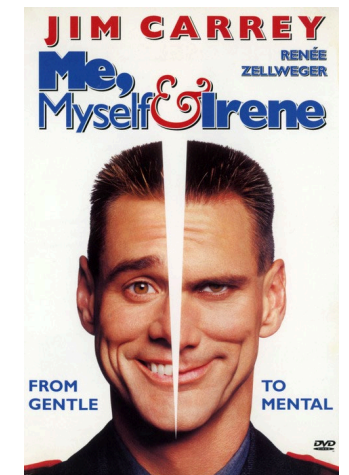
¹ Significant difference from likeable-inaccurate group

² Significant difference from fear-based group

³ Significant difference from accurate group

⁴ Significant difference from control group

NS Non significant



What is the potential impact of media portrayals of mental illness?

- Self/Families

- Embarrassment or fear of seeking help if needed – consider youth who may be experiencing symptoms that increase risk of violence
- Distrust of treatment providers/treatment
- Relations with others: family/friends act differently, limit social contacts
- Personal distress, low self-esteem, self-stigma
- May exacerbate illness (e.g., suicide)
- Difficulties with re-integration and recovery
 - Fear of job/housing applications
 - Treatment/medication adherence
 - Denial of symptoms
 - Lack of supportive programs due to under-funding

- Reduction of rights

- Excessive force by law enforcement, the public
- A report analyzing state law trends in all 50 US states from 1991 to 2016 identified a significant rise in the number of states enacting laws prohibiting firearm possession by people who have been involuntarily committed for inpatient mental health treatment (Siegel et al., 2017)

What is the potential impact of media portrayals of mental illness? (cont.d)

- **Society**

- Source and perpetuation of public attitudes/stereotypes
 - Foster misunderstanding of features of mental illness
 - Distortion of tendency of those with mental illness to violence, dangerousness, criminality, unpredictability
- Facilitate fear, avoidance, rejection of those with mental illness
- Foster view that mental disorders are humorous (it's sanctioned to laugh at symptoms and people)
- Distorts images of professionals and health care services
- Distorts causes of mental disorders
- Affects public funding of mental disorders research and services
- Affects legal treatment of mentally ill

MYTH

Individuals Who Have SMI Cannot Reach and Maintain Recovery

FACT

Historically, recovery from SMI was not considered likely or even possible. However, a range of evidence over the last two decades indicates that around 65% of people with SMI experience partial to full recovery over time.¹

Recovery does not necessarily mean the absence of symptoms. Recovery from SMI is defined in both objective and subjective ways.^{2,3,4,5} This incorporates concepts that go beyond just having stable symptoms. It includes well-being, quality of life, functioning, and a sense of hope and optimism.^{6,7,8,9}

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The four major dimensions that support recovery are health, home, purpose, and community.^{10,11}

- ✓ Health – overcome or manage one’s disease(s) or symptoms, and make informed, healthy choices that support physical and emotional well-being
- ✓ Home – have a stable and safe place to live
- ✓ Purpose – conduct meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- ✓ Community – have relationships and social networks that provide support, friendship, love, and hope

Individuals should identify their recovery goals and receive support for them in their treatment plans.

MYTH

People Who Have SMI Cannot Obtain Competitive Employment or Complete Education

FACT

Employment and education provide a sense of purpose that is a critical aspect of life in recovery.²⁰ In fact, most people who have SMI do want to work and see work as an essential part of their recovery.^{6,7} Between 40% and 60% of people who enroll in supported employment obtain competitive employment.²²

There is ample evidence that employment is not “too stressful” for individuals who have SMI.²³ The benefits of employment and education for people with SMI are well documented.⁸ They include improved economic status, increased self-esteem, and symptom reduction. In fact, the detrimental effect of unemployment creates clinical risks for people who have SMI.⁹ These are often overlooked.

Supported employment programs can improve outcomes for individuals who have SMI.²⁴ This includes a higher likelihood that they obtain competitive employment, work more hours per week, maintain employment for a longer period, and have a higher income. In turn, supported education programs can reduce burdens for people who have SMI and want to finish or go back to school.²⁵ It offers specialized, one-on-one support to help navigate academic settings and link to mental health services.

Individuals should receive encouragement if their recovery goals include employment or education. There are supportive and effective programs to reach these goals and they have considerable benefits.

The Rise of Early Psychosis Intervention

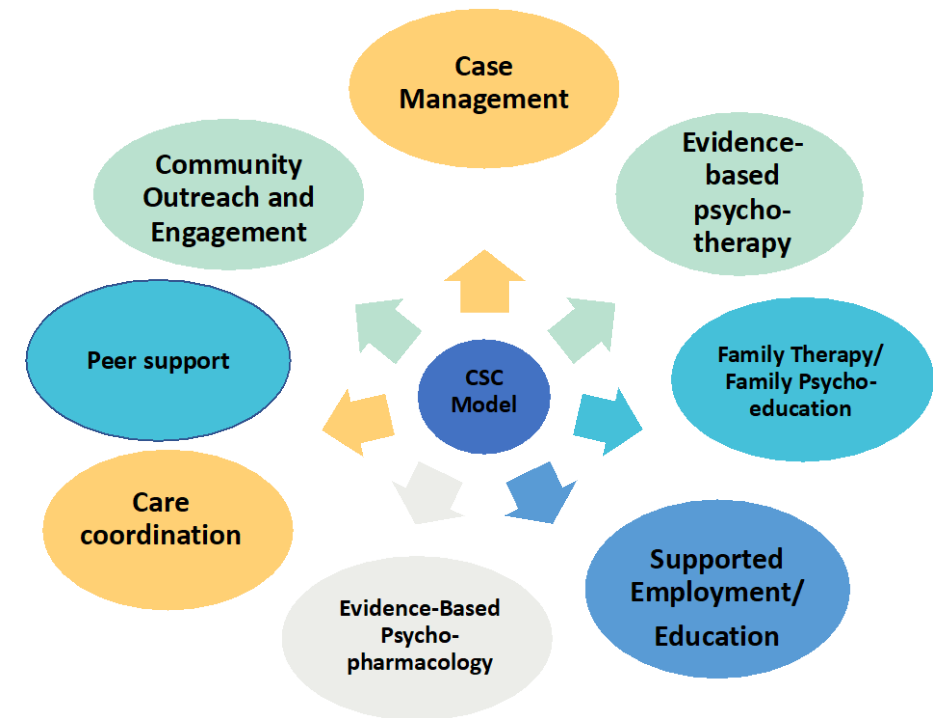
- The early years following a first episode of psychosis (FEP) present unique opportunities to prevent declines in clinical and social function
- Early intervention programs target factors known to be associated with poor long-term outcomes including:
 - longer duration of untreated psychosis
 - treatment non-adherence
 - affective symptoms
 - cognitive dysfunction

Coordinated Specialty Care (CSC) Services for First-Episode Psychosis

What is CSC?

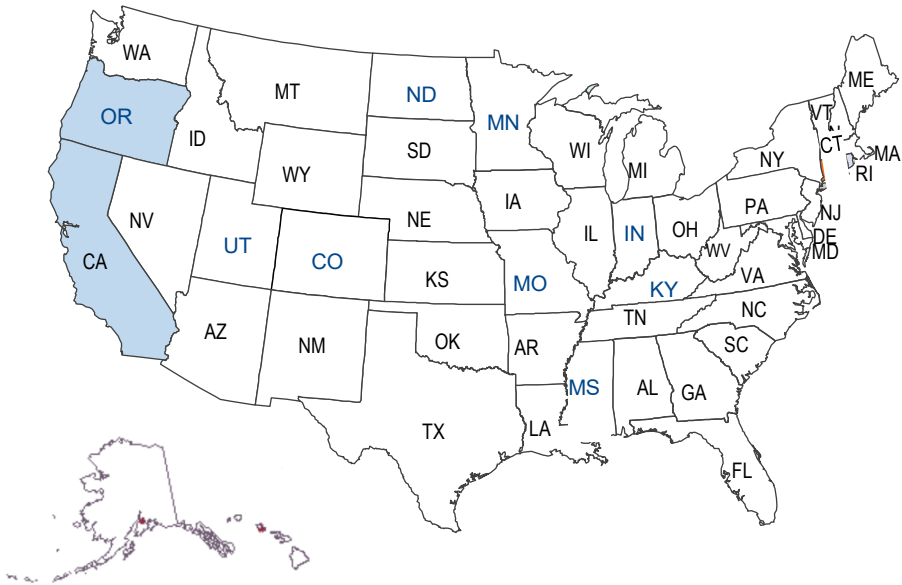
“Recovery oriented treatment which uses a team of health professionals and specialists who work with the client to create a personal treatment plan based on the client's life goals and preferences. This may include a variety of services” (NIMH)

[Video: Coordinated Specialty Care for Early Psychosis](#)

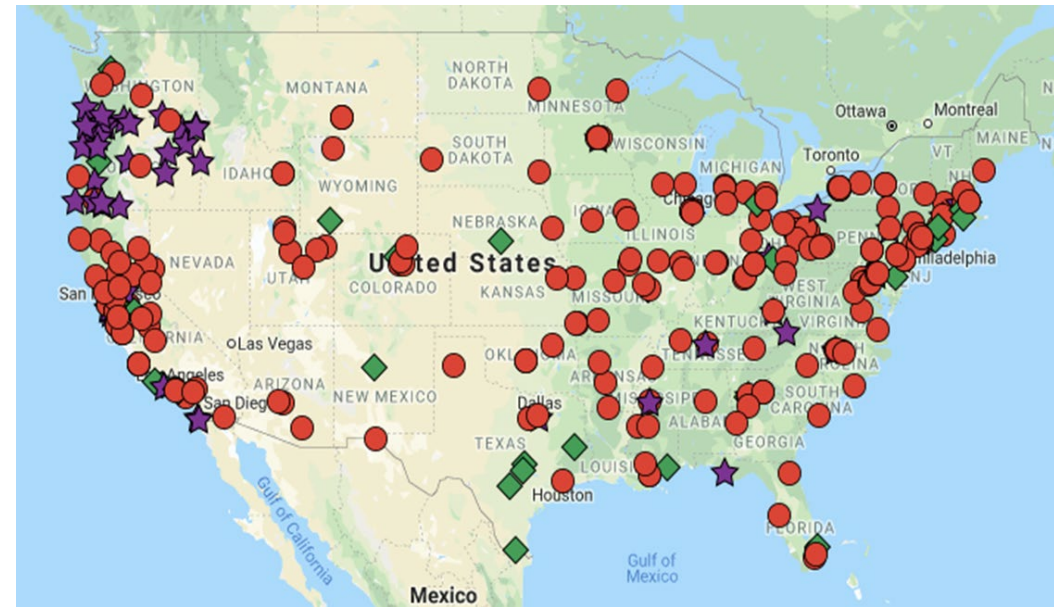


National Implementation of Coordinated Specialty Care for First-Episode Psychosis

- **2008 - Successful research study (RAISE Trial) launched, showed that CSC programs were beneficial**
- **2013 - Congress allocated funds to be distributed through SAMHSA at the state level for “Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care”**

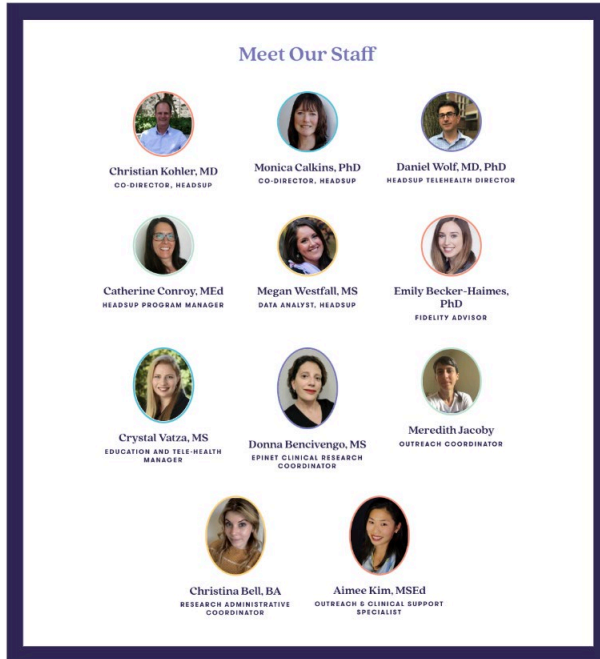


2008, 2 states, ~12 Clinics



2019, 50 States, ~352 Clinics

HeadsUp is a *collaborating* organization whose mission is to help *end the stigma* around psychosis through **education, advocacy, and support**



We promote *early intervention* centered around personalized, accessible, and effective care for all people in Pennsylvania



Our deliverables include:

Program Evaluation, Data Collection, and Research

Education, Training, and Clinical Care

Outreach and Cross-Systems Engagement

Visit and follow us online!



@HeasupPA

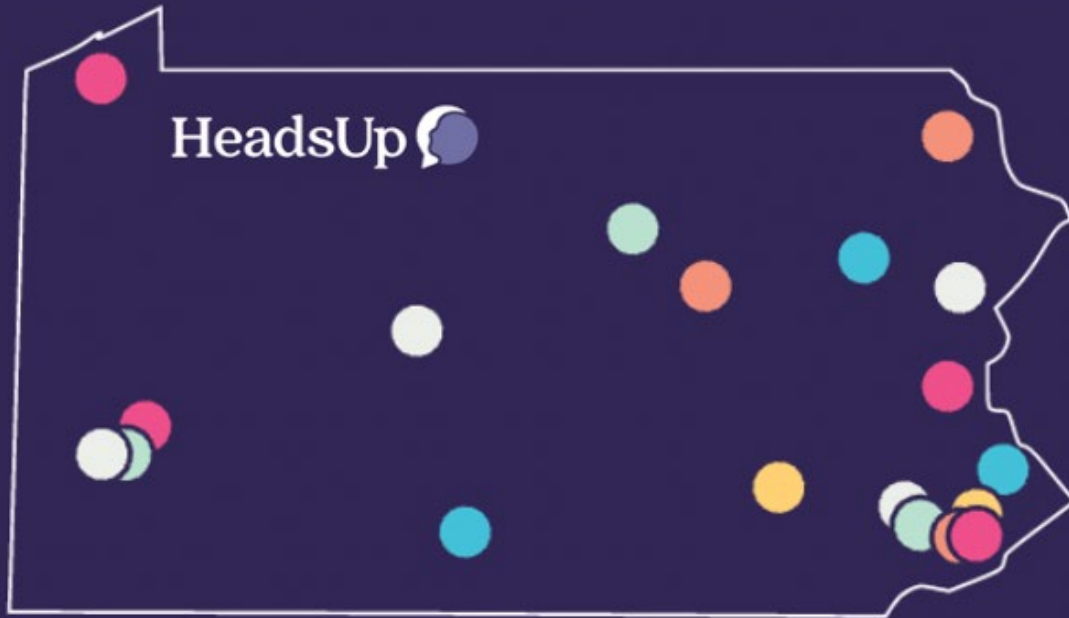


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PA FEP CSC Programs: 19 total (5 new funded 2021/2022)



[Heads Up PA Find a Center website](https://www.headsup-pa.org)

coordinated specialty care

No two stories are exactly the same. Treatment is a collaboration between you and the team of professionals ready to help. Each individual at our centers has access to a variety of services and options.

- Your Treatment Team**
- Psychotherapy**
learning to focus on resiliency, managing the condition, promoting wellness and developing coping skills
 - Medication Management**
finding the best medication at the lowest possible dose
 - Supported Employment and Education**
providing support to continue or return to school or work
 - Peer Support**
connecting the person with others who have been through similar experiences
 - Case Management**
working with the individual to develop problem-solving skills, manage medication and coordinate services
 - Family Support & Education**
giving families information and skills to support their loved one's treatment and recovery

find a center*

visit us online for more information or to connect to a center near you

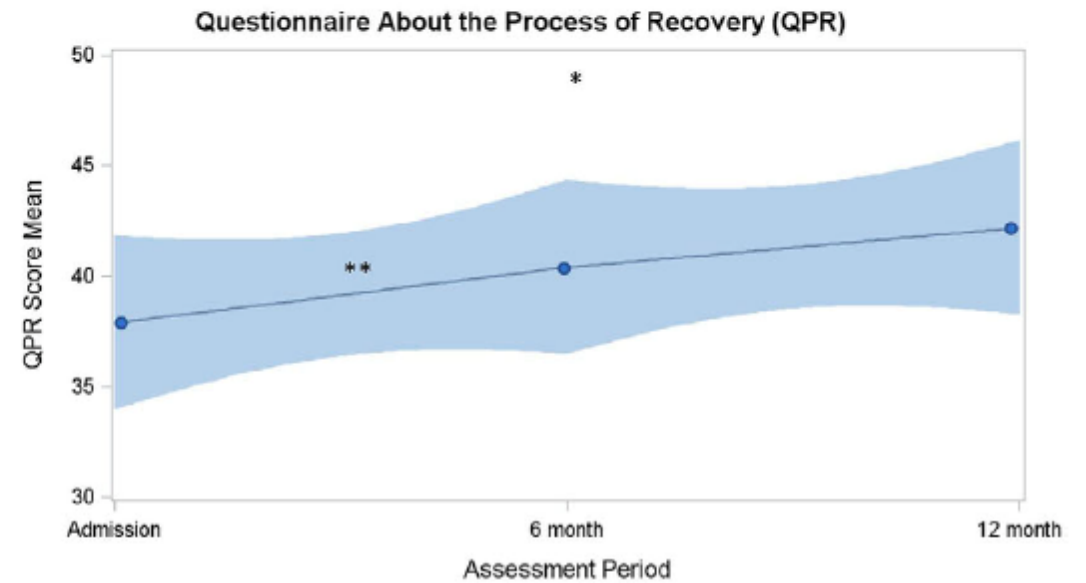
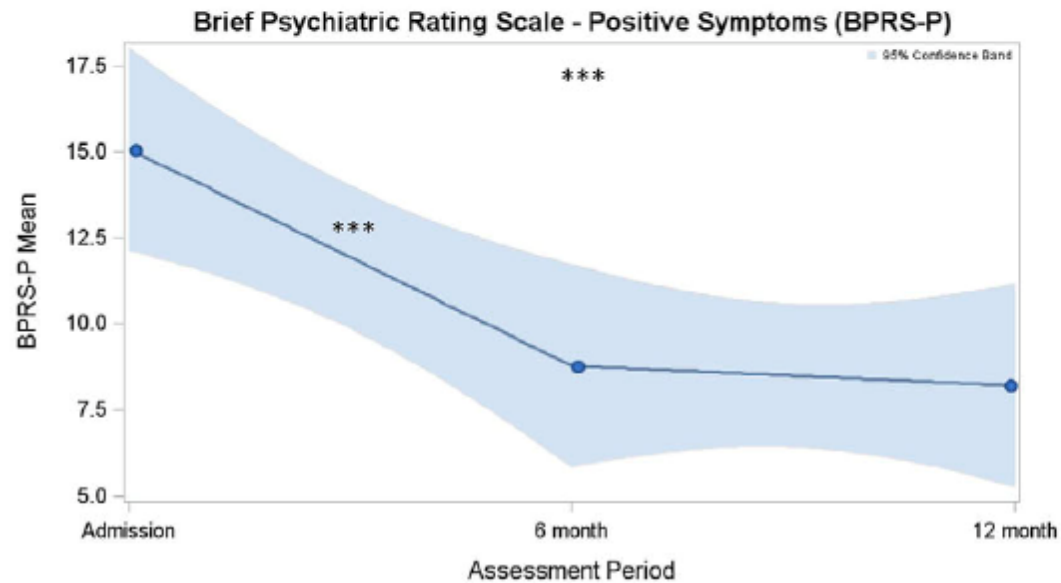
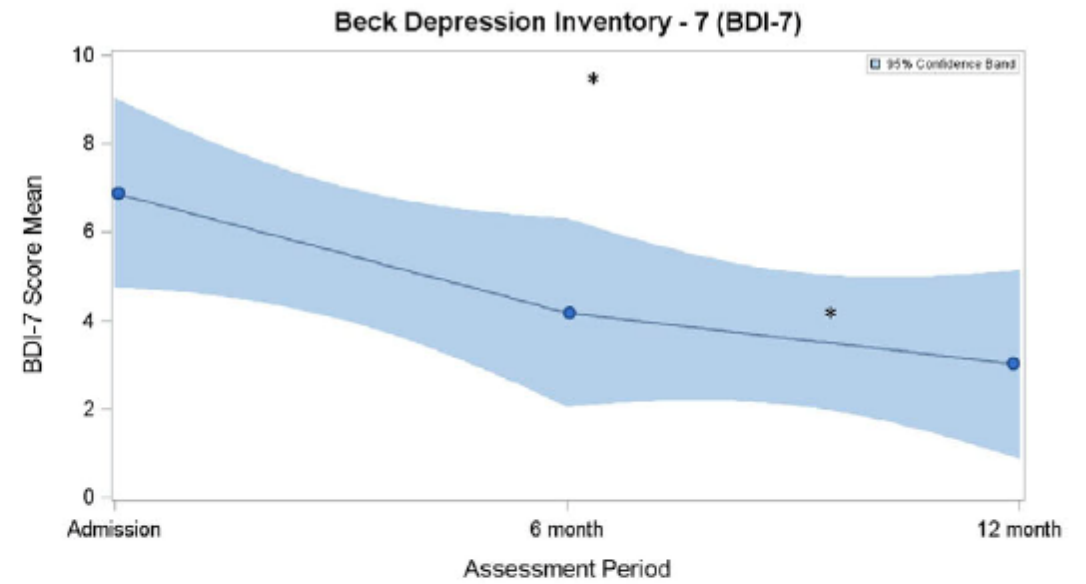
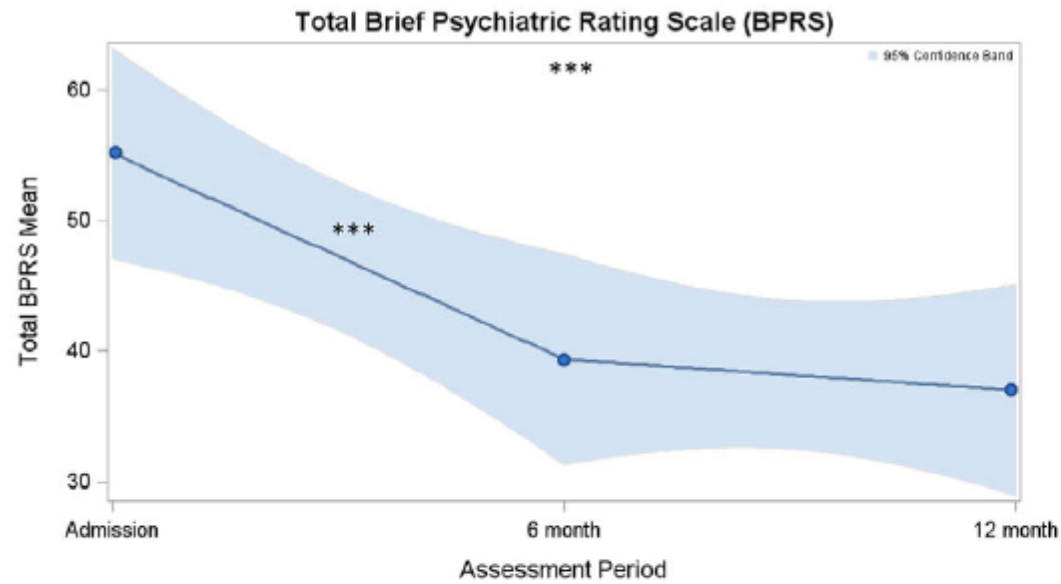
- CAPSTONE-PPI/YWCA/CMU**
HARRISBURG
 - CHOP FEP-Children's Hospital of Philadelphia**
PHILADELPHIA
 - CSG EPIC-Community Service Group**
WILLIAMSPORT
 - Connect to Empower-CMSU Behavioral Health Services**
DANVILLE
 - ENGAGE-Wesley Family Services**
NEW KENSINGTON
 - ENGAGE-Wesley Family Services**
WILKINSBURG
 - HOPE-Children's Services Center**
HONESDALE
 - HOPE-Children's Services Center**
STROUDSBURG
 - HOPE-Children's Services Center**
WILKES-BARRE
 - InSight**
STATE COLLEGE
 - On My Way-Child and Family Focus, Inc.**
ALLENTOWN
 - On My Way-Child and Family Focus, Inc.**
BROOMALL
 - On My Way-Child and Family Focus, Inc.**
PHOENIXVILLE
 - On My Way-Child and Family Focus, Inc.**
SOUTHAMPTON
 - PEACE-Horizon House**
PHILADELPHIA
 - PERC-University of Pennsylvania**
PHILADELPHIA
 - Safe Harbor-UPMC Western Behavioral Health**
ERIE
 - Services for the Treatment of Early Psychosis (STEP) Clinic**
PITTSBURGH
- *We are always growing! For the most up-to-date list of centers, visit us online.



headsup-pa.org

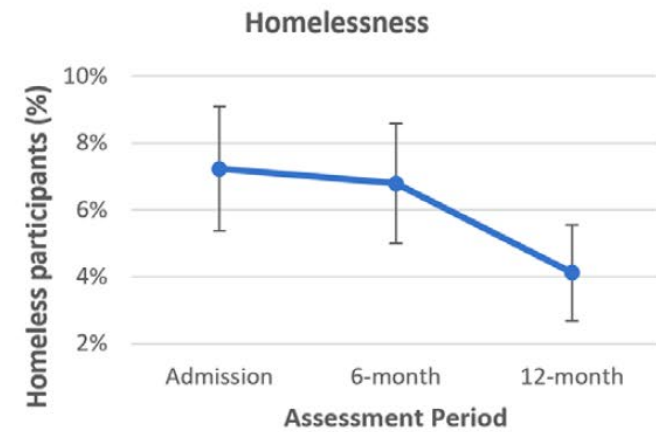
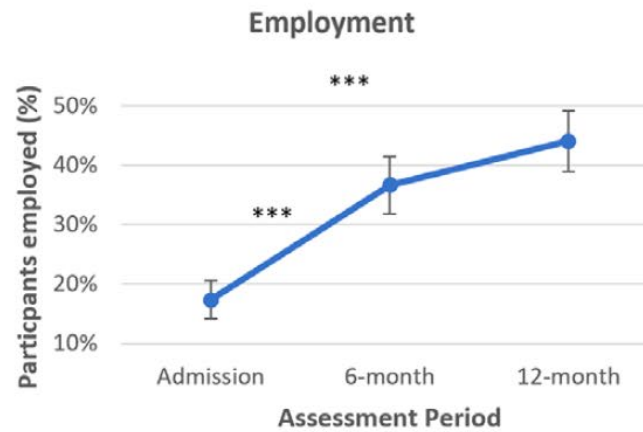
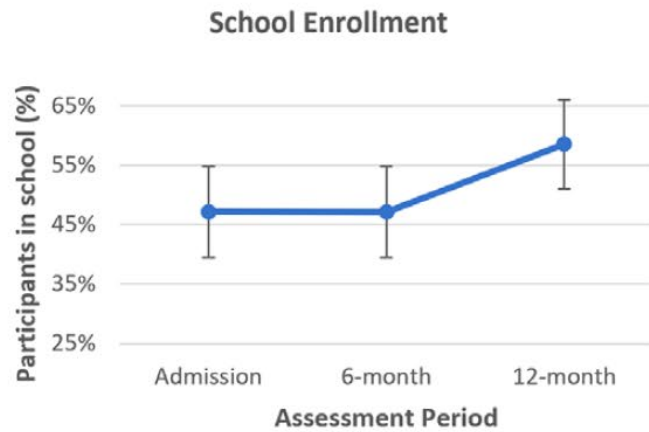
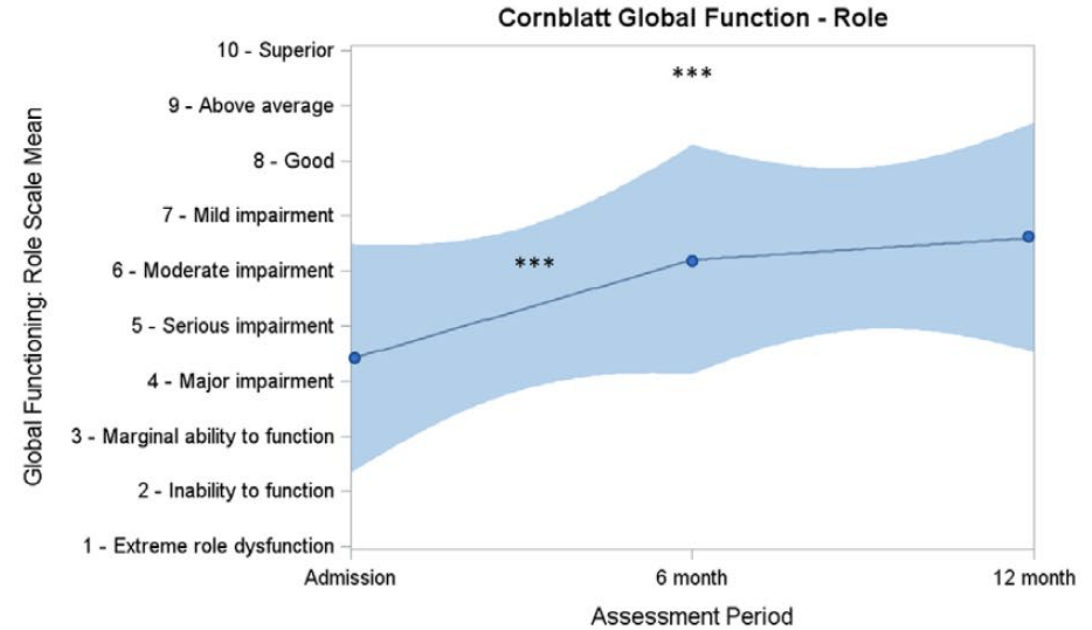
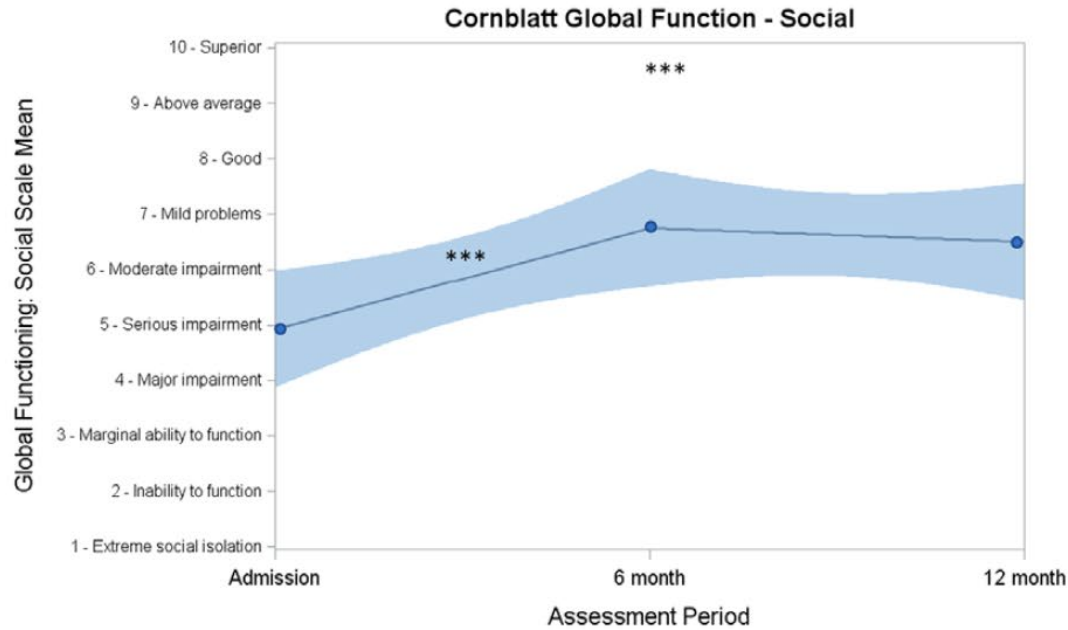
PA-FEP-PE: Clinical Symptom Outcomes

Early Intervention in Psychiatry. 2020;1-14.



PA-FEP-PE: Role and Social Function

Early Intervention in Psychiatry. 2020;1-14.



NOW AVAILABLE!



A Professional Consultative Service for Clinicians in PA

First Episode Psychosis (FEP) centers are not always conveniently located to people who need them. If you are working with a client who may be experiencing early psychosis, our experts are here to provide educational resources tailored to your clinical care questions.

For more information or to submit your first question visit the Early Psychosis Mentor page of our website: headsup-pa.org



HeadsUp is a collaborating organization whose mission is to help end the stigma around psychosis through education, advocacy, and support. We promote early intervention centered around personalized, accessible, and effective care for all people in Pennsylvania.



Funding for HeadsUp provided through Community Mental Health Services Block Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS) Grant Award Number: SM063411-01

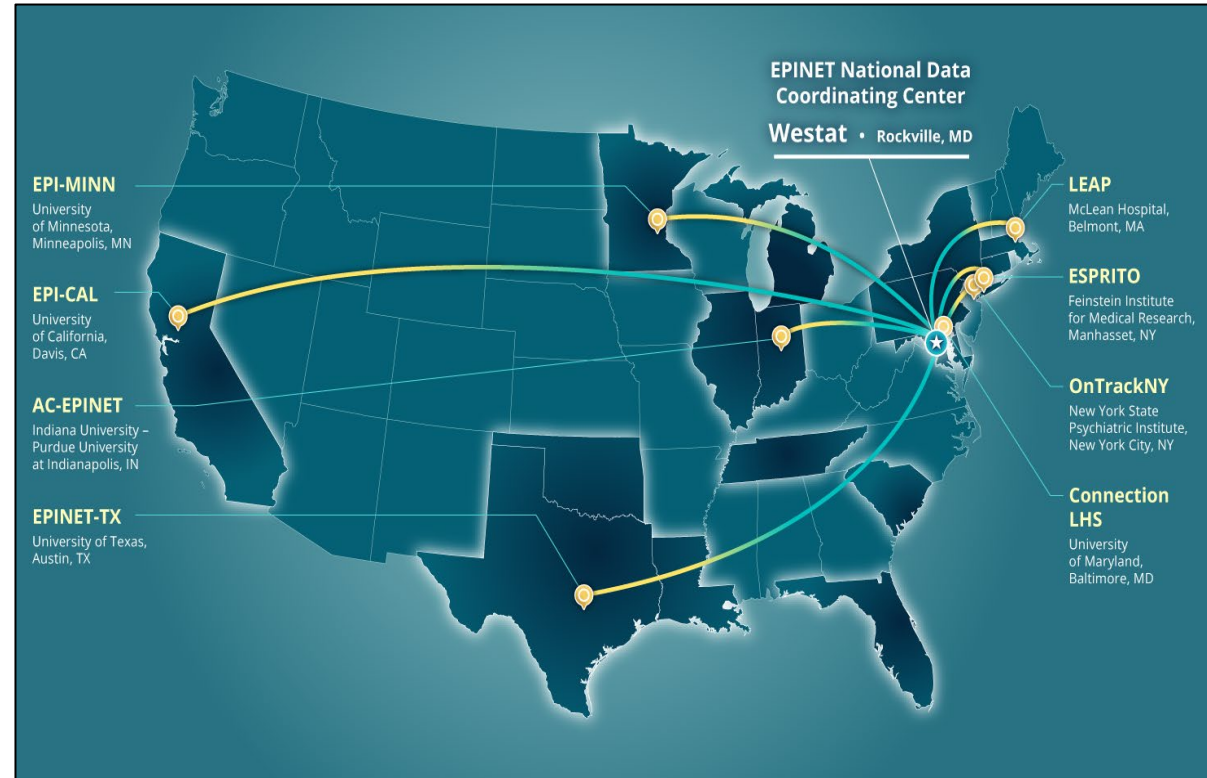
Check out and spread the word
about our **FREE**
HeadsUp Early Psychosis
Mentor Website

1-833-933-2816

Early Psychosis Intervention Network: A National Learning Health Care System for Early Psychosis



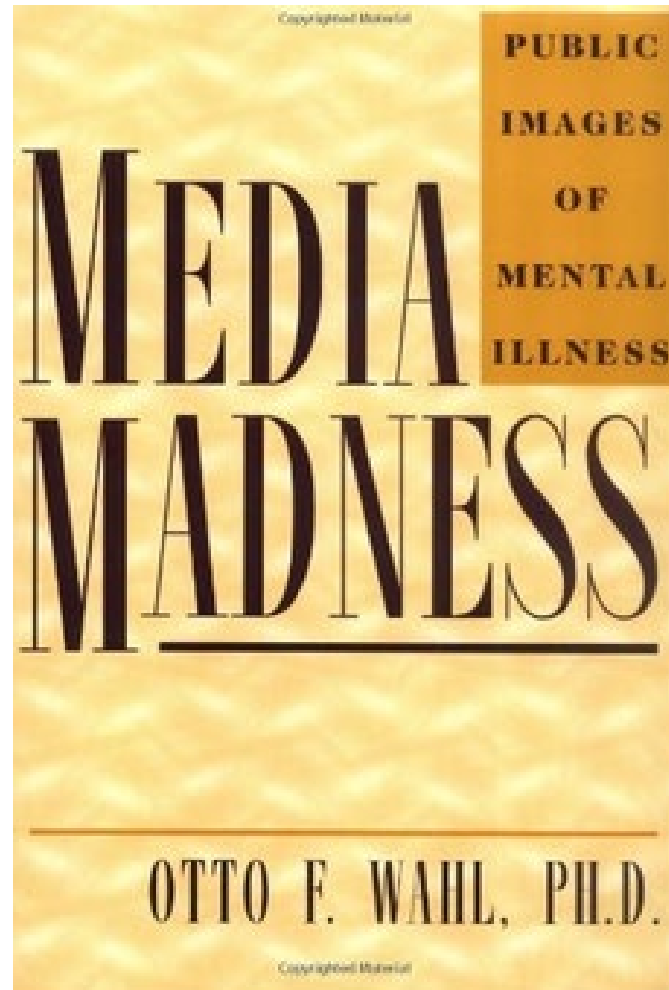
- [EPINET Website](#)
- EPINET links early psychosis clinics through standard clinical measures, uniform data collection and integration methods.
- Clients and families, clinicians, health care administrators, and researchers collaborate to improve early psychosis care and conduct practice-based research.



- Initiated in 2019
- Sponsored by the NIMH
- 8 Regional Hubs
- 101 early psychosis clinics across 16 states
- EPINET National Data Coordinating Center

Some Current Efforts to Assess and Reduce Stigmatization of Mental Health by the Media

Why do stigmatizing and inaccurate portrayals about mental disorders persist in the media?



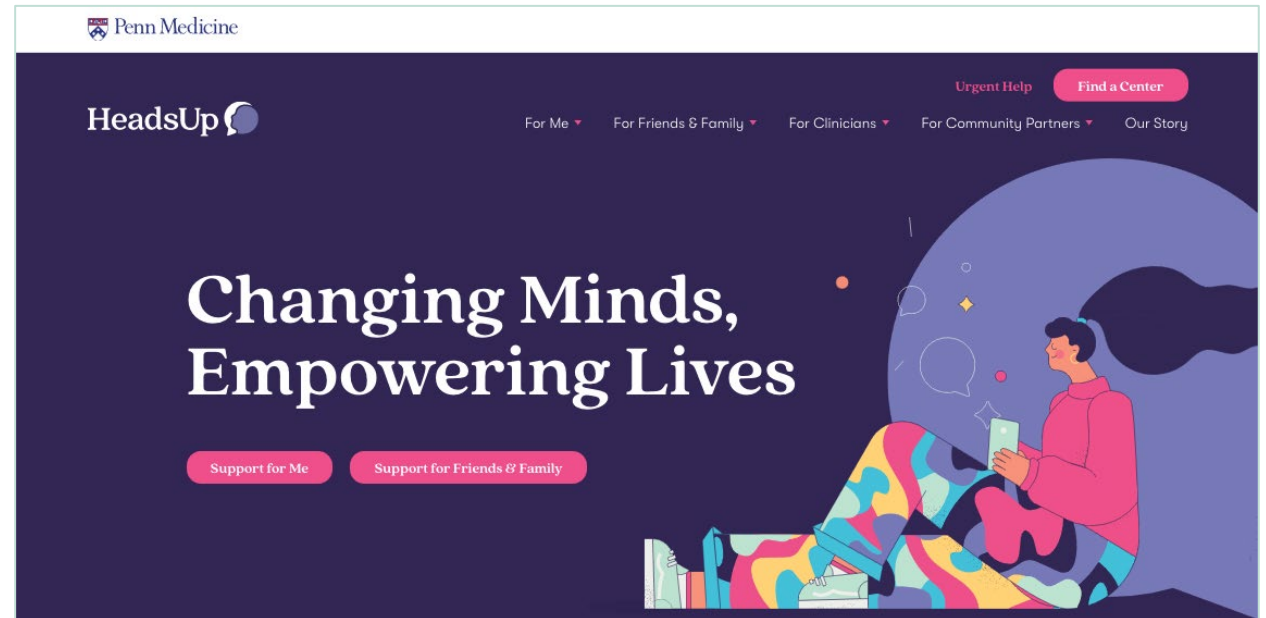
- Profit
- “Ignorance”
- History
- Socialization
- Psychological reassurance
- Lack of consumer feedback

Future Images

- Education
 - Public education strategies
 - Media education strategies
- Social Activism (individual complaints/advocacy/protest)
- Increase accurate/sympathetic portrayals (increase personal contact)

Public Education Strategies

- Increase Mental Health Literacy (challenge the Dunning-Kruger Effect – over-confidence in one’s knowledge!)
 - [Mental Health America](#)
 - [National Institute of Mental Health \(NIMH\)](#)
 - [National Alliance on Mentally Illness \(NAMI\)](#)
 - [SAMHSA Region 3 Central East MHTTC](#)
 - People with lived experience
 - [Students With Psychosis](#)
 - [Strength of Us](#)
 - Mental health focused websites/organizations
 - [Trevor Project](#)
 - [Seize the Awkward Website](#)
 - [Girls Health.Gov](#)
 - [JedFoundation.org](#)
 - Center for [Young Women’s Health](#) and [Young Men’s Health](#)
 - [Active Minds](#)
- Educate about media stigmatization



[Heads Up PA Website](#)

Media Education Strategies

- [Mental Health Media Guide](#) – for the entertainment industry
- Carter Center of Emory University - [Journalism Resource Guide on Behavioral Health](#)
- [Mindframe for Media](#) (Australia)
- Collaboration between mental health professionals and the media
- Training curricula – future writers, editors, producers



Social Activism Strategies

(Individual Complaints/Advocacy/Protest)

- Immediate responses
- Media Watch/Stigma Clearinghouse
 - Australia – cutting edge here – SANE
Australia stigma watch
- Individual action

Strategies to Increase Accurate/Sympathetic Portrayals

- Mental health advocates produce portrayals
 - Newspaper articles (Mental Health Association of Virginia)
 - Media Briefs (APA)
 - Personal stories
 - Videos/movies/documentaries
 - (Engage media professionals in these efforts)
- Positive reinforcement! Reward/recognize/acknowledge accurate portrayals
- Persons with lived experiences provide personal stories
- Mental health professionals serve as experts

Challenging the Public Stigma of Mental Illness: A Meta-Analysis of Outcome Studies

PSYCHIATRIC SERVICES ♦ ps.psychiatryonline.org ♦ October 2012 Vol. 63 No. 10

- Education and contact - positive effects on attitudes/behavior
 - Face-to-face contact more effective than video
 - Contact (in-person) better than education for adults – opposite for adolescents
- Fewer studies on protest/social activism

Summary and Conclusions

- Myths and stereotypes about the relationship between mental health and gun violence are commonly portrayed in television, film and news media (and social media!)
 - Firearm deaths by suicide and trauma due to witnessing gun violence are critical public health areas, yet under-represented in the media
- We have dispelled myths and explored how their persistence over time has contributed to mental health stigma, impacting individuals with lived experiences, their families, and society. *Note – those who question the facts presented today should consider whether they are experiencing confirmation bias*
- As mental health awareness and literacy - and hopefully compassion - continues to grow, efforts to mitigate these impacts will continue to gain traction

Thank you!

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Heads Up PA Website



headsuppa



HeadsUpPAorg



Q&A

Open discussion



Evaluation Information

- The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.
- Please take a moment to complete a **brief** survey about today's training.

[Evaluation Link](#)



Appreciation



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a program managed by



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Let's connect:

