

AMERICAN UNIVERSITY OF BEIRUT

DESIGNING A WORKSHOP ON A MENTAL HEALTH TOOLKIT FOR
MEDIA PROFESSIONALS

by
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AMERICAN UNIVERSITY OF BEIRUT

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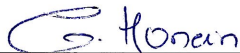
by
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ABSTRACT

Nour Jabbour for Master of Science in Nursing
Major: Psychiatry and Mental Health

Title: Designing a workshop for media professionals on a mental health toolkit

The media plays an important role in shaping and reinforcing social attitudes towards mental illness. Well-documented interviews, reporting, and on-screen scripting can enhance awareness, challenge attitudes and help abolish myths and misconceptions.

Studies have shown that the way in which mental illness and suicide are embodied by the media significantly influences attitudes towards these constructs. Additionally, negative depiction of mental illness by the media yields negative beliefs towards mental illness. Media professionals who handle the portrayal of this topic influence the beliefs of the viewers greatly. As stated in the situational analysis done in Lebanon by the Ministry of Public Health (MoPH), mental health in Lebanon still holds the stigma barrier –a situation that inevitably evokes discrimination, negative impact service development, as well as underfunding.

While doing my residency with the MoPH Mental Health Division, I was part of a team developing a mental health toolkit and designing a workshop to bring awareness to media professionals. This Media Toolkit aims to raise awareness among journalists and media professionals on how to enhance reporting on mental health issues, as well as how to provide a more realistic portrayal of a person suffering from mental illness. Stereotypes, though detrimental are nonetheless rampant in our society. Through these educational endeavors, we hope that we can send messages and awareness for those in need.

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CHAPTER I

INTRODUCTION

Social stigma, defined as the extreme disapproval by a society regarding a characteristic that distinguishes an individual from other members of a society, can have severe consequences on individuals and societies (Latalova, Kamaradova, & Prasko, 2014). Mental illness is a highly stigmatized condition. In some cultures, patients with mental illness are perceived as weak or dangerous (Subramaniam et al., 2016); in others, as shameful or taboo (Al-Darmaki, Thomas, & Yaaqeib, 2015). Thus, individuals with mental illness are often embarrassed and afraid of speaking out about their mental disorders and often avoid seeking appropriate help in order to avoid stigma. This leads to social isolation, difficulties finding employment and housing, and reluctance to seek treatment (Dieujuste, 2016).

The media plays a critical role in depicting mental illness. Using the power of words and images, the media can influence public opinion. By framing mental illness in a negative way, the media adds to the public's pre-existing negative attitudes towards the mentally ill (Seiff, 2003) and reinforces degradation, prejudice and discrimination against individuals with mental illness. Not only can positive depictions lead to social acceptance and integration, but they also can challenge the public's prejudices by positively projecting human interest stories and initiating debates (Bell, 2008).

When media reports are inaccurate or sensationalized, they can accentuate common myths about mental illness. For example, when reporting mass shooting gun violence, often the perpetrator is inaccurately portrayed by the media as mentally ill (Metzl & MacLeish, 2015). This depiction imprints those affected by mental illness

(Bithell, 2010). Additionally, inappropriate depiction of mentally ill characters as individuals who are unemployed or failures not surprisingly reinforces the stereotyping of the mentally ill (Signorielli, 1989). Consequently, mental health advocates blame the media for endorsing stigma and stereotyping mentally ill individuals (Stuart, 2006). Sensationalizing events through the media can also affect the public's perception. In Australia, studies have shown that following the suicide of a celebrity, the glamorization of this tragedy by the media affected the people who had suicidal ideations and subsequently increased suicide rates (*Reporting suicide and mental Illness: A Mindframe resource for media professionals*, 2014). Conversely, media reporting of suicide as a tragic and avoidable loss that has a devastating impact on others, in addition to media that explores an individual's experience of overcoming suicidal thinking, have been linked to reductions in suicidal behavior.

However, if reported accurately and objectively, the media might encourage people with mental illness to seek help; the media can also challenge public prejudices by positively projecting human interest stories and instigating debates (Bell, 2008). As previously described, there is evidence that suggests that media that depicts suicide as a tragic waste and an avoidable loss that can have a devastating impact on others, in addition to media that explores an individual's experience with overcoming suicidal thinking, have been linked to reductions in suicidal behavior (*Reporting suicide and mental Illness: A Mindframe resource for media professionals*, 2014). This encourages people to talk about mental illness and seek healthcare facilities (Stuart, 2006). Worldwide anti-stigma campaigns have introduced new knowledge and have subsequently reduced stigmatization of mental illness (Evans-Lacko, Brohan, Mojtabai, & Thornicroft, 2012).

CHAPTER II

LITERATURE REVIEW

A. Global Perspective in combating sigma

Individuals who suffer from mental illness are often stigmatized by their own societies. Social stigma stems from poor awareness about the causes and types of mental illness (Corrigan & Watson, 2002). Social stigma clouds the public's opinion towards people with mental illness in distinct ways. Some mentally ill individuals are portrayed as weak, erratic and harmful (Subramaniam et al., 2016); others as responsible for their own incapacity (Corrigan, 2002); and others as taboo to society (Al Darmaki et al., 2015). Depending on the society, stigma can manifest itself in various ways. Stereotyping and discrimination are common manifestations in Western countries; discretion and silence in Asian countries; and disgrace and shame in Arab countries. The public's outlook on people with mental illness is often punitive. Mentally ill individuals are responded to with anger and not worthy of help –an outcome that contrasts with the way in which the physically disabled are responded to (Corrigan & Watson, 2002). In fact, discrimination in the labor market in Western countries has been documented; employers were more likely to hire applicants with physical disability compared to those with mental illness (Hipes, Lucas, Phelan, & White, 2016).

The Asian perspective towards mental illness clearly deviates towards silence and stigma. Asians are discreet about the behavior of a person with mental illness; they do not discuss such illness with their children (Mueller, Callanan, & Greenwood, 2015). Being discreet about the matter nevertheless has repercussions, including the

reinforcement of the stigma towards the mentally ill and the decrease of healthcare services to identify and intervene with people who need help.

On the other hand, it was reported that Arabs refuse the concept of having a biological or genetic cause for mental illness. For them, mental illness has a spiritual origin and individuals with mental illness are perceived as possessed by bad spirits (gin); the public outlook on those individuals takes the form of shamefulness and disgrace. Mentally ill individuals seek guidance from religious figures, often through prayers. To avoid stigma, they often express their symptoms in a physical form (Eapen & Ghubash, 2004). The stigma also extends towards the mental health facilities (Al-Darmaki et al., 2016). Most people are not encouraged to seek healthcare facilities that simultaneously offer mental health services (Eapen & Ghubash, 2004). Despite the evidence that individuals with higher educational levels are more willing to obtain help from a healthcare professional (Al-Darmaki et al., 2016), Al Adawi et al. (2002) found that some medical students still link mental illness to spiritual causes.

In Canada, the Canadian Mental Health Association works on promoting mental health and supports those who are experiencing a mental illness by tailoring its care to the community the individual is based in. This Association specifically aims to help the mentally ill reach their goals and live fruitful lives through focusing on advocacy, education, research and services. The association is working on strengthening capacities of individuals and organizations to address mental health needs. Their work includes tailoring and implementing policies related to mental health and providing support to communities in building resilience. Furthermore, they develop resources for the community members in different professions that are directed towards reintegration into

the workplace and ultimately combating stigma (Canadian Mental Health Association, 2016).

On the other hand, in the U.S., Mental Health America aims at helping the population achieve wellness through mental health. It focuses on prevention and early detection of mental illness in at-risk communities. This organization focuses on pushing policies to the congress through litigation acts and holding an advocacy day. The Education and Outreach program of this association works on several aspects including providing screening, conferences and school education. Most importantly, during the Mental Health Awareness month in May, the importance of changing the way the media addresses mental health is highlighted. Therefore, awards for journalists who appropriately report mental health in the media are presented (Mental Health America, 2016).

Studies conducted in Europe have shown that in those countries where individuals had access to treatment and perceived access to information with low stigmatizing attitudes, individuals with mental illness felt significantly more empowered (Evans-Lacko et al., 2012). This environment, therefore, aids people to feel less stigmatized and more integrated and accepted by society. Awareness campaigns regarding mental health defy pre-existing stereotypes and educate the public about possible venues for treatment and rehabilitation; this, in turn, empowers people to seek help with less fear of being stigmatized. People who suffer from mental illness would thereby feel more accepted by society.

Since the 1990's, efforts towards establishing a code of practice while portraying people with mental illness were initiated. In the United Kingdom, a reform group called "The Mathew Trust" identified deficiencies in rules and regulations

concerning stories that are being published. However, it is constantly recommended to change media language and portrayal of mental illness through multiple campaigns. One of these campaigns was held on January 21st, 2009 during which the “Time to Change” program was initiated in the United Kingdom; it was run by Mental Health Media, MIND and Rethink. This program sought to reduce stigma and discrimination towards people with mental illness. The campaign exploited the media to advertise key messages that targeted common myths. Through the media, they conveyed the following: mental illness is common and people who have mental illness can be integrated in society; the stigma that affects those with mental illness is worse than the illness itself; and, it is crucial to help individuals who suffer from such illnesses (Henderson & Thornicroft, 2009).

The National Alliance for Suicide Prevention’s Research Prioritization Task force in 2014, through collaboration between public health professionals and news media, aims to hold awareness campaigns against suicide and encourage people to seek help. These efforts have so far been effectual, as observed in reduced rates of suicide (Niederkrotenthaler, Reidenberg, Till, & Gould, 2014)

Currently, Australia has designed booklets to guide media professionals on how to address mental health issues. Anti-stigma campaigns rally media outlets to combat stereotyping and discrimination (*Reporting suicide and mental illness: A Mindframe resource for media professionals*, 2014).

B. Lebanese situation

The situation in Lebanon is not any different from its surrounding Arab countries. The turbulent situation characterized by several wars and continuous political

conflicts increased the prevalence of mental disorders in the country. It is estimated that around 4.6% of its population have experienced a severe mental disorder and out of the 25.8% of the population who met the criteria for at least one of the mental disorders, 10.5% experienced more than one disorder at some point in their lives (Karam et al., 2008). Despite the increase in the reported cases of psychiatric disorders (Farhood et al., 2013), mental illness remains a taboo and shameful.

Very few people seek professional treatment, including those who have been suffering from the disorder for over six years (Karam et al., 2008). Farhood and Dimassi (2012) reported that only 9.7% of the civilian population in the south of Lebanon sought receiving one type of psychiatric treatment.

No previous research has been done on stigma and stereotypes in Lebanon; despite the fact that stigmatization of mental illness is pervasive within the Lebanese community. Nevertheless, the need to target this gap has been acknowledged in an eight-week cognitive behavioural group therapy pilot intervention study adapted to the Lebanese culture. Content from the World Health Organization (WHO) training sessions conducted in Arabic were integrated in this program. Psychoeducational benefits were particularly pronounced since the intervention simultaneously emphasized the importance of destigmatizing mental illness. Through these sessions, social interaction and disclosure of feelings and experiences in a nonjudgmental environment became more viable (Farhood et al., 2014). Therapeutic benefits, including the destigmatization of mental illness were consequently observed (Farhood, Richa, & Massalkhi, 2014). This study gives hope for future interventions geared towards addressing the topic of mental illness in a nonjudgmental, culturally-sensitive manner,

to successfully debunk myths about mental disorders and enhance mental health literacy as needed in our society.

Additionally, the Mental Health Division of the Ministry of Public Health (MoPH) in Lebanon launched the Mental Health Strategy in 2015, which targets mental health in Lebanon. This strategy aims at enhancing mental health services in Lebanon on several aspects. The concern specifically targeted accurate portrayal of mental health and illness. Campaigns to inform the public on their rights as patients and information about the Mental Health Strategy were executed in October 2015. Despite those efforts, the media continues to reinforce the negative stigma associated with mental illness in its shows and news reporting. Hence, the initiative to develop an evidenced-based toolkit to guide media professionals while discussing mental health and mental illness in a non-stigmatizing manner has emerged. This project aims to develop this evidence-based toolkit and to disseminate it through a constructed workshop targeting media professionals.

C. Impact of the anti-stigma programs targeted to the media

These campaigns and organizations showed a significant impact on the reporting of mental illness and on the population itself. The Mindframe program in Australia that sought to educate the media through booklets and sessions showed a large reduction in negative reporting from 2000/1 to 2006/7. Newspapers exhibited a decrease in item placement (from front page to within the newspaper) from 5.9% to 3.8%. Given that it is not recommended to portray methods of suicide in the media, the Media Monitoring Project, which followed up on the Mindframe program, showed that there was a subsequent decrease in reporting. The quality of reporting on suicide changed after the

program was initiated and there was a decrease in inappropriate reporting. Reporting Suicide and Mental Illness, an item in the Suicide and Self Harm manual prepared by Mindframe, suggests that reporters should refrain from specifically discussing the method used in a completed or attempted suicide; a step-by-step description can prompt some vulnerable people to emulate the act. Furthermore, reporting on celebrity suicide showed a decrease from 91% to 13%. The quality of reporting on mental illness also showed a decrease in the unacceptable methods of reporting. There was also a decrease in stereotyping, which is known to evoke further stigma and discrimination (Pirkis, Blood, Dare, & Holland, 2007)

In the UK the “Time to Change” initiative induced a change of mind of the public towards the mentally ill. After their media campaigns, there was an increase in willingness to continue a relationship with a friend with mental illness from 82% to 88%. Moreover, there was an increase in accepting to work with the mentally ill from 69% to 76%; an increase in willingness to live near a person with mental illness from 72% to 77%; and an increase in willingness to live with a mentally ill person from 57% to 62% (Time to Change, 2008).

D. Advanced Practice Nurses Role

Advanced practice nurses (APNs) qualify as leaders, ethical councils and consultants in mental health counseling.

As part of my residency, I participated in the MoPH, Mental Health division campaign as an APN. The MSN program has helped me obtain the required competencies needed to be part of this awareness program, in addition to the clinical competencies required by Psychiatric Mental Health Nurses. The community mental

health scope of practice was also part of my experience. While working in a multidisciplinary team, my role includes coordinating with all the multidisciplinary team to ensure that reporting on mental health issues brings awareness and acceptance in the community. APNs have a role in the community at large where they are responsible for launching intervention campaigns to target the population and media representatives.

Thus, as an APN my work extends to the community at large in promoting legislation, mental health promotion and working with the media to ensure that all people can be helped without fearing the anticipated consequences of stigma and discrimination. During my experience with the MoPH, I was able to work with a diverse multidisciplinary team. As an APN, I was able to use my skills to incorporate the medical aspect of mental health and illness to the social personal perspective that might appeal to the media professionals and civilian communities.

The designed workshop aims to better transmit the key information within the toolkit. This toolkit will provide detailed information about guidelines and instructions for reporting, interviewing and screenwriting characters portrayed in the media (see Appendix III).

CHAPTER III

DESIGNING THE WORKSHOP

This chapter aims at elaborating on the content of the workshop, which will be offered to the media professionals in Lebanon, who will be using the toolkit I designed as a reference when addressing the topic of mental health and illness.

A. Aims of the Workshop

This workshop aims at changing the media's perspectives on mental illness given the large impact the media has on the general public's opinion. The workshop offers media professionals a toolkit that encompasses guidelines and instructions for reporting, interviewing, and/or screenwriting characters. The different dimensions of the toolkit are discussed.

1. Workshop Outcomes

At the end of the workshop, the media professionals/screenwriters will:

1. Use the toolkit in interviewing and reporting on people with mental illness;
2. Value the information given in preparing the piece on mental illness; and,
3. Use a more realistic approach in depicting features of people with mental illness.

B. The Toolkit as a Reference

While working with the MoPH in Lebanon, a toolkit for the media professionals was developed. The Media Toolkit is a guide for media professionals when

interviewing, reporting, or depicting people with mental illness. The toolkit aims at addressing mental health in a more positive light and breaking down mental illness stereotypes. The media's role in encouraging individuals with mental illness to seek help and the audience, in general, to be more accepting of these individuals is additionally highlighted.

The introduction of the toolkit consists of definitions of mental health and mental illness, roles of media professionals, treatment of mental illness, and profiles and statistics of mental health professionals such as psychiatrists, psychologists, and APN and psychiatric nurses. The second part of the toolkit consists of common myths, interviewing and reporting of mental illness. The third part, Suicide and Self-Harm, contains myths, methods of presenting information, language and important tips regarding mental illness. The toolkit also contains a Scripts section indicated for script writing characters with mental illness. This section aids in the portrayal of the characters in movies or TV shows by linking them to real life events. The toolkit concludes with references and sites for further information.

C. Workshop attendees

The workshop seeks to address all media professionals, including: news reporters, television and radio talk show hosts, editing teams, journalists and script writers. The MoPH will arrange dates for the workshop and the method of enlisting attendees.

D. Location

The location of the workshop will be at the broadcasting stations and newspaper companies since it would be easier to address many members in one location.

E. Workshop Program

The workshop (see Appendix III) will commence with introducing a professional in the media industry and myself as speaker in the presentation. I will explain the outline of the workshop and the benefits that might interest the participants. I will also introduce the toolkit that would serve as a reference throughout the day.

The first session will cover the introduction of the toolkit. It will be presented in the form of a PowerPoint presentation. As a mental health professional, I will first present the information related to mental health and mental illness and its treatment. Then, the media professional will present the role of the media and the statistics in Lebanon. I will move to the profiles of mental health professionals and encourage the audience to ask questions related to the terms they already know and need further clarification on.

The second session will cover the mental illness part of the toolkit, specifically the interviewing section. I will first show a previously taped video of an interview with a person suffering from mental illness. The interviewer in the video would deliberately be making several mistakes, which may cause the interviewee to feel uncomfortable. Following the video, the floor will be open for a discussion to point out the flaws in the preparation and presentation of the interviewer. A small presentation will follow to highlight the guidelines given in the toolkit to be used in conducting an interview.

The third session will focus on the reporting aspect of the mental illness part of the toolkit. The audience would be divided into groups and written scenarios on mental illness will be distributed. The groups will be given time to read the articles and suggest changes where needed. A discussion will follow and a small presentation will be given to summarize the negative flaws of the interviewer with the suggested corrections.

The fourth session will discuss the suicide and self-harm part of the toolkit. A small video of a celebrity suicide reporting will be projected. A presentation will follow targeting statistics taken as an aftermath of such reporting and guidelines will be given during the session (see Appendix II).

The scripting part of the toolkit, which will be addressed in the fifth session, will include groups who will be asked to write about a character they have seen on TV or in the movies depicting the character with mental illness portrayed in a stereotypical manner. They will be asked to point out the flaws from the character observed on TV and from a person in real life. A discussion with a presentation will follow. Helpful tips will be given to better portray these characters when scripting.

The final session will conclude by summarizing and discussing the role of the media and the benefits on the general public when positively and realistically reporting mental health issues.

CHAPTER IV

CONCLUSION AND RECOMMENDATIONS

When addressing mental illness in the media it is important to be cautious regarding the terms used and the manner portrayed. This has proven to be effective in changing the public's opinion about acceptance of the mentally ill.

It is recommended to perform a pre- and post-test of the workshop since there is a lack of literature on training of media professionals in how to properly report mental illness. It is recommended to implement well-planned and culturally significant anti-stigma campaigns in countries where awareness of mental illness treatment and rehabilitation is meager.

The development of a toolkit that helps clinicians identify people who are being stigmatized has been presented in the hope that strategies and policies that can mitigate the effect of stigmatization among the media and population at large will be initiated.

There are many ways the APN can serve to help combat stigma. The Nurses' Order can push forward for legislations to ban inadequate terms of mental illness. APNs can work with script writers to develop storylines in known dramas and theaters. They can initiate awareness campaigns in schools and universities. In addition, campaigns on stigma and their impact on the mentally ill could harness the pre-existing stigma and discrimination that has been imprinted and that could hopefully be replaced with empowerment of the mentally ill. Finally, it is recommended to emphasize the role of stigma in the training of all physicians and nurses.

APPENDICES

APPENDIX I: TOOLKIT FOR MEDIA PROFESSIONALS

I Introduction

- A. Mental health
- B. Mental disorder
- C. Role of the media professionals
- D. Treatment
- E. Profiles of different mental health professionals
- F. Statistics

II Mental Disorders

- 1. Common Myths and Misconceptions about Mental Disorders

A Interviewing

- 1. Preparing for the interview
- 2. During the interview
 - i. Remember to
 - ii. Questioning
 - iii. Language

- 3. After the interview

- 4. The media team (crew members, editing team...)

B Reporting during the news

- 1. How to present the information
- 2. Language

III Suicide and Self Harm

- A. Myths and Facts about suicide and self-harm
- B. How to present suicide and self-harm related information

C. Language

D. Remember to

E. Responsible reporting of self-harm

VI Scripts

A. Accurate portrayals

B. Linking creative ideas

V Conclusion

Reference websites

VI References

I Introduction

The media has an important role to play in influencing social attitudes towards and perceptions of mental illness and suicide.

This toolkit provides practical advice and information to support the work of media professionals. It is designed to inform responsible and appropriate reporting of mental illness and suicide in order to reduce harm, reduce the stigma experienced by people who live with a mental illness, and increase community understanding of these issues.

A. Mental Health

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

B. Mental Disorders

Mental disorders comprise a broad range of problems, with different symptoms.

However, mental disorders generally cause modifications in some or all of the below:

1. thoughts
2. emotions
3. behavior
4. relationships with others

Examples of mental disorders

Autism: A person who is unable to communicate appropriately in social situations and repeats certain behaviors such as rocking for long periods of time.

Schizophrenia: A person who hears, sees, smells or feelings things which other people cannot feel or see and is unable to interact according to social norms.

Depression: is characterized a person having for a period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities

Bipolar: is a person who has an unusual and persistent elevated or short-tempered mood with energy that is present for most of the day, nearly every day, for a period of at least 1 week followed or preceded by depression. This person seems to be talking faster or much more than his baseline and having sleepless nights for days. It is often confused with schizophrenia.

C. Role of media professionals

a Mental Disorders

When addressing mental disorders the media is capable of:

- Sending out strong messages that inform perceptions and positively influence behavior
- Challenging myths and beats stereotypes
- Encouraging people with mental illness to seek help
- Informing the public on their rights as patients

b Suicide and Self Harm

When addressing suicide and self-harm the media should use appropriate ways to report suicide: the way in which suicide is reported appears to be particularly significant:

- by glorifying suicide the suicide rates tend to increase.
- by reporting it as a tragic waste tends to increase it's rate

D. Treatment

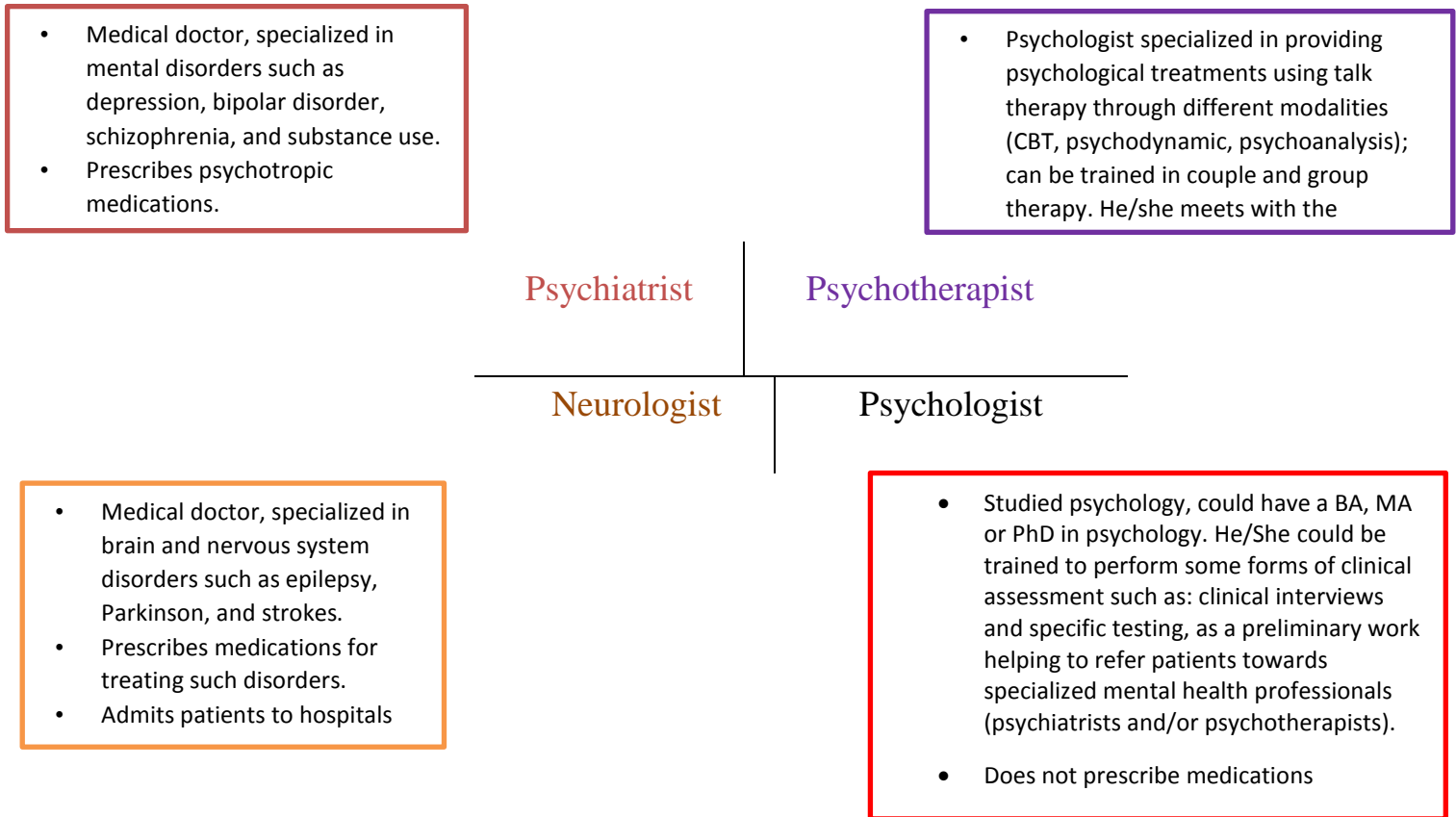
Treatment and management of mental disorders include medication, lifestyle changes and psychological treatment.

- Medication can help in decreasing symptoms and accelerating recovery. There are different types of medications that can be used for different periods of time. To note, psychotropic medications do not cause addiction. Only certain types of anxiolytics if used not under prescription can lead to addiction.
- Lifestyle changes (such as regular sleep cycle, regular physical activity, and resuming previous social activities) can help the person fight and cope with the difficulties that mental illness might cause him/her.
- Psychological treatment such as psychotherapy can help the person talk about his/her mental health problems with an experienced mental health professional (during regular meetings) and can help the person better understand his/her situation and build skills to cope with life stressors and day to day challenges.

E. Risk Factors and Protective Factors

Mental health has many determinants, biological, psychological and social. Some of these factors can be protective and promote mental health while others can put persons at risk of developing a mental disorder. The risk factors are not conclusive to develop a mental disorder.

F. Profiles of different mental health professionals



APPN role:

- Studied nursing and has a MS in Psychiatry and mental health
- Certified to perform clinical assessment and therapy
- Works with a multidisciplinary team to achieve patient improvement
- Researches up-to-date practices to apply in his/her practice
- Works in various settings to ensure patient advocacy and proper follow up

G. Statistics

Numbers have the habit of being taken for granted as true. Statistics can be misleading.

This is why it is very important to get them from reliable sources.

- For up to date national statistics, please consult the MoPH website.

<http://www.moph.gov.lb/Pages/Home.aspx>

- For global statistics, WHO

http://www.who.int/mental_health/en/

II Mental Disorders

1. Common Myths and Misconceptions about Mental Disorders

Myth: Mental illness is caused by a personal weakness.

Fact: A mental illness is not a character flaw. It is usually the result of an interaction between genetic, biological, social and environmental factors. Persons should be encouraged to seek help because they have a high chance of getting better.

Myth: People with a mental illness should be kept in hospital.

Fact: Mental illness does not affect in any way the dignity and human rights of the person. People with mental illness should be able to access care within their communities and with proper support can actively participate in and contribute to their communities.

Myth: The measles, mumps, and rubella (MMR) vaccine causes autism.

Fact: No scientific studies have established a causative link between the MMR vaccine and autism. The original study that reported a correlation between MMR vaccination and autism proved to be scientifically inaccurate.

Myth: People with schizophrenia can't recover

Fact: Around 70% of people with schizophrenia will live symptom free with proper treatment and will be able to take part in activities within their families and communities.

Myth: People with a mental illness are violent.

Fact: People with a mental illness are no more violent or dangerous than the rest of the population. However, people with a mental illness are more likely to be harmed by others,

A Interviewing

This section serves as a guide to interview a person with a mental illness. The guidelines ensures the interviewee know his rights during the interview and feels safe in the environment around him. By considering these guidelines, you would be able to help the main idea and purpose of the interview get across to the audience and most importantly shatter stereotypes.

1. Preparing for the interview
 - Ensure you have 'informed consent'
 - Do not interview if interviewee is under 18 years
 - Clearly explain the purpose of the interview and the issues you'd like to cover
 - Consider providing questions in advance to help the interviewee mentally prepare

- Suggest the possibility of having a friend or family member to be present
- Discuss the use of photos prior to the interview
- Discuss the option of anonymity
- Focus on the strengths and coping capacity of your interviewee with dealing with day to day activities.
- Avoid surprising your interviewee with a guest that he might have a problem with.
- Avoid sensational interviewing with other people (such as family members, neighbors) around your interviewee's life.
- Read about the specific disorder the interviewee has and remember to highlight differences with other similar disorders.
- Do not provide on air diagnosis or encourage experts to do so.

ii During the Interview

a Remember to:

- Make sure to ask the interviewee if comfortable in his seat, needs anything such as water or tissues.
- Explain to him the process of the interview right before
- Explain to your interviewee that at any point he can refuse to ask any question and that he can ask you to stop the interview
- If your interviewee is reluctant to answer or showing signs of anxiety (fidgeting, breathing rapidly, touching hands) do not to push them to talk about anything they would not like to talk about.

b Questioning:

If you are asking them about their disorder:

- Allow them to start talking for a few minutes about their own experience before asking questions
- Ask open-ended questions

These are examples of questions that might be helpful for you to pick from

1. What first brought you in for treatment?
2. How long have you had this problem?
3. Does anyone in your family suffer from a mental illness?
4. Did you have any recent losses or stressing factors before your symptoms appear?
5. What are the medications you are currently taking?
6. How was your experience in the treatment facility?
7. Do you have support from your family?
8. Do you belong to an organization? If so how did they help?
9. What do you recommend to those who are watching and share similar experience?

c Language

Words are a powerful instrument for stigmatizing or empowering. Please find below words that are very stigmatizing and words to use instead that empower people and that respect their dignity.

<i>Avoid using</i>	<i>Instead try</i>	<i>Why?</i>
معتوه مهووس مجنون	شخص يعاني من مشكله او اضطراب	<i>These words are usually linked to dangerousness or strange behavior.</i>
مفصوم ، منفصم	A person who has experienced psychosis or 'a person with schizophrenia'. شخص يعاني من انفصام	<i>Linked to popular culture and dangerousness.</i>
الضحيه، المنكوبين، المرضى العقليين	الأشخاص الذين يعانون من مشاكل	<i>Many people with mental health problems live full lives and many also recover.</i>
8 الأسرى او النزلاء (في مستشفى الأمراض النفسية)	المرضى في المستشفيات النفسية	<i>People are treated in hospital not locked away in prison</i>
أدوية أعصاب	مضادات الاكتئاب " " " الدواء "	<i>Undermines the possible impact of depression suggests a 'quick fix'</i>
مستشفى المجانين العصفورية	مستشفى الأمراض النفسية	<i>Colloquialisms about treatment can undermine people's willingness to seek help</i>
ضحية يعاني من	يعالج من لديه	<i>Terminology that suggest the lack of life for people with mental illness</i>

2. After the interview

- It is vital to ask if the person:

- Is okay
- needs a ride somewhere
- is feeling anxious, ask them if they would like to talk to their therapist

Do not leave them in this state, make sure they are calmed down before leaving.

If they are not calming down encourage them to contact their doctor/therapist or a family member and make sure to follow-up with them the next day to make sure they are okay.

- Allow the person to review the edited interview as it is their right to see the story and change or approve it before it is aired or published.
 - Communicate Helpline numbers to encourage people to seek help Include contextualizing facts. Remember people with severe mental illnesses are more likely to be victims – rather than perpetrators – of violent crime
 - Use the patient’s own words when reformulating what they said to you. Over-dramatizing or diverting from the content of what they said is misleading and can have detrimental effects.
 - Let the person know about the editing processes your story is likely to go through before it is published or broadcast. Warn them if it is likely to be dropped completely.
 - If you intend to emphasize a particular angle or sensationalize (in a headline for example) ask the person if you can.
3. The media team (crew members, editing team...)

- Do not use un-dignifying and inaccurate illustrations when a certain disorder is mentioned. Such as showing a person with two heads when talking about schizophrenia.
- Be careful with captions because they also tend to be misleading.
- Do not use images that depict violence or demean persons with mental disorders when advertising for the show.

B Reporting during the news

1. How to present the information

- Obtain informed consent
- Avoid focusing on certain aspects of the story that may impact the vulnerable and the family members and may not tell the whole story.

2. Language

- As mentioned above words are double edged swords. Use adequate language that empowers rather than discriminates and stigmatizes (see table in the above section).

II Suicide and Self Harm:

Studies have shown that when the media has glorified a celebrity suicide by portraying it either as a heroic act or by depicting the people's reactions (such as making shrines or memorandums) the rate of suicide increases. When reporting self-harm in a non-appropriate manner might increase stigma and thus leading to devastating effects.

1. Myths and Facts about Suicide and Self-Harm

Myth: People who express the idea of suicide are not likely to attempt it, it is a cry for attention.

Fact: Any person who expresses suicidal ideation is at risk for committing suicide

Myth : Asking someone if they are thinking about the idea of committing suicide will put the idea into his head and cause him to act on it.

Fact: Asking someone if they are thinking about harming themselves or ending their lives does not lead to suicide. In fact, it might encourage the person to express their distress and give the opportunity to encourage the person to seek help.

Myth: Only young adults commit suicide.

Fact :All age groups can be at risk of attempting to end their lives.

Myth: The problem is self-inflicted; therefore the person does not need help or understanding.

Fact: The person often feels enormous, overwhelming pain. Self-injuring is a negative unhealthy coping mechanism that they use to relieve the pain. If given appropriate support, most people will not resort to it.

Myth: If the wounds aren't "bad enough," self-harm isn't serious.

Fact: The severity of the self-inflicted wounds has very little to do with the level of emotional distress present. Different people have different methods of self-harm and different pain tolerances. The only way to figure out how much distress someone is in is to ask. Never assume; check it out with the person.

3. How to present the information on suicide and self-harm

Reverting to techniques in the left column has been proven to be effective in leading to the positive results in the right column. The research has shown that by doing so that there was a decrease in suicide rates.

Some research shows that by portraying suicide as:	You would:
Portraying suicide as a tragic waste خسارة تراجيديّة	Target myths and misconceptions
Portraying suicide as an avoidable loss خسارة يمكن تجنبها	Encourage discussion and prevention activities
Focusing on the devastating effect on others	Inform about the risk factors of suicide including warning signs, the importance of taking suicidal thoughts seriously and providing information about where people can get support
Exploring overcoming the suicidal ideation	Minimize prominence of the story and avoid using the word suicide. Do not imply that the death was spontaneous or preceded by a single event

4. Language:

Even in specifically talking about suicide and self-harm language holds great value in sending a warranted message rather than a disastrous one.

Issue	Problematic	Preferred
Language that presents suicide as a desired outcome	انتحار ناجح انتحار فاشل	أنهي حياته مات انتحارًا موت ناتج عن الإنتحار أو بسبب إنتحار
Phrases that associate suicide with crime or sin	الإنتحار جريمة أو خطيئة	ماتانتحارا
Language that glamorizes suicides	انتحار فاشل	محاولة انتحار
Phrases that sensationalize suicide	وباء الانتحار	ارتفاع معدلات
Unnecessary use of the term suicide	انتحار سياسي As in using it to dramatize an action, where suicide is not meant literally	Refrain from using the term suicide in other situations than actual suicide.
Self-Harm Specific		
These words tend to minimize the seriousness of the issue	بدعة مرحلة	Refrain from using them

Separate the person from the behavior	مشطب	Refer to the person as a person who suffers from a mental disorder and resorts to self-harm as a method of reliving pain
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5. Remember:

- Do not use photos of grieving relatives
- Do not portray suicide as a heroic or romantic gesture due to a single preceding event
- Encourage people to seek help if they have suicidal ideation.

Below are important issues which might trigger people who have suicidal ideations or who have previously committed suicide to attempt it. It is of vital importance to be careful with transmitting the following information.

Issue	Options to Consider
Details about method	Do not specify drugs, use general term
New methods	Remove details about new methods and how to access them
Location	Do not be specific
Images that depicts method and location	Do not use dramatic detailed photographs

6. Responsible reporting of Self-Harm

Some people who suffer from certain types of mental disorders are at risk of harming themselves by certain acts such as cutting their hands as a ritual to relieve an emotional pain.

- Minimize description of method and do not link it to suicide
- Reduce prominence of the story
- Take care not to perpetuate inaccurate stereotypes such as people who self-harm seek attention.

- Do not assume that people who self-harm are part of the same group, avoid generalization or categorization.

III Scripts

Mental disorders have long been much sensationalized topics in movies and television series. Therefore, movies and television series are powerful tools to convey messages to the general public

- 1 With an accurate portrayal of a character with a disorder:
 - People with lived experience feel validated
 - Writers can create more complex characters that go beyond stereotypes
- 2 Linking creative ideas with real life stories:
 - Contacting people with lived experiences
 - Getting stories from professionals
 - Validating your scripts about the start, evolution and treatment of a mental disorder from a professional to make sure it is close to reality.
 - In general, when deciding to “kill a character” in a movie or in a series, more often than not directors might resort to this character developing a mental health problem then maybe committing a violent act and disappearing. This is very stigmatizing and not reflective of real life. Instead, have more creative exits to the character

V Conclusion

Hopefully by using this toolkit we can provide a safe environment for all people who suffer from mental disorders and encourage people to seek help when they feel the need to without being stigmatized and deemed by society. Here are some reliable websites you may use to get more information on topics which you might use as reference:

- http://www.who.int/mental_health/en/
- <http://www.moph.gov.lb/Pages/Home.aspx>
- <http://lpalebanon.org/>
- <http://www.lpsonline.org/>
- <http://naqaba.7host.com/users/subpage.asp?id=81>
- <http://psychiatryonline.org/>

<http://www.mentalhealth.org.uk/help-information/mental-health-statistics>

Suicide and Self Harm

Presented by
Nour Jabbour

Myths and Facts

Myth: People who express the idea of suicide are not likely to attempt it, it is a cry for attention.

Fact: Any person who expresses suicidal ideation is at risk for committing suicide

Myth : Asking someone if they are thinking about the idea of committing suicide will put the idea into his head and cause him to act on it.

Fact: Asking someone if they are thinking about harming themselves or ending their lives does not lead to suicide.

Myths and facts

Myth: Only young adults commit suicide.

Fact : All age groups can be at risk of attempting to end their lives.

Myth: The problem is self-inflicted; therefore the person does not need help or understanding.

Fact: The person often feels enormous, overwhelming pain.

Myth: If the wounds aren't "bad enough," self-harm isn't serious.

Fact: The severity of the self-inflicted wounds has very little to do with the level of emotional distress present.

- <https://www.youtube.com/watch?v=fPue88TDvoY>

Don't

- Portraying suicide as a tragic waste *خسارة تراجيديّة*
- Portraying suicide as an avoidable loss *خسارة يمكن تجنيبها*
- Focusing on the devastating effect on others
- Exploring overcoming the suicidal ideation

Do

- Target myths and misconceptions
- Encourage discussion and prevention activities
- Inform about risk factors of suicide (warning signs, importance of taking suicidal thoughts seriously and where to get support)
- Minimize prominence of the story and avoid using the word suicide. Do not imply that the death was spontaneous or preceded by a single event

Language

Issue	Problematic	Preferred
Language that presents suicide as a desired outcome	انتحار ناجح / انتحار فاضل	أنهى حياته مات انتحاراً موت ناتج عن الإنتحار أو بسبب إنتحار
Phrases that associate suicide with crime or sin	الإنتحار جريمة أو خطيئة	مات انتحاراً
Language that glamorizes suicides	انتحار فاضل	محاولة انتحار
Phrases that sensationalize	وباء الانتحار	ارتفاع معدلات

Issue	Problematic	Preferred
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Self-Harm Specific		
These words tend to minimize the seriousness of the issue	بدعة مرحلة	Refrain from using them
Separate the person from the behavior	مشطب	Refer to the person as a person who suffers from a mental disorder and resorts to self-harm as a method of reliving pain

Remember:

- Do not use photos of grieving relatives
- Do not portray suicide as a heroic or romantic gesture due to a single preceding event
- Encourage people to seek help if they have suicidal ideation.

Con'd

Issues to keep in mind

Issue	Options to Consider
Details about method	Do not specify drugs, use general term
New methods	Remove details about new methods and how to access them
Location	Do not be specific
Images that depicts method and	Do not use dramatic detailed

Responsible Reporting of Self-Harm

- Minimize description of method and do not link it to suicide
- Reduce prominence of the story
- Take care not to perpetuate inaccurate stereotypes such as people who self-harm seek attention.
- Do not assume that people who self-harm are part of the same group, avoid generalization or categorization.

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APPENDIX III: WORKSHOP PROGRAM

Session	Content	Instructional Approach	Duration
1. Workshop Introduction	Defining mental health and mental illness. Explaining benefits of using the toolkit. Understanding the impact of appropriate reporting	Presentation on the definitions and the benefits. Distribution of the toolkit with time to explore the toolkit.	15 min.
2. Toolkit Introduction	Inform about the statistics in Lebanon on Mental Illnesses. Explain about Mental Health professionals scopes of practices.	<ul style="list-style-type: none"> • Lecture based learning 	45 min.
3. Interviewing	Interviewing preparation and discussion	<ul style="list-style-type: none"> • Video on wrong interviewing technique • Discussion pertaining the video • Presentation on proper interviewing 	45 min.
4. Reporting	A. Methods of reporting	<ul style="list-style-type: none"> • Group based learning by using a case study which the group would correct the mistakes found. 	30 min.
5. Suicide and Self-Harm	A. Methods of reporting B. Guidelines on reporting suicide and self-harm	<ul style="list-style-type: none"> • Video on proper suicide reporting • Lecture based learning with statistics on suicide and self-harm. 	40 min.
6. Scripting	A. Guidelines on writing characters	<ul style="list-style-type: none"> • Group based learning • Discussion 	45 min.
7. Conclusion	C. Emphasizing roles	<ul style="list-style-type: none"> • Lecture based learning • Open Questions 	15 min.

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