Entertainment Industry Guide

for Children's Mental Health





93%

of parents of kids under 18 tell us it is important for parents and caregivers to talk to their children about mental health, yet 59% say they need help knowing how to start the conversation.

57%

of parents we spoke to are the first generation to try and talk openly about mental health with their children.

We cannot continue waiting until there is a mental health concern or crisis to talk about children's mental health.

Sharing mental health stories that include practical prevention and early intervention tools can help us tackle the current children's mental health crisis.

It is also important to talk about mental illness and treatment in a way that breaks stigma and promotes understanding and empathy, so that everyone believes that mental wellness is important for everyone.

Not all mental illnesses can be prevented, but some can! By giving adults the tools they need to teach children mental wellness skills or take action at the first signs of concerns, we can enhance protective factors which will lead to better outcomes for children and their families.

This guide provides ideas for writers to use in storylines that include children.

Writers have a powerful opportunity to provide compelling, accessible and digestible language and applicable skills for families to manage their mental health and wellness.



For a digital version of this guide, and for supplemental resources to this content, scan the QR code, or visit KidsMentalHealthFoundation.org/EIG.

Mental Health Language

- On average, it takes 10-11 years from a child's first symptom of a mental health disorder until they receive treatment.¹
- Less than 50% of kids who need treatment receive it.²
 This is often because of stigma and fears of being labeled/judged or challenges understanding the mental health system. Parents may also think their child doesn't need mental health support because they aren't showing obvious, outward signs of crisis.

As writers, you can help improve understanding of mental health language and navigate the mental health treatment system.

This can help normalize conversations about children with mental health disorders and challenge attitudes and beliefs that keep people from seeking early intervention or from implementing positive mental health habits with their children.



¹Wang, P.S., Berglund, P.A., Olfson, M., Kessler, R.C. (2004). Delays in initial treatment contact after first onset of a mental disorder. *Health Services Research*, 39(2). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361014/

BREAKING STIGMAS

Language matters. The way we talk about children's mental health will help adults understand that mental health is a topic for *everyone*.

Normalize that we all feel emotions, not just people with clinical diagnoses.

- For example, feeling anxious is normal and an emotion we all feel. This is different than an anxiety disorder.
- Through your writing, you can show examples that explain the difference between typical emotions and behaviors vs. clinical diagnoses.

Use people-first language to decrease judgement and stigma. "She has bipolar disorder" vs. "she's bipolar." "He has obsessive-compulsive disorder" vs. "He's OCD."

Segments of the autistic community prefer identity-first language: "autistic person."
Scripts can allow for dialogue that models allowing individuals to define and label themselves.

Use affirming language and avoid language such as "he/she is crazy," "that person is nuts," "they should be locked up," or "you need grippy socks."



For additional resources on **Mental Health Language**, you can find the corresponding icon at **KidsMentalHealthFoundation.org/EIG**.



Learn the difference between Common Emotions & a Mental Health Concern at KidsMentalHealthFoundation.org/EIG.

MENTAL HEALTH DIAGNOSES AND CONCERNS, INCLUDING SUICIDE

The way mental health is shown on television can increase adult understanding and likelihood that healthy conversations and early intervention can happen. Additionally, depicting certain topics, such as suicide should be done carefully to avoid harm.

Signs and Symptoms

To increase early intervention, you can educate viewers by showing child characters with the often-missed signs and symptoms children show that indicate mental health concerns. For example,

- Chronic bellyaches, headaches or suddenly missing more school can indicate anxiety. You can depict a parent saying, "Oh, he gets these stomachaches because of his anxiety" or a conversation with a pediatrician where the child is diagnosed based on their symptoms.
- A child who is struggling with academics in school could have a difficult home environment including trauma, a sick caregiver or other concerns.

Don't sensationalize the symptoms that people face in the depths of their disorders.

 Instead of making mental health symptoms and diagnoses seem cool, show the real challenges and resilience people face.

Suicide

- When it comes to suicide, storylines should not depict the suicide method as multiple studies have shown that this has the potential to increase the risk of suicidal behaviors in others.
- You can help viewers understand signs that a child is at risk for self-harm or suicidal behaviors by showing a child displaying major changes in their mood or activity level, giving away valued items, researching death or ways to end one's life, or feeling worthless or hopeless.
- Refer to someone who has "died by suicide" or "taken his/ her/their life" rather than "committed" or "completed suicide".
- Your storylines can also demonstrate how to support a child who has lost someone to suicide.



For more background on **Suicide**, you can find the corresponding icon at **KidsMentalHealthFoundation.org/EIG.**

MENTAL HEALTH TREATMENT SYSTEM

When a child breaks their leg, we know how to respond to get the help they need. Families often don't have a starting point for how to begin their mental health treatment journey or what to expect.

- A barrier to accessing mental health care is not knowing how to move forward once a concern is identified. A great way to decrease fear of mental health treatment is showing characters finding a therapist, asking the right questions and setting up an appointment.
- Provide and model appropriate portrayals of what effective therapy looks like.
 - For example, have a therapist teach a skill from an evidencebased treatment (teaching a patient to challenge negative thoughts, creating an exposure plan for a child with anxiety, etc.) to the main character.
 - You can also consider showing mental health treatment in different environments, such as schools or primary care offices.
- Avoid showing harmful or unethical behaviors by therapists and providers that make people even more reluctant to seek treatment (i.e. therapists taking advantage of patients or engaging in unethical relationships).
 - If that is part of the storyline, show realistic consequences like the therapist losing their license.
- Show a character making progress based in therapy or talking about how their therapist has been key to their growth and positive change.



For more background information on **Mental Health Therapy**, look for the corresponding icon at **KidsMentalHealthFoundation.org/EIG**.

Skill Building & Prevention

Shows and films frequently have a larger focus on the difficulties and challenges of mental health concerns, but it's helpful to provide families with the skills they can use to take care of their mental health and wellness every day.

Parents, coaches, teachers, extended family members and mentors can all play a role in helping kids develop positive mental health skills that may prevent some mental health concerns from developing.

Showing those kinds of positive relationships, conversations and skills on screen could help millions of families think about mental health differently.

EMOTION REGULATION

Children do not need to have a mental health diagnosis to have discussions about big emotions, how they feel in their body and how to cope. This is a skill everyone can benefit from learning the moment they are born!

- In the same way we talk to infants and teach colors, numbers, and letters, adults can teach emotion words since infancy.
 - You can show adults labeling emotions for young characters, reading to children and discussing the emotions in a book.
- As children grow older, conversations about emotions and how to cope with those emotions can become more complicated.
 - On screen, children can learn from the adults in their lives what an emotion feels like in their body and the best ways to cope.
- Characters can model healthy ways that adults can validate children for how they feel and encourage healthy emotional expression and coping.
 - You can show how to help children initiate, manage and/or stop actions and behaviors sparked by emotions.
 - For example, a child is angry and is able to pause, notice their feelings and a take a break to calm down instead of hitting a peer or sibling.
- Adults can also model healthy expressions of emotion, i.e. sharing about how they had a hard day and what mental health coping skills they're using (deep breathing, taking a walk, etc.).



For additional resources on **Teaching Kids About Emotions**, you can find the corresponding icon at **KidsMentalHealthFoundation.org/EIG**.

HEALTHY ADULT-CHILDREN RELATIONSHIPS AND CONNECTION

A healthy adult-child relationship is one of the most important protective factors for children's mental health, predicting better outcomes in mental health and providing a buffer at times of stress.

Conversations

Show characters having daily conversations and check-ins about fun topics. This models the importance of building the habit of adults connecting with children and finding time to listen.

There are also evidence-based recommendations of how adults should have conversations with children about difficult topics so that children feel comfortable talking and continue to have trust in the adults.

 You can depict these skills by showing adults and children having conversations about topics such as bullying, racism, school violence, self-harm, suicide, and other issues affecting the health and safety of children, families and our society.

Behavior Management

One of the best ways to increase positive behaviors and healthy connections is to promote consistent habits, routines and traditions through your storylines.

- This could include depicting a daily nighttime routine or holiday celebration.
- Characters could also demonstrate **intentional child focused time**, an evidence-based strategy shown to increase positive behaviors in children.

Just like emotional awareness and coping starts from infancy, so does building healthy relationships with children. The way adults respond to developmentally normal tantrums and unwanted behaviors is important for keeping the relationship on a healthy track.

 Your characters can use evidence-based tools known to increase positive behaviors and decrease unwanted behaviors. For example, setting expectations, using praise, or using consequences appropriately.



For more information on Daily Check-ins & Conversations, look for the corresponding icon at KidsMentalHealthFoundation.org/EIG.



To read more about how caregivers can Manage Acting Up or Acting Out Behaviors, look for the icon at KidsMentalHealthFoundation.org/EIG.

BELONGING AND COMMUNITY

Children and their mental health thrive when they feel like a part of their community. Similarly, feeling isolated or lonely is a major contributor to mental health challenges.

- Shows can highlight evidence-based skills that caregivers and teachers can use to increase inclusion and belonging in children where they feel welcomed, supported and accepted in the groups they are engaged in such as their family, school and friendship circles. For example:
 - A teacher encourages an isolated student to join an activity with like-minded children at school to promote their school belonging.
 - A child brings a lunch to school that's part of their culture but gets teased about it. Their parent has a conversation about why it's important to their family background and ways to respond to bullying at school (this is what we call racial-ethnic socialization).
 - Parents on screen modeling healthy relationships, providing social opportunities, and having conversations about relationships and connections with their children.



For more information on **Fostering Belonging**, look for the corresponding icon at **KidsMentalHealthFoundation.org/EIG**.

DAILY SELF-CARE BEHAVIORS AND CHOICES

As humans, mental health is a part of our daily life. Every storyline and scene include mental health.

- Characters can be shown to **deliberately do behaviors that bring them joy, relaxation, or feelings of mastery** (what therapists call behavior activation).
 - For example, journaling, mindfulness, talking to a friend, hiking outdoors, organizing a drawer, creating art, or learning a new language.

Social Media, Gaming and Screen Time

- Screen time, gaming and social media is now a part of our daily lives, including for children. Storylines can show how caregivers can encourage thoughtful and planned use of screen time and engagement in social media.
- For example, creating a social media or gaming family plan together and setting screen time limits.
- Conversations and monitoring by adults is also strongly encouraged. Characters can model evidence-based strategies that will also ensure a healthy adult-child relationship.



For more information on **Social Media & Mental Health**, look for the corresponding icon at **KidsMentalHealthFoundation.org/EIG.**

Diversity Considerations

Historically underrepresented communities often have higher rates of mental health concerns and lower access to care due to systemic barriers, discrimination and racism, or stigma.

While everything we have discussed in this guide applies to families of diverse backgrounds, there are often cultural considerations and adaptations that are important. Different communities have leaders they trust and go to about mental health concerns, consulting with members of the communities in your storylines will help you understand the best way to represent the mental health conversation for this culture.

- Consider taking a strength-based approach in your writing of characters with these backgrounds instead of focusing only on the barriers.
 - For example, families and children finding moments of joy and community to get through difficult times.
- Highlight the importance of evidence-based practices such as racial-ethnic socialization and enculturation - defined as caregivers teaching children about their cultural or racial background to build their confidence and identity, while also preparing them for possible barriers and discrimination or racism they may encounter.



For more information on **Diversity Considerations**, look for the corresponding icon at **KidsMentalHealthFoundation.org/EIG**.

WHO WE ARE

The Kids Mental Health Foundation was created by Nationwide Children's Hospital, one of the United States' largest network of pediatric behavioral health treatment providers and researchers. More than 1,000 mental health professionals and researchers at Nationwide Children's, in partnership with other trusted experts, provide their real-world knowledge and expertise to power The Kids Mental Health Foundation.

With so many experts, we can likely connect you to an expert on most children's mental health topics, regardless of whether it's listed here or not.

Need a consultation on a specific plot/script? Fill out our contact form at **OnOurSleeves.org/EIG**, so we can connect you with a mental health expert best suited to give you feedback.



Ariana Hoet, PhD, is the executive clinical director of The On Our Sleeves Movement For Children's Mental Health and a pediatric psychologist. She has become a go-to national expert for outlets including USA Today, CNN, Good Morning America, and Newsweek. Dr. Hoet

is a vital public voice for youth mental health and has impacted countless young lives in her clinical practice.

Whitney Ragin Bignall, PhD,s the associate clinical director of On Our Sleeves and a pediatric psychologist. Dr. Raglin Bignall has played an integral role in working with families at a Nationwide Children's Hospital Primary Care Center, serving primarily low-income and



racially diverse community. She also implemented a program to help enhance parenting skills for raising young children and built partnerships with community organizations, primary care offices and neighborhood schools.



Eric Butter, PhD, is the chief of Psychology in the Department of Pediatrics at The Ohio State University College of Medicine and director of Behavioral Health at Nationwide Children's Hospital. He has been a leading clinical researcher on the genetics, diagnosis, and treatment of

children's mental health concerns for nearly 30 years. He has held multiple leadership roles within the American Psychological Association and advocates for children's mental health concerns at state, national and international levels.

John Ackerman, PhD, is a child clinical psychologist and the suicide prevention clinical manager for the Center for Suicide Prevention and Research at Nationwide Children's Hospital. Dr. Ackerman and his team help schools and community organizations implement evidence-based suicide prevention programs. His research focuses on implementing scalable youth suicide prevention programs as well as associations between media and youth suicide.



