Mental Health Conditions in Film & TV:
Portrayals that Dehumanize and Trivialize Characters

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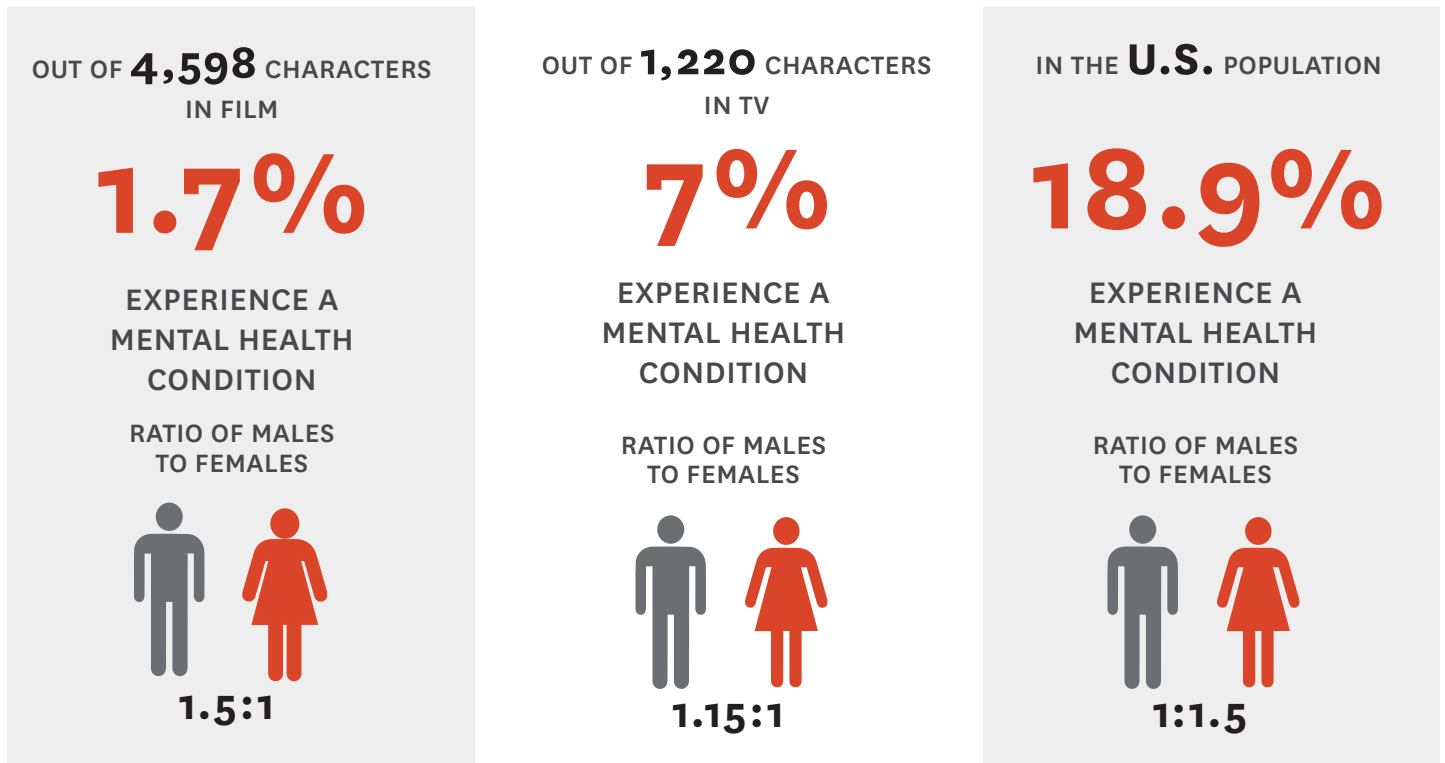
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MENTAL HEALTH CONDITIONS IN FILM & TV

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MENTAL HEALTH CONDITIONS ARE RARE IN POPULAR FILM & TV

OUT OF **4,598** CHARACTERS IN FILM	OUT OF **1,220** CHARACTERS IN TV	IN THE **U.S.** POPULATION
1.7%	**7%**	**18.9%**
EXPERIENCE A MENTAL HEALTH CONDITION	EXPERIENCE A MENTAL HEALTH CONDITION	EXPERIENCE A MENTAL HEALTH CONDITION
RATIO OF MALES TO FEMALES	RATIO OF MALES TO FEMALES	RATIO OF MALES TO FEMALES
1.5:1	1.15:1	1:1.5

MENTAL HEALTH PORTRAYALS LEAVE OUT THE LGBT COMMUNITY

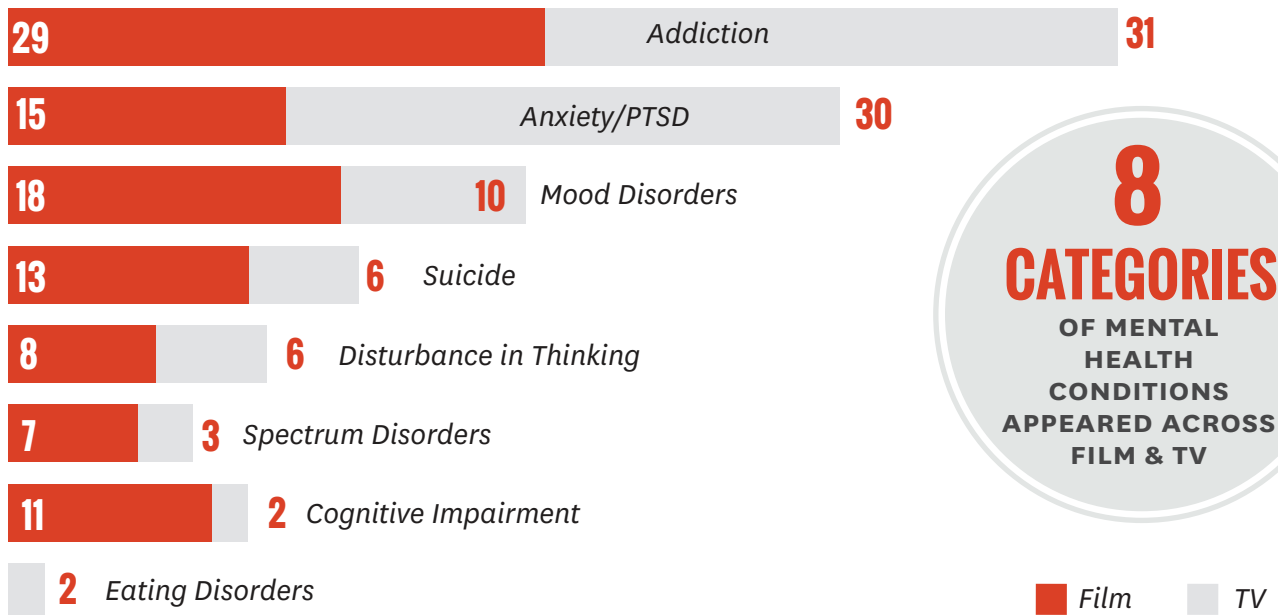| **0** LGB CHARACTERS	**8** LGB CHARACTERS	**0** TRANSGENDER CHARACTERS
IN FILM WERE SHOWN WITH A MENTAL HEALTH CONDITION	IN TV WERE SHOWN WITH A MENTAL HEALTH CONDITION	IN FILM WERE SHOWN WITH A MENTAL HEALTH CONDITION
100 FILMS	50 TV SERIES	100 FILMS

ACROSS AN ADDITIONAL 100 MOVIES FROM 2017, ONLY 1 LGBT CHARACTER WAS SHOWN WITH A MENTAL HEALTH CONDITION. NO TRANSGENDER CHARACTERS WERE DEPICTED WITH A MENTAL HEALTH CONDITION.
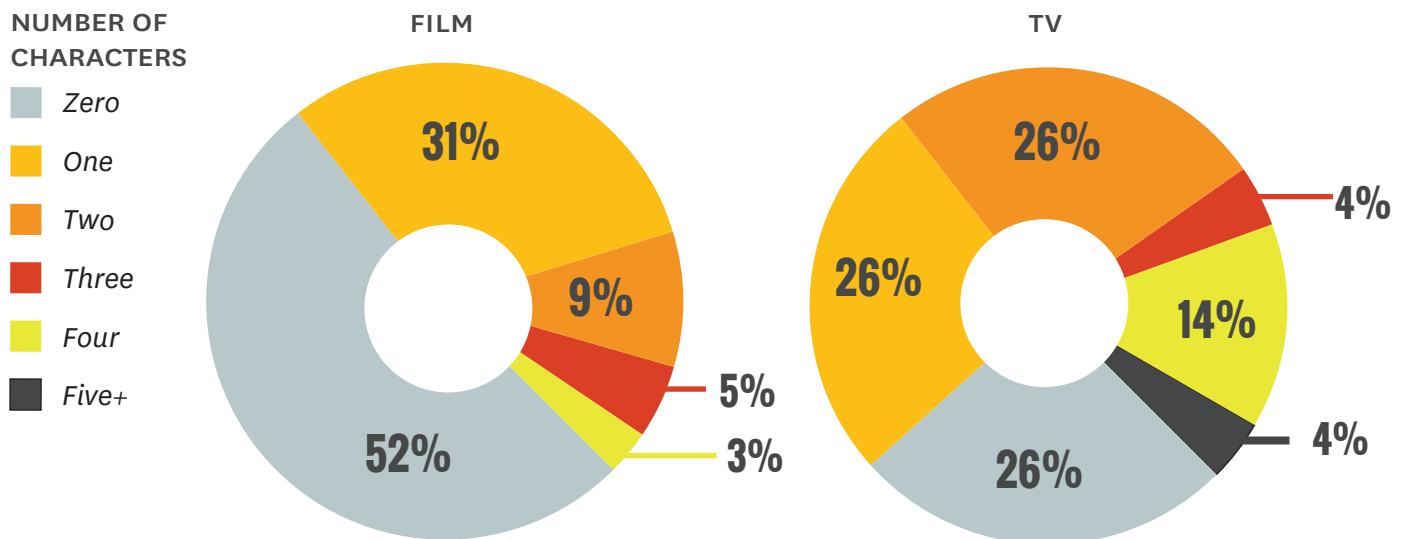
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MENTAL HEALTH CONDITIONS IN FILM AND TV

Number of characters with mental health conditions, by category

	Film	TV
Addiction	29	31
Anxiety/PTSD	15	30
Mood Disorders	18	10
Suicide	13	6
Disturbance in Thinking	8	6
Spectrum Disorders	7	3
Cognitive Impairment	11	2
Eating Disorders		2

8 CATEGORIES OF MENTAL HEALTH CONDITIONS APPEARED ACROSS FILM & TV

■ *Film*   ■ *TV*

Addiction is not always recognized as a distinct mental health condition, but was included as such in this study. Across both portrayals in film and TV, 5% (4) of film characters and 1% (1) of TV characters were shown with addiction and another mental health condition.

MENTAL HEALTH IS MISSING FROM STORYTELLING

*Number of characters per story with a mental health condition, in percentages*

NUMBER OF CHARACTERS

■ *Zero*
■ *One*
■ *Two*
■ *Three*
■ *Four*
■ *Five+*

FILM

- 31%
- 9%
- 5%
- 3%
- 52%

TV

- 26%
- 26%
- 4%
- 14%
- 4%
- 26%

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MENTAL HEALTH IS STIGMATIZED AND TRIVIALIZED IN FILM AND TV

Percentage of characters with a mental health condition shown in context with...

	DISPARAGEMENT	HUMOR	CONCEALMENT	TOTAL # OF CHARACTERS
FILM	47%	22%	15%	87
TV	38%	50%	12%	32

UNDERREPRESENTED CHARACTERS AND MENTAL HEALTH

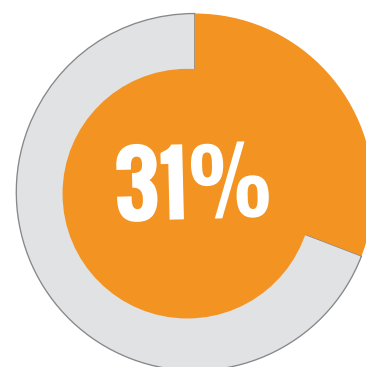*Percentage of characters with a mental health condition who are from an underrepresented racial/ethnic group*

20%
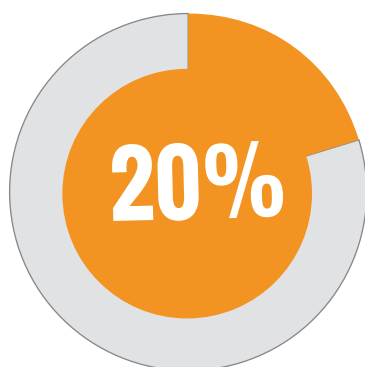
FILM

PREVALENCE OF MENTAL HEALTH CONDITIONS IN THE U.S. BY RACE/ETHNICITY

Hispanic/Latino: 16.3%

Black/African American: 18.6%

Asian: 13.9%

American Indian/Alasaka Native: 28.3%

31%

TV

TEENS' MENTAL HEALTH DOES NOT TRANSLATE TO ENTERTAINMENT

7%
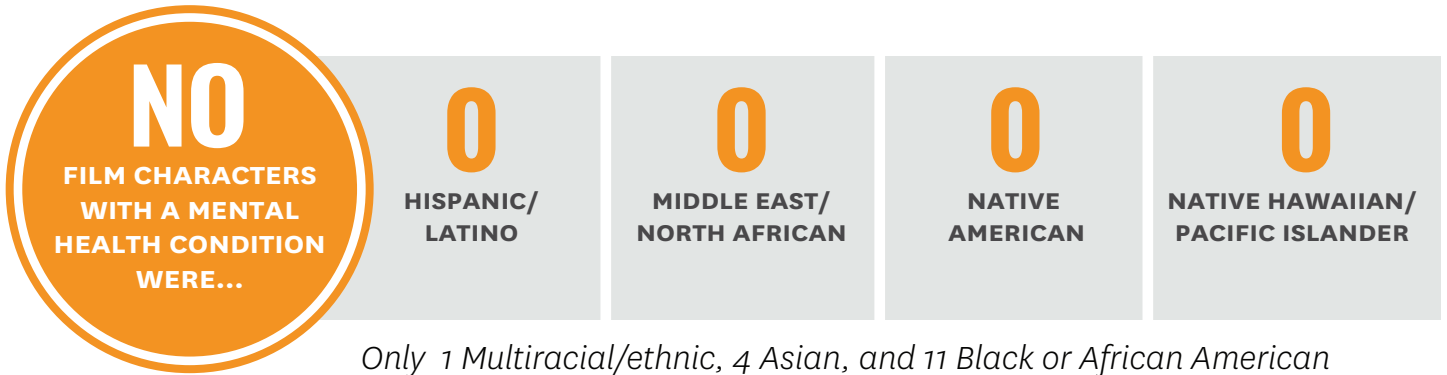OF CHARACTERS WITH A MENTAL HEALTH CONDITION IN FILM WERE TEENS.

6%
OF CHARACTERS WITH A MENTAL HEALTH CONDITION IN TV WERE TEENS.

20%
OF U.S. TEENS EXPERIENCE A MENTAL HEALTH CONDITION.

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MENTAL HEALTH IS MISSING FOR MANY COMMUNITIES

NO FILM CHARACTERS WITH A MENTAL HEALTH CONDITION WERE...

0 HISPANIC/LATINO	**0** MIDDLE EAST/NORTH AFRICAN	**0** NATIVE AMERICAN	**0** NATIVE HAWAIIAN/PACIFIC ISLANDER

Only 1 Multiracial/ethnic, 4 Asian, and 11 Black or African American characters were shown with a mental health condition.

NAME-CALLING IS NORMALIZED IN FILM AND TV

Selected words/phrases used to refer to characters with a mental health condition...

DIFFERENT   WEIRD   UNSTABLE   CRAZY   PROBLEM

RUINED   SOCIOPATH   NUTS

FREAK   MONSTER   IDIOT   NITWIT

SILLY   SCUMBAG   CREEP   NUTJOB   PSYCHO

THE VIEW OF MENTAL HEALTH IS VIOLENT IN FILM & TV
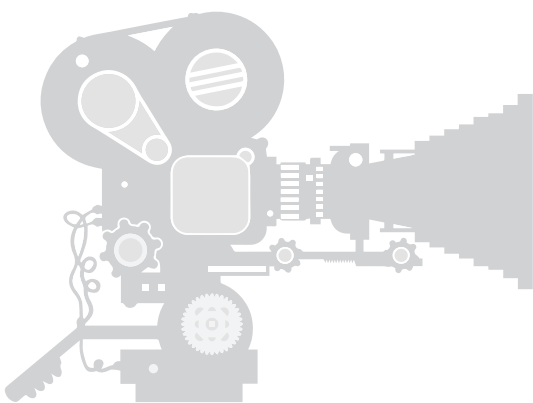
46% OF FILM CHARACTERS WITH A MENTAL HEALTH CONDITION WERE PERPETRATORS OF VIOLENCE.

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HOW CAN ENTERTAINMENT DEAL RESPONSIBLY WITH SUICIDE?

>10M
AMERICANS REPORT HAVING SUICIDAL THOUGHTS EACH YEAR

1.4M
AMERICANS LIVE THROUGH SUICIDE ATTEMPTS EACH YEAR

MOST
INDIVIDUALS WHO ATTEMPT SUICIDE GO ON TO LIVE OUT THEIR NATURAL LIVES

Authentic, nuanced, and safe portrayals are needed when suicide is depicted.

STRATEGIC SOLUTIONS TO CHANGE STORYTELLING

To create authentic, nuanced, and safe portrayals, content creators should ask...

WHY AM I TELLING THIS STORY?

ASK: IS THE MENTAL HEALTH CONDITION USED AS A PLOT DEVICE?

ASK: IS THE MENTAL HEALTH CONDITION USED FOR HUMOR?

ASK: IS THERE UNNECESSARY STIGMA DEPICTED?

ASK: IS HELP-SEEKING DEPICTED?

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Executive Summary

The purpose of the present study was to content analyze mental health conditions in popular films and TV series. To this end, we scrutinized the 100 top movies of 2016 as well as the first episode of the highest rated TV series from the 2016/2017 season. An additional analysis of the 100 top movies of 2017 was undertaken to examine LGBT portrayals as they relate to mental health conditions in storytelling. The major trends and data points are illuminated below.

Mental Health Conditions are Missing in Popular Storytelling

In popular films, only 1.7% of characters (*n*=4,598) are shown with a mental health condition. While TV improves on this figure, the 7% of characters in popular TV shows (*n*=1,220) portrayed with mental health conditions are still not representative of the 20% of the U.S. population experiencing a mental health condition or illness. Over half of the 100 films (52%) and 26% of the 50 TV series in the sample did not feature a single character with a mental health condition.

Portrayals of addiction occurred most often across both film (29 characters) and TV (31 characters). Fifteen film characters and 30 TV characters were shown with anxiety and post-traumatic stress disorders. Eighteen film and 10 TV characters exhibited mood disorders (e.g., depression). Disturbances in thinking/perception affected 8 film characters and 6 TV characters. Seven characters in film and 3 in TV experienced spectrum disorders, while a number of characters (11 film, 2 TV) evidenced cognitive impairment. Only 2 TV characters were shown with eating disorders.

Characters with Mental Health Conditions Face Inclusion Disparities

The characters who were presented with mental health conditions reflect an exacerbation of existing inclusion disparities across film and TV. The majority of mental health portrayals feature white (film=80%, TV=69%) male characters (film=60%, TV=54%). Few teenagers were shown with mental health conditions (film=7% or 6 characters, TV=6% or 5 characters) on screen.

Only a handful of characters with a mental health condition were Black (film=14%, TV=19%), Asian (film=5%, TV=4%), Hispanic/Latino (film=0, TV=5%) and multiracial (film=1%, TV=4%). It is important to note that there was not one Native American, Middle

Eastern/North African (MENA) or Native Hawaiian/Pacific Islander (NHPI) character portrayed with a MHC across 100 movies or 50 TV series.

Mental Health Conditions Evade Characters from the LGBT Community

Not one character with a mental health condition was from the LGBT community across the 100 top films of 2016. Only 1 LGBT character (white, male) featured a mental health condition across the 100 most popular movies of 2017. Thus, out of 9,052 speaking characters and 200 films, only one depiction of an LGBT character with a mental health condition was presented on screen. This is notable as members of the LGBT community experience disparities (e.g., bullying, discrimination) and thus mental health conditions at a higher rate than the population.

Television fared slightly better. A total of 8 characters with a mental health condition were lesbian, gay or bisexual (9.3%), which is an improvement from film. However, it is important to emphasize not one transgender character with a mental health depiction appeared across the 50 most popular TV shows across the 2016-2017 season and the top 200 movies from 2016-2017.

Mental Health Conditions are Dehumanized in Popular Storytelling

Nearly half (47%) of the characters with a mental health condition were disparaged by other characters in film and 38% in TV. Disparagement manifested itself in the form of name calling, dehumanizing phrases, and stigmatizing behavior. Forty one negative or dehumanizing terms/phrases were used to describe a character with a mental health condition in film and 15 in TV.

Humor was another facet linked to portrayals of mental health conditions. Twenty-two percent of film characters and half (50%) of TV characters were shown in a humorous or mocking light. These findings suggest that experiences of individuals with mental health conditions are largely trivialized in entertainment storylines.

Characters with a mental health condition were also shown as perpetrators of violence. In film, 46% of characters utilized aggression, while 25% of TV characters with mental health conditions were shown acting violently. The erroneous belief that individuals with mental health conditions are largely "dangerous" to society is one that is being reinforced in media depictions.

Suicidal Ideation, Attempts, and Death are Infrequent in Popular Storytelling

Suicide-related portrayals in the form of ideation, attempts and death were examined. In film, a total 13 (10 males, 3 females; 91% white) out of 4,598 characters were shown as thinking about, attempting or dying by suicide. Seven of these characters were depicted attempting suicide. Of the 5 suicides, 1 was shown on screen in an animated movie. One

depiction focused on ideation. Approximately half of the 13 characters were shown with a mental health condition and only 2 were shown receiving therapy or treatment.

In TV, the portrayal of suicide was even more infrequent. Six characters of 1,220 were coded with suicide-related thoughts or actions, with only 2 portrayals in the actual episode sampled and coded. Of those 2 depictions (one male, one female), one involved ideation by verbal reference and one was a suicide attempt (e.g., opioid overdose). Largely, the portrayals of suicide-related thoughts and behaviors in film and TV offered little context related to mental health or other risk factors.

The Way Forward: Research, Advocacy, & Industry Action

The lack of characters depicted with mental health conditions, the demographic skew, and contextual features associated with these portrayals must be addressed. Three areas are proposed for intervention, focusing on research, advocacy, and content creation. Research should focus on updating and extending the current study to include work that evaluates the creation and impact of portrayals of mental health conditions. A series of questions are also offered for content creators who are developing characters with mental health conditions. These questions are designed to move away from dehumanizing or trivializing depictions and toward more authenticity.

The lived experiences of individuals with mental health conditions are missing from popular media. Audience members who live and thrive with mental health conditions can advocate for authentic and nuanced portrayals that illustrate their own stories. In particular, the importance of effective treatment and support is missing from film and TV. Four film characters were treated with medication for their mental health condition and 22% attended or discussed receiving therapy. Three TV characters were shown using medication and 20 were in some form of therapy, ranging from attending AA meetings to receiving multiple forms of treatment. By asking for more genuine depictions, audience members can ensure that others see stories of hope and healing.

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Mental health conditions affect a quarter of individuals worldwide,[1] including 18.9% of the adult U.S. population in 2017,[2] with 4.5% of American adults identified with more severe forms of mental illness.[3] The World Health Organization finds that depression is among the leading contributors to medical disability globally,[4] yet prejudicial attitudes and behaviors are still barriers to receiving care and acceptance by families and communities.[5] Less than half of American adults experiencing a mental health condition receive treatment,[6] indicating that stigma, knowledge deficits, access to care, and other impediments may severely limit our ability to address one of the most serious public health threats facing our nation.

The consequences of mental illness are staggering, leading to disability and suffering at the individual, family and societal levels. Mental health conditions cut across all people groups, with 50% of lifetime mental illness presenting by mid- teens and 75% in the early 20's,[7] affecting all genders, races/ethnicities, and geographical and socioeconomic populations. Just over one-quarter of homeless individuals living in shelters had a serious mental illness,[8] and the Bureau of Justice Statistics reported that 45% of inmates in federal prison, 56% in state prison, and 64% in local jails experienced mental health problems.[9]

The ramifications of mental illness include functional impairments and disruptions in school, work, and social dimensions, and impact families and loved ones of those affected. Unaddressed mental health conditions are also a leading risk factor for suicide and the 2nd leading cause of death in young Americans (age 10-34 years).[10] Clearly, mental illness is a public health crisis and its ramifications are not limited simply to individuals nor to a particular segment of society.

Dealing with societal perceptions of mental health is critical to improving the lives of individuals in our nation. One arena that may influence public opinion and culture related to mental health is mass media. Film and TV exert critical influence, and if they paint a skewed portrait of mental illness, could represent an active and significant obstacle to advancing knowledge and health behaviors related to mental health. In media, mental illness may be used to vilify a character, or be inappropriately and inaccurately linked to violence.[11] Representing mental illness in this way may be one reason experts have argued that the mass media contributes to stereotypes and stigma surrounding mental health.[12] Given this, it is imperative to understand how popular media depict mental health conditions.

Investigating and advocating for media inclusion and authenticity is the focus of the Annenberg Inclusion Initiative (AI[2]). Each year the Initiative conducts a comprehensive analysis of representation in popular film. To date, the team has analyzed 1,100 top-grossing movies from 2007 to 2017 examining gender, race/ethnicity, and LGBT status. In 2015, for the first time, the Initiative examined disability including those potentially related to mental health conditions. The study found that across 4,370 speaking characters in the 100 top films of 2015, only 2.4% were depicted with a disability. Of the few individuals with a disability, 37.1% were depicted with a disability in the mental or cognitive (brain health) domain.[13]

Despite the considerable scope of our research, further exploration was needed. In our previous investigation, we assessed *mental illness* that constituted disability rather than the spectrum of *mental health conditions* faced by Americans. To address this gap, we expanded our current work to include an examination of mental health conditions across the 100 most popular films of 2016 and the first episode of the 50 top-rated TV broadcast and cable shows from 2016 to 2017.

We also needed to create a new set of criteria and definitions for identifying mental health conditions in film and TV portrayals based on the existing medical, psychological, and social science research. Drawing from multiple resources, a character was coded as possessing a mental health condition when a *significant* and/or *persistent* negative reaction (e.g., adverse thoughts, emotions, behaviors) was evidenced by *internalizing* or *externalizing* symptoms. Characters with evidence of major psychiatric conditions such as mood disorders, anxiety disorders, psychotic disorders, addictions and eating disorders were included in this definition, as were suicidal ideation or behaviors intended for self-injury (though those motivated by political or ideological reasons were excluded). The definition was broad and included substance use disorders, as they may co-occur alongside other conditions.[15]

In the section that follows, we present results on the frequency and nature of mental health conditions in 100 popular films and then 50 TV shows. The paper concludes by over viewing the major findings, outlining a program of future research, and specifying specific practices for writers, directors, and producers telling stories that feature mental health conditions.
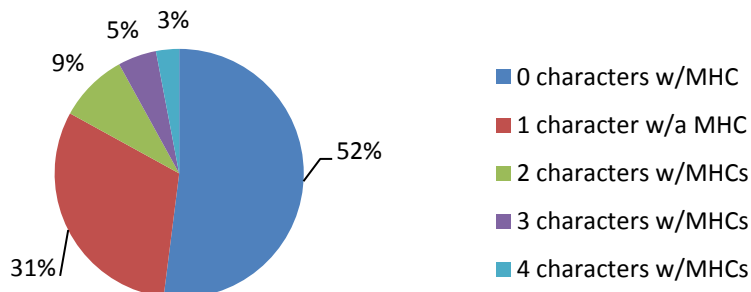
<div align="center">Film</div>

Prevalence

Out of 4,598 speaking characters across the 100 top films of 2016, only 76 or 1.7% were depicted with a significant or persistent mental health condition.[16] This is significantly out of step with the real world where roughly 20% of adults in the U.S. live with a mental health condition annually.[17]

Fifty-two of the 100 top movies did not feature a single instance of a mental health condition on screen. Put differently, less than half (*n*=48) of the sample depicted one or more characters with a mental health condition (MHC). Disaggregating this further, 31% of the movies featured one character with a MHC, 9% two, 5% three, and 3% four. Thus, 83% of the 100 top films of 2016 presented no portrayal or only 1 character depiction of a mental health condition (see Figure 1).

Figure 1
Number of Characters Per Film w/Mental Health Condition

- 0 characters w/MHC
- 1 character w/a MHC
- 2 characters w/MHCs
- 3 characters w/MHCs
- 4 characters w/MHCs

In terms of role, we examined whether characters were leads/co leads, secondary characters, or inconsequential to the plot. Eighteen movies featured a leading or co leading character with a mental health condition across the 100 top films. As noted above, this is nearing proportional representation. Thirty-seven characters were secondary to the storyline (49%) and 20 were completely inconsequential (26%).

We now turn our attention to the nature of mental health conditions on screen. First, we focus on the demographic and identity attributes (i.e., gender, age, race/ethnicity, LGBT, parental status, romantic relationship, occupation, veteran status, homelessness) of all speaking characters with a MHC. Then, we present the types of mental health conditions and illnesses shown across the 100 top films. The section concludes by examining the broader context (e.g., disparagement/stigma, humorous context, perpetrator of violence, childlike, receiving therapy, treatment) associated with the MHCs portrayed in popular film.

For all of the analyses below, our sample size increases from 76 to 87. This is due to the fact that some of the characters were shown at an earlier or later life stage (*Finding Dory, The Accountant*) with a mental health condition. Consistent with all of our content-based research, we included these demographic changes as they provide rich contextual information about the way in which mental health conditions were depicted or referenced on screen.

Demography & Identity of Characters with a Mental Health Condition

Who is shown with a mental health condition in film? Of the 87 characters, 60% (*n*=52) were male and 40% were female (*n*=35). This is a gender ratio of 1.5 males to every one female.

In terms of race/ethnicity, 78 of the 87 were applicable for coding.[18] Of those 78, 80% were white, 14% were Black, 5% were Asian, and 1% were bi- or multiracial/ethnic. It is interesting to note that there was not one Hispanic/Latino, Native American, Middle Eastern/North African (MENA) or Native Hawaiian/Pacific Islander portrayed (NHPI) with a MHC across 100 of the most popular movies of 2016. Of the Asian characters, 3 were South Asian (Indian) and the fourth was an animated character in *Kubo and the Two Strings*.

In total then, 20.5% of the characters with a MHC were from an underrepresented racial/ethnic group. This point statistic is ***substantially*** below (-18.8%) U.S. Census (39.3%[19]) and out of alignment with the actual prevalence of MHC in racial/ethnic groups in the U.S. which ranges from 14% to 28% with white Americans in the middle, Asian Americans at the low end, and American Indian/Alaska Native at the high end.[20]

Most of the characters with a MHC were young adults 21-39 years of age (46%, *n*=40) followed by middle-agers 40-64 years of age (33%, *n*=29). Only 7% of characters with a mental health condition (*n*=6) were depicted as teens. That is, only 6 teenage characters were shown with a MHC across 100 movies or 4,598 speaking characters. This is in stark contrast to the fact that twenty to twenty-five percent of 13-18 year olds in the U.S. experience a serious mental health condition.[21] Six (7%) characters with a MHC were younger children 0 to 12 years of age.

Roughly a third of characters with MHCs were shown as parents (34%, *n*=22) or relational partners (32%, *n*=19). Not one character with a mental health condition was depicted as lesbian, gay, bisexual, and/or transgender. Given this, we did an additional analysis of the 100 top films of 2017. Out of 31 LGBT depictions across 4,403 speaking characters, only 1 was portrayed with a mental health condition. These latter findings are particularly disconcerting as NAMI asserts, "LGBTQ individuals are almost 3 times more likely than others to experience a mental health condition such as major depression or generalized anxiety disorder."[22]

We also assessed whether characters with mental health conditions were shown with a job[23] (yes, no), as a veteran[24] (yes, no) and/or homeless[25] (yes, no). In terms of job coding, only characters 13 years of age and above were applicable on this measure (*n*=81). A total of 36 characters (44%) with a mental health condition were depicted with an occupation. Interestingly, the two categories of occupations with the highest frequency were law enforcement and service-oriented professions (see Table 1).

Table 1
Occupations of Characters with Mental Health Conditions

Occupation Category	Frequency Count
C-suite (e.g., CEO)	2
Law Enforcement/Legal (e.g., police, prison guard, soldier, military, paralegal)	10
Ruling Royalty (e.g., queens)	3
Healthcare (e.g., doctor, nurse, therapist)	3
Financial Services (e.g., accountant)	2
Service/Trades (e.g., nanny, waste management, janitor, mechanic, performer)	10
Education (e.g., teacher)	1
Other (e.g., criminal, pilot)	5

Eleven (13%) of the 87 characters with a mental health condition were portrayed as former members of the armed services. All of these characters were men and all but one was white (91%, Black 9%, *n*=1). Four of the characters with a mental health condition were homeless, including one leading female character. The other three homeless characters were all in *Jack Reacher: Never Go Back* and inconsequential to the plot.

Overall, many groups are missing from the portrayal of mental health conditions. Few younger characters were shown with a mental health condition and no members of the LGBTQ community. Very few characters were from underrepresented racial/ethnic groups and there were more homeless portrayals than depictions with Native Americans, MENA, NHPI, or multiracial characters combined. Clearly, Hollywood continues to miss the mark when it comes to authenticity of mental health representation in storytelling.

Types of Mental Health Conditions

We examined the types of mental health conditions shown on screen. Toward this goal, the 87 characters identified as portraying mental illness were richly described based on the definition of a mental health condition and its key stipulations. Then, the characters were grouped across seven categories: 1) addiction, 2) anxiety/PTSD, 3) cognitive impairment, 4) developmental disorders, 5) disturbances in thinking, 6) depression, and 7) suicide. More than one condition could be present. Thus, the sum of the columns does not add to 87.

Table 2
Type of Mental Health Conditions or Outcomes

Condition / Outcome	Frequency Count	#/% of Females	#/% of Under Represented
Addiction (i.e., alcohol, drugs, gambling)	29	8/28%	6/22%
Mood disorders (i.e., depression)	18	10/56%	3/18%
Anxiety/PTSD	15	2/13%	4/31%
Suicide (e.g., ideation, attempt, death)	13	3/23%	1/9%
Cognitive Impairment	11	7/64%	2/25%
Significant Disturbance in Thinking	8	6/75%	1/14%
Spectrum Disorders (i.e., autism)	7	2/29%	0

Note: Spectrum disorders also included one developmental related condition.

Addiction/substance use problems. The most frequently portrayed mental health condition on screen was **addiction,** with 29 characters (see Table 1).[26] Characters were addicted to alcohol (*n*=15), drugs (e.g., opioids, crack/cocaine, cannabis; *n*=13), and gambling (*n*=1) in the sample of movies. None of these addictions co occurred, however. Given the current crisis facing the U.S., it is surprising that only 4 depictions of opioid addiction were presented across the 100 top films of 2016.[27]

Portrayals of addiction manifested in two major ways. First, the story presented verbal or nonverbal references (e.g., terms like junkie, drunk) and/or statements related to the character with an addiction (*n*=23). Context cues or signs suggesting attendance at a substance abuse program or living in a rehabilitation center also were present. Second, the narrative portrayed purchasing, using, and/or the consequences of substance use/abuse on screen (*n*=22). Examples included but were not limited to a character shown with arm scars from heroin use, smoking crack cocaine, excessive alcohol consumption, and passing out. Some characters were depicted engaging in risky behaviors under the influence of a substance (e.g., horseback riding, gun use) as well as engaging in aggression or domestic abuse.

In terms of character attributes, 6 were leading or co leading characters, 13 supporting and 10 inconsequential to the plot. Males were more likely to be shown with an addiction than females (21 vs. 8) and most characters were between the ages of 21-39 years (62%, *n*=18) or 40-64 years (38%, *n*=11). Seventy-eight percent of characters with an addiction were white (*n*=21) and 6 were Black (22%). For more information on addiction by race and/or ethnicity in the U.S., see Footnote 28.

Over half of the characters with addiction were parents, 38% were depicted in a romantic relationship, and 38% held a job. Three characters with addictions were homeless and three were veterans.

Mood Disorders. The second most frequent type of portrayal was a mood disorder. In the case of film, this category is fully accounted for by 18 out of 4,598 characters (0.4%) with **depression**.[29] This is a severe underrepresentation, as "21.4% of U.S. adults experience any mood disorder at some time in their lives."[30]

Consistent with real world diagnoses, this mental health condition was more likely to be the domain of female characters (56%, *n*=10) than male characters (44%, *n*=8).[31] Eighty-two percent of characters experiencing depression were white (*n*=14), 12% Black (*n*=2), and 6% Asian (*n*=1). Five characters with depression were parents and 2 were in a committed romantic relationship. One of the characters with depression was a teenager and the other was in elementary school.

Grieving from the death of a loved one (e.g., *Collateral Beauty, Manchester by the Sea*) as well as physical disability (e.g., *Me Before You, Miracles from Heaven*) were some of the antecedents driving characters' depression. Here are a few excerpts of depression from the films examined:

> A malfunction in Jim's pod causes him to wake up 90 years before the ship will land on Homestead 2 and everyone else wakes. He stops caring for himself, exhibits signs of alcohol misuse and contemplates suicide. He puts his finger on a button to eject himself from the ship without a spacesuit, re-thinks it, and runs away before collapsing to the floor and sobbing.
> *Passengers*

> Sophie has had depression since she was a teenager. Sophie was hospitalized when she was younger. She has been taking anti-depressant medication. Depression affects Sophie's ability to care properly for her son, Martin.
> *Lights Out*

> Rachel becomes severely alcohol dependent with significantly depressed mood and feelings of worthlessness after learning of her infertility and husband's infidelity. After he leaves her, Rachel loses her job and becomes obsessive over a couple she watches from a train and her ex-husband's new family.
> *Girl on a Train*

Fully half of characters experiencing depression were shown with another mental health condition, providing important representation of comorbidity between depression and other MHCs. Six (33%) of the 18 characters shown with depression ideate about, attempt, and/or die by suicide. Depressed characters often were shown with a job (44%) and their occupations varied across sector (e.g., teacher, CEO of an ad company, neurosurgeon, monarch) and skill level (e.g., janitor, mechanic, clothier). For information on occupations and mental health conditions, see Footnote 32. No characters with this mental health condition were a veteran or shown homeless.

Anxiety and/or **Post Traumatic Stress Disorder** (PTSD) was our third major type of mental health condition.[33] Fifteen instances emerged across the sample (0.3% of 4,598 speaking characters versus actual prevalence rate of 18.1% in the American population annually[34]),

with war/military, violence, bullying, and physical accidents being shown as the precursors of anxiety and/or PTSD. Examples included but were not limited to the following:

> Bruce Wayne has PTSD from his parents' death. He has troubling sleeping, nightmares that take place at his parents' graves, and has triggering responses to the name Martha. There are several references made to his drinking habits and in one scene, he consumes wine from a glass near his bed first thing after he wakes up.   *Batman vs. Superman*

> After the naked assembly incident, Bob leaves high school forever. He does not come back for prom or graduation. He discloses to Calvin that he's never been naked in front of anyone since that day and has sex only in pitch black dark. When he sees Trevor again, he has visual flashbacks to those traumatic memories with the sound of laughter and mockery echoing in his head - comically yet clearly indicating PTSD. He also has difficulty with social cues. Though he has not seen Calvin in roughly 20 years, he lists him as his emergency contact, wears his varsity jacket to bed and has a license plate with Calvin's high school name on it.
>   *Central Intelligence*

> Young Mantosh starts screaming and yelling when he is introduced into his new home in Australia. He starts hitting himself on the head, and his new adoptive parents have to pin him to the ground to cradle his head.   *Lion*

Only two women were shown experiencing anxiety or PTSD across 100 movies, which is an underrepresentation by gender compared to real-world incidence.[35] Sixty-nine percent (*n*=9) of anxious characters were white, 23% Asian (*n*=3), and 8% multiracial/ethnic (*n*=1). Two characters were indeterminable on the race/ethnicity measure. Three characters were parents (27%) and 5 were in romantic relationships (46%). One third of the characters with anxiety or PTSD were veterans (*n*=5). Nine of these characters with anxiety/PTSD were shown with a job, including but not limited to a CEO of a corporation, an airline pilot, CIA agent, and nanny.

Suicide. Suicide refers to thoughts, attempts, and/or acts of self-injury that were designed to result in death (see CDC).[36] While there may be many risk factors for suicide, only those intended to end the pain or suffering of the individual – on or off screen (e.g., verbal, implied, and depicted) -- counted in this investigation.[37] In other words, suicidal intent in the context of a personal, political, or terrorist agenda were not included.

A total of 13 characters (0.3% of 4,598 speaking characters, males=77%, females=23%) were shown with suicidal thoughts and/or attempts, 5 of which resulted in death on screen or were strongly implied across 4 films. The true ratio of incidence of suicidal thoughts to behaviors to death is 1000:100:1. In other words, far more people think of suicide each year in the U.S. (10.6 million) than those who attempt (1.4 million), and even fewer die by suicide (47,173).[38] Examples of on screen or strongly implied suicide are as follows:

After an accident that leaves him paralyzed from the waist down, Will Traynor has severe depression. Having previously led a life of adventure and extreme sports, a new life in which he needs help to do everything from eating to shaving is hard for him to bear. It is implied he has attempted suicide before (e.g., cutting his wrists), and in the end, he makes the choice to end his life in another country via assisted suicide.

Me Before You

Mr. & Mrs. Heelshire die by suicide together by walking into a lake with stones in their pockets and drowning. They write a final letter to Brahms apologizing. They feel guilt for having hidden him in the walls of their house, because they did not want the public to find out that he was a murderer.

The Boy

Isis, reigning Queen of Egypt, witnesses her husband, Osiris, being murdered by her brother-in-law, Set, and is beset with grief. Her son, Horus, reveals that after becoming a widower, Isis died by suicide, as she could not live without Osiris.

Gods of Egypt

A full 91% of these suicidal characters were white (*n*=10) and only 1 was Black (9%). This lack of non-white racial representation is significantly out of sync with true prevalence rates and is of extreme concern given the stigma among particular racial/ethnic populations related to mental health and suicide risk. No child or teen characters were portrayed thinking about or engaging in suicide-related behaviors. The truth is that nearly 1 in 5 American high school students have serious thoughts of suicide each year.[39]

Just over half of all depictions involved 21-39 year olds (*n*=7), 31% (*n*=4) were middle aged characters (40-64 years of age) and 15% (*n*=2) were elderly (e.g., 65 years of age or older). Over 40% of characters with suicide-related portrayals were depicted as married with children and 46% held a job. Two of the characters attempting suicide were veterans and none were homeless.

Cognitive Impairment. The next mental health condition was **cognitive impairment** or deficits in memory, attention, storage, recall, and/or comprehension of information.[40] A total of 11 characters were shown with memory issues or hallucinations/disorganized thinking due to head injuries. Examples from the films included but were not limited to the following:

Rebecca Dalton Rusk has significant memory issues and possibly dementia. She hires March to find her husband, whom she says has been missing since the funeral. March notices that his ashes are clearly in an urn on her mantle ten feet away.

The Nice Guys

After suffering an extreme head injury in the war, Gabriel exhibits clear signs of deficits in cognitive functioning. He has auditory and visual hallucinations, has disorganized thinking (can't keep conversation), and acts like a child. He is hospitalized as he can't take care of himself.

Fences

Almost two-thirds (64%, *n*=7) of the characters with cognitive impairment were females (36% males, *n*=4) and 75% were white (25% Black, *n*=2). Two of the characters were parents and none were depicted in a romantic relationship. In terms of age, the characters with this mental health condition were shown across the life span: 0-12 years of age (*n*=1), 13-20 years of age (*n*=2), 21-39 years of age (*n*=2), 40-64 years of age (*n*=3), and 65 years of age or older (*n*=3). One character was homeless, 2 were veterans and 1 was shown with an occupation.

Significant Disturbances in Thinking/Perception. Eight characters with a MHC had significant disturbances in thinking/perception.[41] This category reflects instances in which characters demonstrated cognitive distortions, altered states of reality, or disproportionate reactions to events. Diagnoses and symptoms such as schizophrenia (i.e., emotions, thoughts, and behavior are not based in reality[42]), "regressive atavism" (i.e., a fictional condition in *Suicide Squad* that results in "psychological reptilian traits"), delusions (i.e., an individual believes something that is obviously false or not in touch with reality[43]), and intermittent explosive disorder (i.e., inability to resist acts of anger and/or violence in inappropriate situations[44]) were presented in the sample of movies. Examples included but were not limited to the following:

> Diana exhibits signs of anger/aggression. Her father had killed himself and she was found locked away in a basement at age 13. A doctor mentions that she had a "history of violence" and that she was attacking other patients. She is kept on restraints during check-ups. She's "obsessed with Sophie" and when asked why she would hurt her friend, replies that it was because Sophie was getting better.   *Lights Out*

> The Red Queen has persistent anger/aggression issues. After an incident in the past that has resulted in a physical disability (e.g., extreme swelling of the head), she has internalized insecurity about her appearance. She has frequent outbursts of rage and constantly calls for the death of others. She shows a low level of intensity, as she often laughs at the pain and misfortune of others.   *Alice Through the Looking Glass*

Six of the portrayals in this grouping were with female characters (75%) and two were with male characters. Six of the 8 characters with an ascertainable race/ethnicity were white and 1 was Black. Teens accounted for two of the depictions and the remaining characters were evenly split between 21-39 year olds (*n*=3) and 40-64 year olds (*n*=3). Only 1 character was shown as a parent but 5 were depicted in a romantic relationship. Characters with significant disturbances in thinking were not veterans nor were they homeless. Five were shown with jobs spanning food server, task force operative, criminal kingpin, and ruling monarch.

Spectrum-Related Behaviors. The last category was **spectrum-related** and **developmental disorders**.[45] Six of the 7 portrayals were featured in one movie, *The Accountant*. All but one depiction (i.e., developmental impairment in *The Boy*) focused on autism and were accounted for by 3 characters. Due to demographic changes, these 7 depictions were primarily due to two characters (i.e., Christian Wolff, Justine) shown at different ages

across the life span. Forty-three percent (*n*=3) of the characters were shown between the ages of 0 and 20 years of age, 2 were young adults (29%) and 2 were middle-aged (29%). All 7 characters with spectrum-related disorders were white.

Taken together, seven types of mental health conditions were portrayed across the 100 top movies of 2016. Characters with addictions were most frequent, followed by depression and anxiety/PTSD. While this section was intended to describe the types of portrayals, we now turn to illuminating the largely negative context surrounding these depictions.

Context Surrounding Mental Health Conditions

Several measures captured the context surrounding mental health conditions. The first was disparagement or verbal/nonverbal communication designed to demean or stigmatize characters.[46] Disparagement could be verbal as well as behavioral (e.g., isolating, withdrawing). The character with a mental health condition was not required to be present for the remark or action to be coded. Disparagement could be self directed or from another character.

A total of 41 (47%) characters experienced disparagement from the self (22%, *n*=9) or other (98%, *n*=40). Disparagement manifested itself in the form of name calling, dehumanizing phrases, and stigmatizing behavior. As shown in Table 3, the word most frequently used to describe a character with a mental health condition was crazy (17 times) followed by weird (4 times), freak (5 times) and psychotic (3).

Table 3
Disparaging Words & Phrases Directed at Characters with MHCs

Ass	Dory	Nitwit	Strange
Asshole	Drunk (2)	Not Right	Stupid
Bad Shape Upstairs	Dumb (2)	Nut Job	Trash
Brain Damaged	Dumber	Nuts (2)	Unsound
Crackhead	Freak (5)	Problem (2)	Unstable
Cray-Cray	Freaky (2)	Psycho	Whack Job
Crazier (2)	Fuck	Psychotic (3)	Wacky
Craziness	Idiot (2)	Ruined	Weird (4)
Crazy (17)	Lost Your Mind	Scumbag (2)	
Creepy	Mentally Unstable	Silly (2)	
Different	Monster	Sociopath	

Note: The total number of times a term is used appears in parentheses if more than once.

Disparagement also included stigmatizing portrayals. Characters were dehumanized by verbal and nonverbal behaviors such as being treated like a monster, being killed for an

addiction, and being ignored. Isolation was also observed, where characters were physically separated (i.e., put in a facility, cell or locked away) or rejected from others.

For instance, Christian Wolff in *The Accountant* and Dr. Stephen Strange in *Doctor Strange* both remove themselves and end their intimate relationships (rejecting relationships). Dory (*Finding Dory*), Branch (*Trolls*), Rachel (*The Girl on the Train*), and Mantosh (*Lion*) were characters rejected by others for their mental health conditions. Characters with mental health conditions were also not trusted in multiple movies (*Manchester by the Sea*, *Lights Out*, *Collateral Beauty*).

After disparagement, we examined whether a character concealed his/her mental health condition.[47] Thirteen of the 87 characters (15%) engaged in concealment, or lying about/hiding symptoms, treatment and/or diagnosis. Five characters hid their mental health condition from their families (i.e., spouse, child, parents, siblings) while the remaining characters concealed to everyone.

Another contextual element captured was the use of violence. This was measured because individuals with mental health conditions are often considered or presented as "dangerous" to society.[48] A total of 40 characters (46%) with a mental health condition perpetrated violence against another character in the plot, with 72% males and 17% people of color. Of the 40 characters, 42% of violence (*n*=17) was accomplished through natural means (i.e., punching, kicking), 30% with guns and knives (*n*=12), 10% (*n*=4) with unconventional weapons (i.e., chair, belt, shard of glass), and 18% (*n*=7) large-scale weaponry (i.e., machine guns, explosives).

Besides violence, we also assessed whether a mental health condition was featured in a humorous context.[49] Each mental health character was coded for the presence or absence of humor in relation to their condition. Of the 87 characters, 22% (*n*=19) were shown in an amusing light. Here are a few instances of the admixture of mirth and mental health conditions:

> Gwendolyn's admission that she is addicted to painkillers starts out very serious. Amy asks her, "Gwendolyn, what could possibly be wrong?" Gwendolyn attempts to hold back tears and says, "Okay, well. For starters, my husband was just arrested for embezzling $100 million from a children's charity." Then her voice starts to get extremely high pitched and squeaky as she cries, "And I have night terrors. And I have to take Vicodin every 20 minutes and I'm not in any pain. I'm just addicted to them now. I'm pretty sure my brother-in-law just joined ISIS, and he's a Jew! Oh and also, my DVR just stopped recording *Castle*. Just out of nowhere. And I am the only thing holding my family together."
>
> *Bad Moms*

Roughly half of these caustic instances involved females (47%) but only one person of color (8%). These portrayals crossed animated and live action formats. Juxtaposing mental health portrayals with hostile humor may have deleterious effects. Studies show

that trivializing and aggressive portrayals may short circuit empathic responding and heighten anti-social tendencies.[50]

We also examined whether characters with mental health conditions were shown as childish.[51] Media depictions may also rely on this trope to characterize mental health conditions.[52] Only characters with a mental health condition 13 years of age and older were included in the analysis (*n*=81). A total of 10 characters were child-like.

Finally, the frequency of treatment and therapy were also measured. Only 4 characters (3 females, 1 male) out of 87 with a mental health condition were shown in treatment[53] (e.g., medication prescribed or consumed to relieve symptoms, effects, or causes of a mental health condition). The four depictions included general declarative statements by self or another character (e.g., "I'm off my meds," "She's taking her antidepressants") or on screen consumption or portrayal of medication (e.g., taking Zoloft, prescription bottle for anxiety/sleep medication).

Nineteen of the characters were shown or said to have been in therapy[54] (22%), which ranged from seeing a psychiatrist or life coach, being admitted to an institute or center, and/or attending a support group (i.e., grief, anger, substance use). Twelve characters were admitted to institutions (i.e., psychiatric; neuroscience) or rehabilitation centers. Five characters attended a peer support meeting related to their mental health condition (i.e., anger management, alcoholism and grief support) and 6 characters sought the professional help of a licensed therapist.

In total, the context surrounding mental health portrayals in films was often dehumanizing, stigmatizing and trivializing. Almost half of mental health characters were disparaged through name-calling, rejection and isolation. Often, the portrayals involving mental health conditions were shown in a humorous light. On a more positive note, a little over a third of characters were shown in therapy though few received treatment for their conditions. Given this picture of mental health in film, it becomes important to see how depictions fare on television which has been the more inclusive medium for storytelling. That is the focus of the next section of the report.
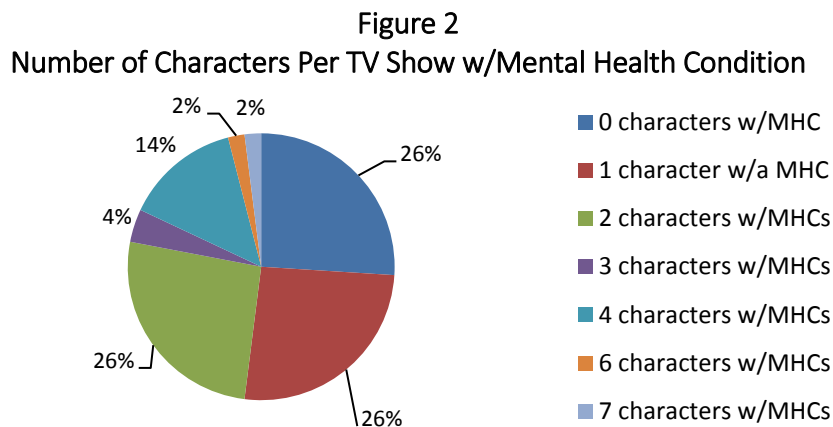
Television

The first episode of the top rated 50 television shows on broadcast, basic or premium cable during 2016/17 were evaluated for portrayals of mental health.[55] Ratings were determined by Nielsen using Audience Average Rating percentages for Adults 18-49 years old. For television, the first episode of every popular series was evaluated by three independent coders. We supplemented this analysis by researching every series regular not appearing in the initial episode (*n*=61). Any available information written online about all series regulars (*n*=457) was collected for mentions of mental health across the current and previous season(s).[56] For all reporting below, we make distinctions regarding the characters' portrayal in the first episode vs. all series regulars. Because information

about series regulars beyond the first episode is limited, the number of mental health variables reduces significantly in some analyses.

Prevalence

A total of 1,220 speaking characters were coded across the 50 episodes and series regulars. Eighty-six of these characters (7%) were portrayed with a mental health condition, which is substantially higher than the prevalence in film (1.7%) but still significantly below U.S. population norms (20%).

Figure 2
Number of Characters Per TV Show w/Mental Health Condition

Legend:
- 0 characters w/MHC
- 1 character w/a MHC
- 2 characters w/MHCs
- 3 characters w/MHCs
- 4 characters w/MHCs
- 6 characters w/MHCs
- 7 characters w/MHCs

Of the 50 shows, 13 did not feature a single mental health condition (26%). Among the remaining 37 series, 13 depicted one portrayal, 13 two portrayals, 2 three portrayals and 7 four portrayals. Three shows featured 6 and 7 depictions (each) of a character with a mental health condition (see Figure 2). Most shows with a MHC portrayal were dramas (70%), rated TV-14 (70%), and presented in live action (95%).

Turning to type of roles, we examined all characters appearing in the first episode saying one or more words (*n*=1,159). Only 3% of all speaking characters (*n*=32) were depicted with a mental health condition in the first episode. As noted earlier, a subsequent analysis investigated all information available on series regulars (*n*=457) that may have been portrayed outside of episode one. Here, 73 characters were featured with a mental health condition, which is 16% of all series regulars. This percentage is similar to leading characters in film and more closely approximates the prevalence of individuals with mental health conditions in the U.S. population.

Demographics & Identity

Of the 86 characters with a mental health condition, 54% were male (*n*=46) and 46% were female (*n*=40). In terms of race/ethnicity, 69% of characters with a mental health condition were white (*n*=59), 19% Black (*n*=16), 5% Hispanic/Latino (*n*=4), 4% Asian (*n*=3), and 4% multiracial/ethnic (*n*=3).[57] Similar to film, no characters identifying as Native

American/Alaska Native, Middle Eastern, or Native Hawaiian/Pacific Islander were featured with a mental health condition. A full 31% of the characters with MHCs were underrepresented, which is 8.3 percentage points below the U.S. Census.[58]

Turning to age, the majority of characters with MHCs were young adults (62%, *n*=53) followed by middle-aged characters (26%, *n*=22). Three percent of portrayals involved 0-12 year olds (*n*=3) and characters 65 and older (*n*=3). Five characters with mental health conditions were teens (6%). A total of 8 characters were lesbian, gay or bisexual (9.3%), which is an improvement from film. However, not one transgender character with a mental health depiction appeared across the 50 most popular TV shows across the 2016-2017 season.

Veteran status, homelessness, and occupation were only coded for the initial episode. Only one character (white, male) with a mental health condition was a veteran (*Lethal Weapon*) and there were no portrayals of homelessness. Of the characters 13 and above with a mental health condition (*n*=30), a total of 12 held a job (40%). One was an executive of a record company, 5 were in law enforcement (police, detective), 4 were entertainers (singer, actor), 1 was a food server, and 1 a local government employee.

In sum, the portrayal of characters with mental health conditions is limited on TV but more inclusive than film. While the findings were promising on gender, LGB, Black, and Asian depictions of MHCs, the content and characters in popular series still lack transgender portrayals and a range of characters from different racial/ethnic groups in storytelling.

Table 4
Type of Mental Health Conditions or Outcomes

Condition Outcome	Frequency Count	#/% of Females	#/% of Under Represented
Addiction (i.e., alcohol, drugs, gambling)	31	16/52%	11/37%
Anxiety/PTSD	30	11/37%	12/40%
Mood disorders (i.e., depression, bipolar)	10	5/50%	3/30%
Suicide (e.g., ideation, attempt, completion)	6	3/50%	1/17%
Significant Disturbance in Thinking	6	2/33%	0
Spectrum Disorders (i.e., autism)	3	1/33%	0
Cognitive Impairment	2	1/50%	0
Other (e.g., eating disorders)	2	2/100%	0

Note: Spectrum disorders also included one developmental related condition.

Types of Mental Health Conditions

Similar to our approach to film, each character portrayal meeting our definition of a mental health condition was richly described. Then, each depiction was evaluated for the presence or absence of 8 conditions. Most examples of mental health conditions were pulled from the first episodes. When those exemplars were limited, we relied on the supplemental information gathered on series regulars.

Addiction/Substance Use Disorder. A total of 31 characters (2.5% of all speaking characters) were shown with an addiction (see Table 4). Of these, 17 were addicted to alcohol (55%), 15 drugs (48%), and 5 gambling (16%). These do not add up to 100% as 5 characters had multiple addictions. It should be noted that only 4 of the drug addictions were related to opioids.

A range of portrayals appeared across the first episodes. Characters were shown using substances or it was strongly implied from the plot. Seven characters were depicted attending AA meetings in one situation comedy, *Mom*. Here are a few examples of addiction from the first episodes:

> Lee Harris is addicted to painkillers. It started when she was taking it for an injury. She says, "Do you know prescription painkillers can be more addictive than heroin? I went from two pills a day to two an hour. I don't remember how many I took that day, I don't remember very much of anything at all." As a result, she forgets her daughter at school three times that month, her husband asks for divorce, she is fired from her job, and her husband wins full custody of their daughter.   *American Horror Story*

> Simone, who is roughly 16 to 18 years old, was raised by a foster father who sexually assaulted her. Her half-sister, Star, catches the act and stabs their foster dad to death. They leave for Atlanta to start anew and Simone begins to show signs of alcoholism. She takes a swig from a vodka bottle to calm her nerves right before going on stage to sing with her bandmates. She drinks excessively at a party where they have to perform. There, she tries the wine that is poured out for guests and asks the bartender for something stronger. When her bandmates find her, she is sitting on the floor with a glass, clearly drunk. The girls are getting ready for a performance and Simone says they will do well. Another band member, Alexandra, says, "If you stay sober...and coherent."
> *Star*

In terms of character attributes, 52% of the characters with addiction were female (*n*=16) and 48% were male (*n*=15). Most were young adults or 21-39 years of age (68%, *n*=21). Just over a quarter of characters with addiction were between 40-64 years old. One teen (3%, *n*=1) and one elderly character were both depicted with an addiction (3%, *n*=1).

For race/ethnicity, over 60% of the characters with addiction were white, 17% were Black, 13% were Hispanic/Latino and 7% were multiracial/ethnic. Four characters were bisexual, all of which were series regulars (3 females, 1 male).

Anxiety/PTSD. Thirty characters (2.5% of all speaking characters) were depicted with anxiety and/or PTSD (63% male, 37% female). While most of the characters exhibited one of these two mental health conditions, this category also included an instance of selective mutism (a type of anxiety disorder that usually affects children, in which an individual cannot speak in specific situations[59]), hypochondria, and obsessive-compulsive disorder. Some instances of anxiety and/or PTSD in the first episodes evaluated:

> Anna-Kat has obsessive compulsive disorder (OCD). Her family chooses to live in a neighborhood with a public school that has special programs for Anna-Kat, who "just might need a little extra help." Her parents say that she has "a touch of the anxieties. Not *Rain Man* anxiety, but it's not in the family newsletter." She has a doctor who teaches her physical activities to help relax, and she has many habits that are indicative of OCD: washing her hands three times, making sure the can labels all face outward, and not holding hands at school activities because of "invisible germs."   *American Housewife*

> Theon and his sister, Yara, are at a brothel. He sits extremely stiffly, avoids eye contact, and keeps his head down. Sensing his discomfort, she reminds him that she would never hurt him. She says, "I know you've had some bad years," and he retorts, "Some bad years?" She continues, "But I'm tired of watching you cower like a beat dog. You escaped, you hear me? You got away and you're never going back. We'll get justice for you." She forces him to drink his alcohol and says, "If you're so broken that there's no coming back, take a knife and cut your wrists. End it."   *Game of Thrones*

> Lucious, Jamal's father, introduces Jamal to perform a song, saying it's his first performance since "his brief taste of the angel of death." This is a reference to Jamal being shot by someone in a previous episode. Jamal, who is a well known singer, enters the stage and is fine. Suddenly, the flash from the cameras trigger him, and he stumbles back and grabs at his gunshot wound. He has a panic attack – the sound of cameras going off is distorted, he has a flashback to being shot and hears a distorted gunshot in his head and his mom screaming his name after he'd been shot, his eyes tear up and his breath grows heavier. Hakeem, Jamal's brother, has to escort him off the stage, and they stumble into the green room. He breathes heavily and rapidly, and he loses control of his saliva. Cookie, Jamal's mother, slaps him and tells him to get it together. *Empire*

Sixty percent (*n*=18) of the characters with anxiety/PTSD were white, 27% were Black (*n*=8), 10% were Asian (*n*=3), and 3% Hispanic/Latino (*n*=1). Again, the vast majority (67%, *n*=20) of characters with anxiety and/or PTSD were 21-39 years of age, followed by 40-64 year olds (23%, *n*=7), 0-12 year olds (7%, *n*=2) and 13-20 year olds (3%, n=1). Only 2 lesbian/gay characters were shown with anxiety and/or PTSD.

Mood Disorders. Ten characters (0.8% of all 1,220 speaking characters were presented with mood disorders (50% male, 50% female). Eight characters experienced depression, 1 was bipolar and 1 had an unspecified condition. The antecedents for mood disorders varied, with post partum depression, an eating disorder, grieving the loss of spouse/child,

and loss of a relationship given as drivers of the depression. An example from the first episode included, but was not limited to:

> Riggs is depressed after the death of his wife and unborn child. He states several times that he wants to die. Even his partner is aware of his desire to die. He displays reckless behavior as a result of not caring if he dies, thus endangering his own life and his team's. Additionally, there are alcohol bottles all over his trailer. He is most likely drinking away the pain.
>
> *Lethal Weapon*

Eight of the 10 instances of mood disorders were portrayed by 21-39 year olds (50%) and 40-64 year olds (30%). Two depictions involved characters from 0 to 20. Seventy percent of the characters with mood disorders were white, 20% Black and 10% multiracial/ethnic (*n*=1). Only 1 LGBT (bisexual) character was presented with this mental health condition. In comparison to the 10% of adults with a mood disorder,[60] TV underrepresents the incidence of this condition and erases it in key groups (LGBT and race/ethnicity).

Suicide. Six characters (0.5% of 1,220 speaking characters) were depicted with suicide related experiences including ideation, attempt or death (3 females, 3 males). Two of these characters die by suicide, 3 attempt and 1 has suicidal ideation or intentions. One portrayal occurred in a humorous light.

> One episode features the trial of Cersei, Tommen's mother, at the Sept of Baelor (a house of religion). Tommen does not trust his mother and is worried of what she might do to his wife and others. As the current king of Westeros, his attendance is mandatory at the trial but he is prevented from going. He watches from his window as the house of worship explodes killing many people including his wife Queen Margaery, his brother-in-law, his father-in-law, and hundreds of others. It is clear that the violence was his mother's doing. Unable to live with what his mother has done and the loss of so many around him, he takes off his crown and jumps from the window of his room to his death many floors below.
>
> *Game of Thrones*

> Shelby catches her husband having sex with a witch disguised as a woman. Shelby murders him in a fit of rage. Out of grief and regret for killing him, she slits her own throat in the bathroom and dies.
> *American Horror Story*

While 4 of the characters were 21-64 years of age, there were two teens in the sample. The first was a young Black female in *Chicago Med* and the second was a young white male in *Game of Thrones*. In terms of race/ethnicity, only 1 character was featured as underrepresented (17%). No LGBT portrayals were depicted in this category. Overall, suicide related struggles are inadequately represented, both in terms of prevalence and the context surrounding such portrayals.

Significant Disturbances in Thinking/Perception. Six characters (4 males, 2 females; all white) were coded with disturbances in thinking/perception. The conditions included but were not limited to dissociative identity disorder and schizoaffective disorder. Four of the

characters were young adults, 1 middle aged and 1 elderly. A few excerpts from the first episodes included:

> In the recap we see Stella visiting her romantic interest, Grant, at the hospital where he is receiving care. She ends the relationship between them. He yells in anger, "Leave! Get the hell out of here!" He then leaves the hospital without being discharged, and the doctor calls to inform Stella. "Grant has left the hospital without being discharged. I don't know what his state of mind is, and I don't want to alarm you, but I just wanted you to know... We don't know how he's gonna behave because he doesn't know how he's gonna behave. You know delusion can be a little unpredictable that way." Grant stalks Stella throughout the episode (breaks into her house without her noticing, watches her at work from behind bushes) and eventually confronts her with a knife when she goes outside to throw away her trash. He keeps saying, "I saw you. I saw you with him" while he shakily points the knife at her. He calls her a whore, and she tells him that he needs help.
>
> *Chicago Fire*

> Brian is diagnosed with dissociative identity disorder. It is revealed that he went to therapy for it as a child, receiving integrative therapy at a University-sponsored summer camp. A killer, Daniel Cullen, manipulates Brian into killing people, because of his mental health condition. In one instance, Brian suffers a break in normal cognition and is triggered to assault and murder a police officer after hearing specific words aloud.
>
> *Criminal Minds*

Spectrum Disorder. Three portrayals appeared in this category (2 males, 1 female; 3 white, 3 young adult). Two of the characters were categorized as having spectrum disorders similar to Asperger's and the other Attention Deficit Disorder. These portrayals did not appear in the first episode but rather come from descriptions of series regulars.

Cognitive Impairment. Two characters were shown with cognitive impairment, one elderly male and one young adult female (both white). Below are synopses of the characters with cognitive impairment.

> Jane Doe's memories have been erased by Sandstorm, a terrorist group. She has lost her memories for a significant amount of time, and thus has amnesia.
>
> *Blindspot*

Eating disorders. Two portrayals showed eating disorders. Both of these instances involved white females (1=21-39 years old, 1=40-64 years old) and were from the show *This is Us*.

> Kate is overweight and has turned to attending support groups to try to lose weight. In a heart-to-heart with her twin brother Kevin, she says she feels sorry for herself and that she "ate her dream life away." Her weight affects her self-esteem and willingness to enter romantic relationships. She takes measures to make sure she does not overeat. She throws out all of her food into the trash bin and places dog waste on top of the pile. She does this to

resist retrieving the food from the trash bin. She writes notes to herself that she places on the food (e.g., "Don't you dare," "Throw this crap out").

This Is Us

In total, 8 different types of mental health conditions were featured across the sample of television. While many of these portrayals mirrored film, eating disorders were only the territory of the small screen.

Context Surrounding Mental Health Conditions

Using the same contextual measures as noted above, we examined the way mental health conditions were presented in TV. For these analyses, we only examined the 32 depictions that appeared in the first episode of the television series due to available information and to facilitate comparisons to film depictions. As such, the total sample size varies dramatically and can be accounted for by these shifts in method.

In terms of disparagement, a total of 15 terms were used to name call or reference a character with a mental health condition in a negative light (i.e., language included bad influence, confused, crazy, creepy, half-assed, insane, junkie, out of her freaking mind, pretender, rat, shit, sociopath, thug, wrong). Only one term (crazy) was used multiple times (3 instances). Twelve characters were disparaged and stigmatized (38%) with verbal statements and nonverbal behaviors by other characters. There were no instances of overt self-disparagement across the 32 portrayals. Stigma manifested itself with two characters being rejected for their mental health condition, one by a coworker and the other by a spouse. The other two were targeted and used by a serial killer in a scheme to carry out criminal activity.

Four of the 32 characters with a mental health condition appearing in the first episode engaged in concealment or secrecy. Two of the characters chose to conceal their mental health condition from a family member or a romantic interest (i.e., one character tells his brother "I'm okay" when he's not, another lies to his romantic interest so she can continue dating him). The remaining two characters had others discuss concealing their mental health condition (i.e., a wife hides from her husband that their son has been seeing a therapist at school, and an actress' production company is keeping her addiction out of the news).

In terms of humor, 16 (50%) of the 32 characters with a mental health condition were shown in a humorous or mocking light. Of the 16, 62% involved females with a mental health condition and 25% showed a person of color. Examples from the episodes evaluated included.

Toby approaches her after the support group and asks her if she wants to be "fat friends." She laughs, and then agrees but adds that she will be losing her weight.

This is Us

> The show is a comedy that portrays the unlikely friendship of women who met through an AA meeting. Because of this, alcoholism and AA meetings are often the center of a joke. Jill takes Christy to an AA meeting to meet men, which places a humorous light on therapy. It is clear that she has done this before. She offers Christy advice: "You know how at our meetings, it's all about honesty and vulnerability? Not here. Here, you're selling yourself."
>
> *Mom*

While there were no depictions of a character with a mental health condition shown in a childish manner on TV, they were shown perpetrating violence. A total of 8 (25%) of the 32 characters with a mental health condition engaged in acts of aggression toward other characters. Twenty-five percent of these violent characters were people of color and 25% were female. Of the 8 characters, 5 use conventional weapons (e.g., gun, knives) to attempt to or actually harm other characters and 2 use unconventional objects (e.g., rock, iPad). Only one character used natural means (e.g., choking). Notably, characters whose violent behavior was only associated with sociopathy, intent to harm others, or lack of remorse, were not categorized as having mental illness since sociopathy on its own is not considered a treatable mental health condition in the way that all other major mental disorders are. Therefore, there are numerous instances of violent behavior, which may be misconstrued by viewers as being associated with mental health problems.

Focusing on positive aspects of the portrayals, three characters were shown in treatment. All three were taking medication (i.e., vague references to "meds," antidepressants, and antipsychotic drugs). Twenty characters were in psychotherapy (talk therapy), which included 10 in AA meetings or support groups, 2 in rehabilitation programs, 2 in summer camps for children with MHCs, and 8 referencing therapists or going to therapy (general term, shrink, Doctor, psychologist, integrative therapy[61]). In two instances, characters received more than one treatment approach. Since most mental health experts advise combination treatment for more severe, persistent mental health conditions like chronic depression,[62] these portrayals of treatment that include multiple modalities are a positive message and consistent with the science.

Conclusion

The purpose of this investigation was to understand the prevalence and portrayal of mental health in popular storytelling. To this end, characters across 100 top-grossing motion pictures and 50 top-rated TV series were evaluated for the presence of a mental health condition. Additional contextual variables were also assessed. Below, we summarize the main findings of the report and offer a strategic path forward for research and intervention.

Mental Health is Muted in Popular Film and TV Programming

The volume on conversations about mental health has increased in the national dialogue, but in film and TV, depictions of mental health conditions are still rare and largely inaccurate. In popular films, only 1.7% of characters are shown with a mental health condition. While TV improves on this figure, the 7% of characters in popular TV shows portrayed with mental health conditions are still not even close to representative of the 20% of the U.S. population experiencing a mental illness. Over half of the films in the sample (52%) and 26% of the TV series did not feature a single character with a mental health problem. In other words, these movies and shows completely erase mental health and those who have mental health conditions from their storytelling.

The characters who are presented with mental health conditions reflect an exacerbation of existing inclusion disparities across film and TV. The majority of mental health portrayals feature white (film=80%, TV=69%) male characters (film=60%, TV=54%), and only 8 TV characters were from the LGB community (and only 1 portrayal across 200 movies), and not one was transgender. Few teenagers are shown with mental health conditions and none with suicide related concerns, despite the true prevalence in American youth of mental illness (20%)[63] and suicidal ideation (17%).[64] Not only is mental health largely absent from high-profile entertainment, when it is presented, it excludes communities for whom these stories are crucially important. Therefore, we are largely missing the public health opportunity to address mental health related disabilities by showing more accurate portrayals in terms of prevalence, complexity, realism, and by modeling strategies and treatment that diminish impairment and suffering.

The Signature Theme of Mental Health Portrayals is Stigma

One commonality across the depictions of mental health conditions is the presence of stigma and disparagement. Nearly half of the film characters and 38% of TV characters were the object of verbal or nonverbal rejection, demeaning remarks or behavior, or dehumanization. Characters were called names, and some were even killed or targeted due to their mental health conditions. Moreover, characters themselves were the source of some stigmatizing behaviors or statements. Presenting mental health conditions as something to be feared, shunned, or denigrated sends a dangerous message to audiences about how mental health conditions and the individuals who experience them should be treated both within and outside of storytelling environments.

Mental Health is Mocked in Entertainment

Half of TV characters and 22% of film characters with mental health conditions were shown in a trivialized manner. That is, humor was incorporated into the portrayal in ways that juxtaposed jokes with mentions or portrayals of a mental health condition. In previous studies, we have found that humor is used more often by writers who are not part of the group referenced by jokes, particularly when ageism is considered.[65] The use

of humor in conjunction with mental health conditions suggests that writers may not be familiar with the very conditions they are discussing. As such, they may be doing more harm than intended by mocking or minimizing the reality of mental health conditions and the individuals who experience them.

Storytelling Focuses on Suicide

In light of the increasing national rate of suicide in the U.S (33% increase since 1999[66]) as well as high-profile individuals who have taken their own life in recent years, the depiction of suicide in popular media was of particular interest in this study. We intentionally restricted the depiction of this adverse outcome to instances in which suicide was used to ease pain or suffering—that is, for portrayals in which suicide is not merely a plot device or politically driven act (e.g., suicide bomber).

The results demonstrate that in some ways on-screen suicide replicates real-life occurrences. In film, male characters were more likely to die by suicide, consistent with real-world trends (3.54:1 male to female ratio in the U.S.).[67] However, in reality females have a higher rate of suicide attempts, and this was not accurately depicted.[68] In TV, however, these portrayals were more gender-balanced. One notable difference between on-screen death and reality is the lack of suicide that results from firearm usage. Roughly half of U.S. suicides involve firearms,[69] but no character deaths across film and TV reference firearms.

Most importantly, safe depictions of suicide must avoid graphic portrayals of suicide or attempt method in order to mitigate risk of suicide contagion. Of the 15 portrayals of suicide in film, only 1 death was depicted explicitly on screen. This single character was an anthropomorphized jar of honey mustard in an animated film. The other portrayals were suicidal ideation, attempts, or implied the death of the character, rather than showed it. It is vitally important that content creators examine how their stories reflect real life, but also take into account the very real consequences that these storylines might have for viewers. For example, the majority of suicide attempt survivors go on to live without subsequent attempts or death by suicide, and these stories of hope, healing and resilience are imperative to effective suicide prevention efforts.[70]

Across this investigation, we have catalogued and scrutinized how mental health is portrayed in popular media. Despite the critical contribution this paper makes to the literature, a few limitations must be noted. First, we examined only popular storytelling across film and broadcast TV that was released in 2016. Additional research on more recent films and series—including those airing across streaming platforms—must be conducted to determine if change has occurred in the last few years. Second, we excluded sociopathy and antisocial personality disorders from our definition of mental health. This was done purposefully to capture the incidence of mental health conditions that appear with more frequency in the population. Future studies should consider including the depiction of sociopathy or psychopathy as an additional subset of

conditions portrayed in film and TV, particularly as these relate to outcomes such as violence or villainy. Third, our research focused only on the first episode of a television series. Although we examined series regulars across a season of content, incorporating more episodes into analysis would allow for a better understanding of how mental health conditions depicted by characters who appear fleetingly are shown in TV.

Despite these limitations, this study offers an important look into the choices that are made by storytellers when it comes to depicting mental health conditions. However, the story need not remain the same, and there are actions that can be taken by audiences, creatives, and researchers to alter the landscape of popular media.

<div align="center">

Moving Forward:
An Agenda for Researchers, Creatives, and Advocates

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The initial findings of this study reveal a significant disconnect between the lived experience of those with mental health conditions and the way they are depicted on screen. As researchers, advocates, and content creators consider how to navigate storytelling on the topic, we propose both a research and advocacy agenda to guide the way.

Research Recommendations

First, research must continue to explore how mental health is depicted in media. Updating the current study with more recent content, and including content provided via streaming services is crucial. It may also be important to look outside of popular storytelling to examine how independent or other types of movies incorporate storylines on mental health into their narratives. Second, researchers must seek to better understand the potential effects of viewing stories about mental health. Evidence suggests that TV viewing may increase stigma and decrease tolerance for those living with mental health conditions.[71]

New research is needed to examine the impact of various types of portrayals on attitudes, behavior and suicide risk/prevention. Research based on current portrayals is needed, particularly in experimental settings, to test how contextual factors such as humor, stigma, and violence linked to mental health may influence viewers. Methodology limited to large population association studies does not provide the detail necessary to inform creative content with public health outcomes in mind. Third, studies should investigate the experiences of content creators and the means by which writers, producers, and directors receive education on mental health conditions, as well as to what extent the incidence of mental health conditions occurs in this population. In doing so, we can seek to create interventions or tools that allow creatives a more nuanced perspective that can be applied to storytelling as well as examine how individuals dealing with their own experience of mental health can incorporate that into storylines.

Content Creation

In order to accomplish a major public health imperative using the platform of media (film and TV), content creators would benefit from the collaboration with experts- both clinical and lived experience experts- to portray mental health conditions and related experience in a way that represents the illness experience and prevalence, but can serve the viewing public by presenting stories that destigmatize those experiences. The goals of portrayal could include some of the following:

- present stories and characters infused with nuance and complexity,
- portray the challenges, victories and strengths of people with mental health struggles
- show struggles but also show healing, resilience, treatment and support seeking
- create characters with authenticity and relatability

All of these goals would serve to deepen the public's understanding and elevate mental health literacy. To facilitate the development of portrayals of mental health that meet this ideal, we offer a series of questions for content creators as they craft storylines around the topic.

First, *is a mental health condition presented as a plot device?* That is, do characters who exhibit mental health conditions do so to achieve a desired story outcome? Are villains more likely to be shown with mental health conditions, including sociopathy or psychopathy, to provide an explanation for their behavior? The authentic portrayal of mental health conditions, treatment, or the consequences of suicide may be an aspect of well-rounded storytelling, but should be avoided as a *deus ex machina* by storytellers.

Second, *is a mental health condition used for humor?* Individuals who experience mental health conditions can certainly find ways to laugh about their everyday situation, but when a joke is made at the expense of a mental health condition, creators should be wary. Humor occurs in many difficult situations, but trivializing issues related to mental health is something to avoid.

Third, is there unnecessary stigma depicted? Content creators should think about the language, context, imagery, tone, and nuance of the stories they tell related to mental health conditions. While there are times when showing stigma surrounding mental health issues can create empathy and benefit audiences, this study reveals that is not always the case. In particular, the use of terms like "crazy" that denigrate mental health conditions should be avoided. By considering the ways in which mental health conditions are disparaged on screen, writers and other creatives can move to a model where storytelling expands our collective awareness and even compassion.

Fourth, do portrayals include help-seeking? Are the benefits of care and assistance to those living with mental health conditions shown on screen or referenced by characters?

Destigmatizing the use of therapy, medications, and other treatments for mental health conditions—including talking about them—may be one important way for audience socialization to the real-life consequences and needs of those living with mental health conditions to occur.

Fifth, ask 'why am I telling this story and what do I want audiences to take away?' Storytellers fill an important role in our cultural conversations about many topics. By exposing audiences to different viewpoints and perspectives, they can educate and illuminate new ideas. However, this power can come with a downside. Through portrayals that stigmatize or disparage mental health conditions, creators may be teaching an entirely different lesson. Through critical thinking about why portrayals are needed in a story and what audiences might take away, storytellers themselves can be part of creating attitude and behavior change on the other side of the screen.

Advocacy Recommendations

People with lived experience of mental health conditions and struggles and their surrounding friends, family, and communities can play a pivotal role in demanding that media move toward the accurate, humane and helpful portrayals of characters with mental health conditions. By creating a demand for more stories that reflect these lived experiences, and which deal compassionately with the reality of mental health concerns, audiences can influence change. Moreover, the many organizations that work to advocate, advance, and educate on the topic are available to those content creators who want to answer the call. Through collaborative efforts at the earliest possible point in time, new stories with new viewpoints on this topic can enter the pipeline and reach consumers.

As is true for physical health, mental health is a component of human health, is dynamic and exists on a continuum. Due to a host of factors from genetic to environmental, some individuals' health is more vulnerable to crossing over the normal range of mental health variability into illness. While mental health conditions can be managed with treatment, support, and proactive self-care strategies, like some physical health conditions, many mental health conditions tend to be chronic or recurrent, and people can achieve optimal outcomes with effective treatment and support.

Currently, the majority of Americans living with mental illness may not even realize that a health condition is a force in their lives, disabling them in various capacities. In order to address this critical public health problem, greater awareness and education is key to increasing the mental health literacy of our nation. Mass media offer a crucial window into the lives of characters. By authentically depicting the nuanced and complex way that mental health conditions intersect individuals' lives, media can introduce audiences to new ways of thinking, ways to ask for help, and ultimately create necessary shifts in our cultural beliefs about mental health. In doing so, media can cease to be an engine for stigma and one source of solutions.

Footnotes

1. World Health Organization. (2001, October 4). Mental Disorders Affect One in Four People. Retrieved 5/13/19 from https://www.who.int/whr/2001/media_centre/press_release/en/. This statistic refers to mental disorders.

2. National Institute of Mental Health. (n.d.) Prevalence of Any Mental Illness (AMI) Among U.S. Adults. Retrieved from https://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml. This statistic refers to mental illness.

3. National Institute of Mental Health. (n.d.) Prevalence of Serious Mental Illness (SMI) Among U.S. Adults. Retrieved from https://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml

4. World Health Organization. (2018, March 22). Depression: Key Facts. Retrieved from https://www.who.int/news-room/fact-sheets/detail/depression

5. World Health Organization. (n.d.) 10 facts on mental health. Retrieved 4/30/19 from http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/index5.html

6. National Institute of Mental Health. (n.d.). Mental Illness. Retrieved from https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

7. World Health Organization. (n.d.). Mental Health: Child and Adolescent Mental Health. Retrieved from https://www.who.int/mental_health/maternal-child/child_adolescent/en/

8. U.S. Department of Housing and Urban Development Office of Community Planning and Development. (2010). The 2010 Annual Homeless Assessment Report to Congress. https://www.hudexchange.info/resources/documents/2010HomelessAssessmentReport.pdf

9. James, D.J., & Glaze, L.E. (2006). Mental Health Problems of Prison and Jail Inmates. U.S. Department of Justice Bureau of Justice Statistics. http://www.bjs.gov/content/pub/pdf/mhppji.pdf

10. Hedegaard H, Curtin SC, Warner M. Suicide mortality in the United States, 1999–2017. NCHS Data Brief, no 330. Hyattsville, MD: National Center for Health Statistics. 2018. Retrieved from https://www.cdc.gov/nchs/products/databriefs/db330.htm

11. Lawson, A., & Fouts, G. (2004). Mental illness in Disney animated films. *Canadian Journal of Psychiatry*, 49(5), 310-314. Signorielli, N. (1989). The stigma of mental illness on television. *Journal of Broadcasting and Electronic Media, 33*(3), 325-331. Diefenbach, D.L. (1997). The portrayal of mental illness on prime-time television. *Journal of Community Psychology*, 25(3), 289-302.

12. Davey, G.C.L. (2013, August 20). Mental health & stigma: Mental health symptoms are still viewed as threatening and uncomfortable. *Psychology Today.* https://www.psychologytoday.com/blog/why-we-worry/201308/mental-health-stigma

Stuart, H. (2006). Media portrayal of mental illness and its treatments: What effect does it have on people with mental illness? *CNS Drugs, 20*(2), 99-106.

13. Smith, S.L., Choueiti, M., & Pieper, K. (2016). Inequality in 800 Popular Films: Examining Portrayals of Gender, Race/Ethnicity, LGBT, and Disability from 2007-2015. Los Angeles, CA: Annenberg Inclusion Initiative.
https://annenberg.usc.edu/sites/default/files/2017/04/10/MDSCI_Inequality_in_800_Films_FINAL.pdf

14. To create the definition of mental health conditions, we scoured the literature to understand the medical perspective, glean insights from the DSM, and how previous studies had measured the experience of mental health conditions, disorders, or illness in reality or in media. A detailed definition was crafted that accounted for cues that could be observed across characters' cognition and behavior and which indicated some degree of incapacitation or impairment.

Once the definition was crafted, three independent coders evaluated each portrayal across the films and TV programs sampled, assembling detailed notes on all elements of content that could indicate a mental health condition. Following this, one of the study authors discussed coders' judgements, reconciled disagreements, and collated notes. Once all characters were examined, study authors reviewed each decision to determine if a character should be coded with a mental health condition. Finally, to include insights from a medical professional, Dr. Moutier offered guidance on the list of included and excluded judgments.

15. Please see, Substance Abuse and Mental Health Services Administration. (2015).
https://www.samhsa.gov/medication-assisted-treatment/treatment/common-comorbidities

16. A total of 76 characters were shown with a mental health condition. Per the definition of our codebook, any time a character changes demographically by age, gender, race/ethnicity, or type, a new line of data is created. For this analysis, we did not load these type changes onto a new line. For all other analyses, the 11 additional lines created by demographic changes (all based on age shifts) bring the total number of characters with a mental health condition to 87. By including these demographic changes, we can capture the nuance of these portrayals across different stages of the life span.

17. National Alliance on Mental Illness. (n.d.). Mental Health Conditions. Retrieved from:
https://www.nami.org/learn-more/mental-health-conditions

18. The 9 characters whose racial/ethnic standing was impossible to ascertain included 4 anthropomorphized animals (*Finding Dory*, *The Angry Birds Movie*) and 5 anthropomorphized supernatural creatures (*Suicide Squad*, *Trolls*, *Sausage Party*).

19. U.S. Census Bureau. (n.d). Quick Facts: United States. Retrieved from
https://www.census.gov/quickfacts/fact/table/US/PST045218

20. National Alliance on Mental Illness. (n.d.). Mental Health Facts, Multicultural. Retrieved from
https://www.nami.org/NAMI/media/NAMI-Media/Infographics/MulticulturalMHFacts10-23-15.pdf

21. Merikangas, K. R., He, J., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the national comorbidity study-adolescent supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, *49*(10), 980-989.

22. National Alliance on Mental Illness. (n.d.). LGBTQ. https://www.nami.org/find-support/lgbtq

23. Volunteers and children 0-12 years of age were excluded from occupation coding. Jobs were grouped by similarity in this report based on industry, sector, and hierarchy, using notes provided by research assistants. Two of the study authors rendered all final judgments.

24. Veterans were any individual who has served in any military, regardless of the regime or state, fictional or fantastic.

25. A definition of homelessness was adapted from the U.S. Code. Research assistants were instructed to use contextual cues to establish whether a character was legitimately homeless or between residences.

26. Using the DSM-V, "the essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems" (p. 483).

American Psychiatric Association (2013). *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Washington, D.C.: American Psychiatric Publishing.

27. National Institute on Drug Abuse. (2019, January). Opioid Overdose Crisis. Retrieved from https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis

28. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (2016). *Treatment Episode Data Set (TEDS): 2004-2014. National Admissions to Substance Abuse Treatment Services.* BHSIS Series S-84, HHS Publication No. (SMA) 16-4986. Rockville, MD: Substance Abuse and Mental Health Services Administration, 9-10.

29. A series of negative affective responses constituted a mood disorder. Signs included detachment, sadness, lack of self-care, and other symptoms. Cues for depression include detachment from social interactions, neglecting to care for self, significant and persistent negative emotional responses related to grieving, and lingering sadness.

30. National Institute of Mental Health. (n.d.) Any Mood Disorder. Retrieved from https://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml

31. Kornstein, S.G., Schatzberg, A.F., Thase, M.E., Yonkers, K.A., McCullough, J.P., Keitner, G.I., Gelenberg, A.J., Ryan, C.E., Hess, A.L., Harrison, W., Davis, S.M., Keller, M.B. (2000). Gender differences in chronic major and double depression. *Journal of Affective Disorders, 60*:1–11. doi: 10.1016/S0165-0327(99)00158-5.

Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the national comorbidity survey replication. *Archives of General Psychiatry, 62*:593–602. doi: 10.1001/archpsyc.62.6.593.

32. Kessler, R. C., & Frank, R. G. (1997). The impact of psychiatric disorders on work loss days. *Psychological Medicine, 27*, 861-873.

33. Chronic nervousness or worry as well as attentional narrowing and/or the experience of reliving traumatic events were included in this category. Anxiety occurring in the midst of dangerous or traumatic situations was not counted.

34. Anxiety and Depression Association of America. (n.d.). Facts & Statistics. Retrieved from https://adaa.org/about-adaa/press-room/facts-statistics

35. Kessler, et al. (2005).

36. Centers for Disease Control and Prevention (2019). Violence Prevention: What is Suicide? Retrieved from https://www.cdc.gov/violenceprevention/suicide/fastfact.html. The CDC (2019) defines suicide as "death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with the intent to end their life, but they do not die as a result of their actions."

37. Without an existing MHC or another significant negative reaction, attempts, thoughts, or even death by suicide that were politically or ideologically motivated or sacrificial or coerced were not included.

38. Substance Abuse and Mental Health Services Administration. (2018). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www. samhsa.gov/data/

Centers for Disease Control and Prevention. (2017). United States Injury Deaths and Rates per 100,000. WISQARS Injury Mortality Report. National Center for Injury Prevention and Control. Retrieved from https://www.cdc.gov/injury/wisqars/fatal.html

39. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. (June 5, 2018). Youth Risk Behavior Surveillance - United States, 2017 (Vol. 67, p. 24, No. 8). Atlanta, GA: Center for Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services.

40. Characters may have limitations, restrictions, and or impairment in their mental functioning, thus affecting ability to receive and remember information, have knowledge, and drive how to understand and act in the world. This includes memory-related conditions.

41. This category encapsulates characters experiencing significant and unlikely deviations in making sense of information they receive or deducing information using reason or logic. Disorders that impact one's ability to perceive information clearly and experience emotions within a normal range given the circumstances ere coded here.

42. National Institute of Mental Health. (n.d.). Schizophrenia. Retrieved from https://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml

43. Kiran, C., & Chaudhury, S. (2009). Understanding Delusions. *Industrial Psychiatry Journal*, 18(1), 3–18. doi:10.4103/0972-6748.57851

44. Psychology Today. (n.d.). Intermittent Explosive Disorder. Retrieved from https://www.psychologytoday.com/us/conditions/intermittent-explosive-disorder

45. Developmental disorders involve "an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning,

and usually last throughout a person's lifetime." Centers for Disease Control and Prevention (n.d.) Developmental disabilities. Retrieved from https://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html. This includes disorders such as autism spectrum disorder.

46. Disparagement is verbal or nonverbal disdain or prejudice which occurs even in the absence of a character with a MHC. Apart from demeaning language, stigma refers to the isolation, judgment, or rejection of characters with mental health conditions.

47. Lying about and/or hiding the symptoms, treatment, or diagnosis of a mental health condition was considered concealment. Other characters (family, friends, and/or colleagues) could conceal the mental condition on behalf of the affected character.

48. Crisp, A.H., Gelder, M.G., Rix, S., Meltzer, H.I., & Rowlands, O. J. (2000). Stigmatisation of people with mental illnesses. *The British Journal of Psychiatry, 177*(1), 4-7. For review, see Sieff, E.M. (2003). Media frames of mental illnesses: The potential impact of negative frames. *Journal of Mental Health, 12*(3), 259-269.

49. For characters with mental health conditions, all of the context and discussion surrounding their condition was evaluated for the presence or intent of humor. This included jokes, physical comedy, sarcasm, silliness, a laugh track (for TV), morbid humor, word play, and puns. We also included humor presented at the expense of the character, jokes that are only intended to make the viewer laugh, self-deprecating comedy, and situations where characters laughed at their own words or actions. Still, all humor needed to be tied to their mental health condition in some way in order to be counted.

50. Berkowitz, L. (1970). Aggressive humor as a stimulus to aggressive responses. *Journal of Personality and Social Psychology, 16*(4), 710-717. Baron, R.A. (1978). The influence of hostile and non-hostile humor upon physical aggression. *Personality and Social Psychology Bulletin, 4*(1), 77-80.

51. This variable assessed whether characters acted or spoke in ways akin to a young person. When characters with mental health conditions are depicted as in need of adult help to make sense of the world, shown as unaware of or unconcerned with events, and/or trusting of others, they were counted as childlike. Other characters could also use particular words and/or phrases, vocal intonation, or simplified speech to speak to characters with a mental health condition. These situations were also taken into consideration when assessing childlike status.

52. Sieff, 2003.

53. Treatment includes medication consumed or prescribed to relieve the symptoms, effects, or causes of the character's mental health condition.

54. Included in this category are psychological or psychiatric help, life coaching, marriage counseling, group therapy, school counseling, social work, and rehabilitation and support groups for problems concerning mental health (i.e., alcohol/drug addiction, grief).

55. The details outlining all aspects of this sample are specified in footnotes 6 & 7 of our report with Humana on TV portrayals of aging: Smith, S. L., Pieper, K., Choueiti, M., Tofan, A., DePauw, A., & Case, A. (2017). *Seniors on the Small Screen: Aging in Popular Television Content*. Report prepared for Humana. Media, Diversity & Social Change Initiative. Los Angeles, CA: USC Annenberg School for Communication and Journalism.

56. For each television show in the sample, a list of the series regulars was gathered from Variety Insight. A team of three research assistants took each character name and searched online for information about that character. Also, character names were typed into an online search tool with the words "mental health", "disorder", "anxiety", "PTSD", "depression", "suicide", "addict", and "addiction" in order to find specific information for our purposes. Biographies, character arcs, summaries, evaluations, reviews, and fan sites were scrutinized for details relating to mental health in the current season sampled or a previous season in the same series. Certain sources were privileged in this process: primary sources (character biographies from show websites); sources that directly review, summarize, or quote scenes and dialogue from specific episodes; and interviews with cast and crew members in media outlets. One of the study's authors aggregated the information found and made a decision in light of the evidence. These judgments were then deliberated with two additional authors of the study before rendering a final decision.

Two caveats are important to note. First, we did not include information that manifested itself in a season beyond the one analyzed as part of the sample. It may be possible that a character develops a mental health condition or something hidden is revealed in a subsequent season. Secondly, the three animated TV series in the sample presented challenges to our methodology. Specifically, there has not been the same level of continuity in *The Simpsons, Family Guy,* and *South Park*, which have been on for twenty to thirty years as of 2019. Time does not progress normally in these series, and circumstances occurring in one episode are not necessarily reflected in other episodes (e.g., health, death). We stipulated that these characters (voiced by Series Regulars) would need to be consistently shown (multiple episodes and storylines) with the same mental health condition in order to be counted with that condition.

The animated characters associated with Series regulars and found to have mental health conditions are: Lisa Simpson (*The Simpsons*), Moe Szyslak (*The Simpsons*), Peter Griffin (*Family Guy*), and Brian Griffin (*Family Guy*). Given the breadth and variance in these animated series, we suggest caution in interpreting these findings.

57. One character was an anthropomorphized animal and thus not classified for race/ethnicity (*Family Guy*).

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60. National Institute of Mental Health. (n.d.) Any Mood Disorder. Retrieved from https://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml

61. Integrative Therapy is a type of psychotherapy that fuses clinical approaches to best help an individual (Psychology Today. (n.d.). Integrative Therapy. Retrieved from https://www.psychologytoday.com/us/therapy-types/integrative-therapy.)

62. Glick, I. D. (2004). Adding Psychotherapy to Pharmacotherapy: Data, Benefits, and Guidelines for Integration. American Journal of Psychotherapy, 58(2), 204-205.

63. Merikangas, et al. (2010).

64. CDC, 2018.

65. Smith, et al. (2017).

66. CDC, 2018, October 03.

67. American Foundation for Suicide Prevention. (2019). Suicide Statistics. Retrieved from https://afsp.org/about-suicide/suicide-statistics/

68. AFSP, 2019.

69. AFSP, 2019.

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71. See, for example, Angermeyer, M.C., Dietrich, S., Pott, D., & Matschinger, H. (2005). Media consumption and desire for social distance towards people with schizophrenia. *European Psychiatry, 20*, 246-250. Diefenbach, D.L., & West, M.D. (2007). Television and attitudes toward mental health issues: Cultivation analysis and the third-person effect. *Journal of Community Psychology, 35*(2), 181-195. Granello, D.H., & Pauley, P.S. (2000). Television viewing habits and their relationship to tolerance toward people with mental illness. *Journal of Mental Health Counseling, 22*(2), 162-175. Granello, D.H., Pauley, P.S., & Carmichael, A. (1999). Relationship of the media to attitudes toward people with mental illness. *Journal of Humanistic Counseling, Education & Development, 38*(2), 98-110.