MENTAL HEALTH JOURNALISM: EMBRACING ACCURACY, SENSITIVITY AND COMPASSION THROUGHOUT THE REPORTING PROCESS

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SPRING 2019

A thesis
submitted in partial fulfillment
of the requirements
for baccalaureate degrees in Journalism and Marketing
with honors in Journalism

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ABSTRACT

When it comes to mental health, journalists have a critical platform for shaping public opinion, reporting facts and destigmatizing disorders that affect one in every five Americans — and dismantling stereotypes of violence and unpredictability. Yet, all too often, a lack of rigorous training and freedom to explore public health crises in depth results in shoddy reporting that only leads to heightened misunderstanding. Fortunately, there are professional journalists who serve as exemplars on the mental health beat; these individuals, with the support of invaluable fellowships and simply personal empathy, have embraced their public-service mission. Through a rare blend of compassion and sensitivity — strewn throughout the interview stages, writing process in person-first language and meticulous fact-checking exercise — such journalists have forged a path to acceptance and change for those whose mental health stories are being told. This thesis tells their stories — of the print journalists from major news publications across the country — with hope that more reporters will adhere to their sympathetic, nuanced styles.
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Chapter 1

INTRODUCTION

One in every five Americans will be diagnosed with a “mental health issue” in his or her lifetime, signaling an opportunity for journalists to document the ordinary, albeit sobering, realities that define depression, anxiety and bipolar disorder, among other conditions. Articles spanning the print news media could contain themes of hope and recovery, undergirding a positive outlook amid a colossal public health crisis. This is, after all, a truthful and accurate portrayal of mental illness — one that upholds the fundamental tenets of journalism. Yet, news coverage of mental health is overwhelmingly negative. It begins with a painfully unequal ratio of pessimistic to optimistic stories.

According to a study of mental health coverage in nearly 2,000 newspapers, “dangerousness” was the “most common aspect covered and it was rare to find stories of accomplishment or recovery” (Morris). Likewise, a separate study spanning the news and popular media discovered people with mental illness were interpreted as “dangerous 75 percent of the time” (Wahl). Perhaps most alarming in these aggregated media studies are the swirling misconceptions — the descriptions fraught with inaccuracies that only further spur stigmatized views. Following an analysis of about 100 newspaper reports in the 1980s, Glasgow Media Group concluded, “the images of mental health…were characterized by negatives stereotypes and assumptions, resulting in an implicit portrayal of a homogenous, parasitic group with no positive social identity” (Philo). As the Group summarized, the overarching themes of mental health were even more disheartening in the news media: “violence, victimization and failure.”
Nevertheless, this notion of danger or violence defies statistical models: Those with a mental illness, according to the National Institute of Mental Health, “are responsible for no more than 5 percent of violence acts in America.”

Media critics, and the public alike, recognize that newspapers are a “significant public dissemination tool” (Corrigan, et al). Thus, if stigma surrounding the “mentally ill” appears to bear the imprimatur of professional journalists, the public will subconsciously adopt such skewed attitudes. This, in effect, creates a vicious cycle — an “us” versus “them” ideology that becomes increasingly difficult to dislodge (Cross). Individuals with mental-health concerns have said that they feel “alienated by the predominantly disparaging reporting styles used” (Morris). Others with mental illness, meanwhile, feel “persecuted” by the news media — so much so, that they resort to self-harming behaviors (Morris). Conversely, one can argue that journalists, many of whom receive little training for the “mental health beat,” are merely reflecting what they know. And what they know are the “perils of madness,” a testament to a society steeped in harmful stereotypes: the mentally ill patient shackled in a dungeon in the Middle Ages, a person with schizophrenia babbling in a disoriented fashion on city streets, the frightening images of electroshock therapy from “One Flew Over the Cuckoo’s Nest” (Cross). While representing myths, such folklore and subconscious frameworks are conveyed to news consumers as actual facts (Poynter).

Stigma transforms someone with a mental illness from a “whole and usual person to a tainted discounted one” (Gaebel, et al). The person is now referred to as a maniac, or a lunatic, or a madman, among other blatant tropes. The “mentally ill,” categorized as a “deviant population,” are also subject to parody and ridicule, though other marginalized groups have long been stripped of offensive labels (Philo). Morris establishes several key theories to explain this
pervasive stigma in modern-day journalism, beyond sheer ignorance among reporters. There is
the business model that supports fledgling newspapers: More drama, as imbued in
sensationalized headlines and photos, equals more impact and more selling potential (Morris).
There’s also the impetus to foment psychological reassurance. Essentially, polarizing the
“mentally ill” from the “mentally well” in news articles provides the latter group with a false
sense of comfort, namely that they will never encounter a comparable diagnosis (Morris).
Additionally, there’s been a historic lack of consumer feedback to counter such stigmatized
impressions — until recently, with the rise of campaigns and advocacy organizations aiming to
lift the mask of mental illness (Morris).

Importantly, the tide is beginning to shift where mental health journalism is concerned —
potentially coinciding with a greater willingness to discuss mental illness as openly as physical
ailments. For instance, counseling centers at colleges and universities across the United States
have witnessed a soaring demand for services, particularly tied to anxiety and depression. At
Penn State University during the fall semester, it is common for students to be placed on a
waitlist at the Center for Counseling and Psychological Services as early as October —
underscoring a greater agency to pursue help, despite limited staff on hand. In 2013, the
Associated Press Stylebook incorporated a new section specifically to address mental illness. It
urges journalists to “not describe an individual as mentally ill unless it is clearly pertinent to a
story and the diagnosis is properly sourced.” Among other compelling advice, the AP warns:
“Do not assume that mental illness is a factor in a violent crime, and avoid unsubstantiated
statements by witnesses or first responders attributing violence to mental illness.” By 2015, the
AP became more progressive when it introduced an entry solely focused on suicide and
appropriate terminology, such as utilizing “attempted suicide” rather than “unsuccessful suicide
attempt.” Among other guidelines, the AP states suicide coverage is only necessary when “the person involved is a well-known figure or the circumstances are particularly unusual or publicly disruptive. Suicide stories, when written, should not go into detail on methods used.”

Free training is also available to journalists, including an online course from Poynter’s News University called “Reporting on Mental Health Conditions and Suicide.” In one reading, Poynter offers a rallying call to journalists interested in honing their craft and standards of accuracy: “The invisibility of ordinary mental-health issues in the media can lead millions of Americans who have mental-health issues during their lives to feel alone with their illness.” The course instructs journalists how to develop article pitches and write about various “special populations,” including teenagers and Baby Boomers. Poynter envisions that subsequent news stories will emphasize these groups’ distinct concerns with gradations of complexity, rather than the typical simplicity applied to mental health. To ensure maximum success, Poynter provides journalists with three key questions they should always ask themselves during the newsgathering and writing process:

1. Is mental illness relevant to the story?

2. What is the source for the mental illness diagnosis?

3. What is the most accurate language to use?

These well-intended educational initiatives, alongside holistic guidelines for tackling ethical mental health-related dilemmas, are mired in obstacles that transcend national newsrooms. For example, cash-strapped news outlets are eliminating the mental health — or medical — beat altogether, meaning the majority of stories will deal with only crises (e.g. mass shootings) that contain a mental illness component. These news stories, highly reactive in nature and published under intense deadline pressure, fail to communicate the true context mental
health so rightfully deserves. Moreover, journalists are often forced to learn about mental health instantaneously on the job, with editors or management not carving out appropriate time for rigorous training beforehand to avoid blunders — and of greater relevance, to elevate the depth of their coverage.

This thesis seeks to evaluate the current status of mental health journalism, specifically by providing case studies of professional journalists who have written extensively on the topic with exemplary degrees of compassion, sensitivity and detail. Some of these journalists have experienced firsthand what it means to live with a mental illness, while others have intimately interviewed families affected by mental health, prior to producing longform stories. While such narrative journalism surrounding mental health is far from the norm, a common thread indeed links all the journalists who were interviewed: their public-service orientation, fueled by a commendable desire to raise awareness, fight stigma and pave the way to societal (and sometimes, legislative) change. To offer a more dynamic perspective, this thesis also incorporates views from mental-health experts, the individuals responsible for facilitating training — and disseminating reporting standards — to journalists. Ultimately, this thesis firmly embraces the belief that “journalists are indirect variables shaping public discourses of sympathy and antipathy toward the recipients of psychiatric care” (Cross).
Mental illness is laden with nuance. There is never a single explanation for a troubling diagnosis, or an erratic behavior, or a crippling response to antipsychotic medication.

It’s what can make it so difficult to tackle the mental health beat in any modern newsroom. But to Amy Ellis Nutt, a Pulitzer Prize-winning science writer at The Washington Post, that’s what makes it so attractive.

“This is not an easy beat — it’s not like covering a financial crisis and why the economy tanked,” said Nutt, who spent 16 years as a features and project writer at The (Newark) Star-Ledger. “Mental health and mental illness…it’s slippery. Once you think you have a grasp on it, it slips away.”

Nutt, 63, likens herself to the “poster child” for successful mental health treatment. As she was pursuing a doctoral degree in philosophy from the Massachusetts Institute of Technology, she experienced her first bout of bipolar disorder. She was only in her 20s.

It took about five years to receive the right diagnosis. In the interim, she was hospitalized once, then twice — and so the cycle went, interlaced with shock treatments and drug trials.

She’s endured the side effects of SSRIs — medications called selective serotonin reuptake inhibitors — and other mood stabilizers. As Nutt phrased it, she’s nevertheless “persevered” and “thrived.”
Not everyone Nutt writes about is as lucky.

“It’s weird to say that because of my own history I have a special expertise in mental health journalism, but I think I do,” Nutt said. “It’s not just because I can identify with people, but it’s because I can identify issues because of my experience. I think that’s more important.”

Nutt isn’t interested in the one-off stories, the superficial glances into mental health that dominate the news cycle after a mass shooting or other tragedy. Her intention for The Post’s “brain beat,” a conglomeration of mental health and brain science reporting, is to go deeper. (Most mental health beats have all but disappeared in local newsrooms, Nutt said, due to fiscally precarious situations. Yet, the national newspapers — including The Post and The New York Times — can still support, for now, this specialized journalism.)

Nutt wants her readers to know about the startling, counterintuitive facts in the mental health arena. For instance, there are nearly twice as many suicides as homicides in the United States, Nutt said.

“It’s such a shocking statistic to so many people,” she said. “It’s one way to immediately awaken them.”

And then, once Nutt has them hooked, she launches into the complex investigations — the rampant prescriptions doled out by primary care physicians and the off-label uses of a powerful anti-schizophrenic drug, to name a few.

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Nutt isn’t one to flip the journalistic script and insert herself into a story. Usually, she’s merely a professional journalist to the psychologists, psychiatrists and patients she interviews.

But, on occasion, Nutt reveals the extent of her empathy — and her own personal struggle with bipolar disorder.
She doesn’t do it deceptively to get the story, though.

“[It’s] a way to get deeper into a story,” Nutt qualified, “and to have someone trust me who have might have particularly difficult trust issues.”

There’s a certain formula to interviewing someone who is mentally ill, Nutt said. The first steps: Keep the reporter’s notebook packed up. Don’t reach for a voice recorder.

Nutt said the goal is to begin with casual conversation, building a simple rapport before the actual interview ensues.

Precision matters in this type of inquiry, for a question as innocuous as “What does it feel like in your head?” can lead to baffled responses. For better results, Nutt suggested day-in-the-life themed questions, probing at a source’s routine to glimpse the varied manifestations of mental illness.

“Sometimes, people are better at expressing the physiological symptoms,” Nutt said. “To the extent they’re not able to articulate, you can perhaps convey to the reader how they’re acting or not reacting.”

At this point in her career, Nutt has grown accustomed to the silence that can permeate an interview. Rather than plowing through an uncomfortable pause, Nutt waits. Sources with post-traumatic stress disorder or depression, for example, may need an extra moment to collect their thoughts.

“Sit with the silence and let someone fill it in,” Nutt said. “You just have to let it happen.”

If that approach doesn’t work, Nutt senses it’s time to move on. Later in the interview, she’ll circle back. She tweaks the question ever so slightly.
“It’s sort of a tidal wave of interviewing,” Nutt said. “It’s never ill-advised…you shouldn’t be afraid to ask about something.”

As she stitches together bits and pieces of an interview, Nutt said she’s mindful of context. Nutt knows that an unfortunate, or miscalculated, turn of phrase can lead to stereotypes.

To fill in the gaps, Nutt speaks with friends and family members.

“The best portraits come from the people who love them the most — the mothers and fathers,” Nutt said. “They’ll often give you a fuller portrait than the subject can.”

And while Nutt can paint a clearer picture than many when it comes to mental health, she’s eager to share her knowledge — her “advantage,” as she calls it — with the entire Post newsroom.

“If you have a passion for it, that’s 90 percent of the job because that pushes you forward,” Nutt said. “None of the advantages that I have are at all prohibitive to other journalists, but they might inform me in other ways and make it a little easier to recognize certain things or certain storylines.”

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Courtenay Harris Bond, freelance journalist

Courtenay Harris Bond, a freelance journalist who frequently trudges into Philadelphia’s open-air drug markets to capture the extent of the opioid crisis, has never met a so-called “addict.”

She’s never met a “junkie,” either — or a “dirty” person or a “clean” person.

“The main thing I sort of had to alter my thinking about was terminology,” Bond said. “Substance abuse disorders are diseases of the brain. You’re trying to get away from stigmatizing language.”
A “mentally ill” person becomes a “person with mental illness.” A “mad, delusional” person becomes “someone who was hallucinating.” It’s a subtle language shift, but to Bond, word choice makes all the difference.

“They’re much more than just their depression or their schizophrenia,” she said. “They’re a whole person.” In 2017, Bond became a recipient of a Rosalynn Carter Fellowship for Mental Health Journalism. For an entire year, Bond was paired with advisors from the Atlanta-based Carter Center, alongside other program participants, to pursue a singular focus: Combat stigma.

The fellowship includes training and periodic meetings, as journalists educate themselves on mental illness before producing a project — with the help of a $10,000 stipend — to inform the general public.

With a clunky audio recorder, microphone and camera, Bond spent days in Philadelphia’s tough Kensington neighborhood, near the Conrail tracks. Bond would tell people that she was a reporter, and that she cared about their experiences — their struggles.

To her surprise, they spoke openly.

“I wondered if some of that was because people had burned so many bridges in their lives, they didn’t have a reason not to talk to me…” Bond said. “I didn’t have a ton of trouble. A lot of people pretty much told me everything that I needed to know.”

Her approach was gentle, she said. The individuals could sense that Bond came from a place of empathy, not just sympathy.

From a young age, Bond’s lived with severe depression and anxiety. When she was institutionalized in college, she tried to kill herself.

Mental illness is her daily companion, and sometimes, it becomes her core source of writing inspiration.
One of her pieces, titled “In despair from major depression, I turned to a last resort: Magnets,” appeared in *The Philadelphia Inquirer* last March. Beyond detailing the ebbs and flows of recovery, Bond shares a string of photographs in which she’s strapped into a medical contraption, a black circular object perched above her head, ready to “peck away.”

Transcranial magnetic stimulation, as Bond wrote, is intended to activate dormant brain cells and spur mood regulation. The sensation is oddly evocative of an electronic woodpecker, yet Bond can sleep through the treatment.

“Sharing a little bit about your own story helps, if you have anything you can possibly relate to,” Bond said. “I don’t feel shame about it. I didn’t feel like it was an invasion of privacy to share.”

But even so, Bond said she prefers not to keep her sources anonymous.

In one of the drug encampments, Bond met a 69-year-old man who used to rob banks to pay for his stock of illicit substances. Bond followed him on and off throughout her fellowship year.

She never got permission to use his name. She’s still trying to change his mind.

He’s one piece to Bond’s 5,000-word puzzle, a magazine-style piece that synthesizes her reporting in Kensington and Prevention Point Philadelphia, which provides medication-assisted treatment. And for as much as Bond’s writing is about people who’ve been overlooked by society, it’s also about glossed-over facts and symptoms.

“People want to appear successful and perfect in our society,” Bond said. “[Mental illness] is seen as a weakness, and you wouldn’t want to reveal a weakness.”
The antidote to stigma, Bond said, is awareness. For instance, substance abuse should be described as a “disease of the brain that causes substance-seeking, despite dire consequences,” she said.

Then, the condition becomes a public health issue — with treatment options. Bond said she strives to achieve a balance of positivity and negativity within the same story. And she refrains from the more graphic details, including how heroin users take the drug and scar their skin from injection after injection.

“There is a lot of hopelessness surrounding these issues, so if you can point to paths of recovery, that’s a very helpful thing,” she said.

Prior to publication, Bond has no qualms when it comes to reading quotes back to sources, though the practice is uncommon — and oftentimes, discouraged — in professional journalism.

To Bond, it’s fact checking. She ensures the subtle details are accurate, from what people’s lives were like before their drug addictions to their hopes for the future.

“Try to make people realize these are people, too…” Bond said. “Leave your judgment at the door.”

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Liz Kowalczyk, The Boston Globe

Liz Kowalczyk accidentally stumbled upon the story of Connor Biscan, the boy who would hurtle chairs at his teachers and escape from school grounds to find an elusive balloon caught in a tree.

The boy, as Kowalczyk wrote in her May 2018 profile called “Raising Connor,” who as the secondary headline reads, “lives at the intersection of autism and mental illness.”
Kowalczyk is one of four health care and medical writers at the *Boston Globe*. About two years ago, she set out to investigate children stuck in emergency rooms, desperately awaiting openings in psychiatric hospitals.

They could be trapped in limbo for days — sometimes, six days. Other times, 14 days. Kowalczyk reached out to an advocacy organization, requesting the contact information of families with firsthand experiences. That’s how she met the Biscans.

“I realized there was a lot more to their story than just the emergency room wait,” Kowalczyk said. “This turned into a profile on him, and part of the reason for that was because his mother was extremely open about allowing us access.”

Connor, 13, is one individual, but he’s emblematic of the “systemic failures” surrounding children with mental health concerns and autism, Kowalczyk said.

As a reporter, Kowalczyk knew if she could at least capture his story, she could play a small role in reducing stigma.

“If your child has cancer, you have a fundraiser and people show up to your house with casseroles,” Kowalczyk said. “There’s sort of this immediate empathy and reaching out, whereas if your child has behavioral problems, that doesn’t happen. There’s more shame.”

Kowalczyk spent a year visiting Connor at least a dozen times, in his special autism school, in his home — observing the joyful moments amid the harrowing temper tantrums.

For the first several months of research, Kowalczyk would go alone. She explained her interest in writing the story to Connor’s mother, Roberta, and built up trust along the way. Then, a *Globe* photographer would tag along.
“I got to know Connor really well, and he’s a very lovable, affectionate and fun child,” Kowalczyk said. “It’s just very important to represent him in full: the loving moments [and] the fun moments, as well as the challenging moments.”

The contrasts of Connor Biscan are explicitly woven throughout Kowalczyk’s narrative.

“He is moody and unpredictable,” she writes in the second vignette of the longform story. “Vulnerable, sweet, devoted to family. Impulsive, strong, and overflowing with emotion.”

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Though Kowalczyk has covered the medical beat for 15 years at the *Globe*, she’s never received formal training. She sharpens her understanding of mental health by talking to “enough” people, including researchers, clinicians and the patients themselves.

She asks how sources want their illnesses characterized. She adds descriptive phrases to a diagnosis, wary of making a person “seem like they’re just mentally ill and there’s nothing else to them,” Kowalczyk said.

And she adjusts her reporting practices on a story-by-story basis. Luckily, she said, the *Globe* gives her the space to delve into a story.

In the case of Connor, Kowalczyk cleared sensitive material with his mother. Roberta was something of an advocate herself, Kowalczyk said, who openly and honestly discussed gaps in the mental health care system.

It is crucial to find a source like Roberta, Kowalczyk said.

A seasoned reporter, Kowalczyk knows when to negotiate, such as when it’s acceptable to omit a town name or employer. But she has no intention of convincing a source to disclose basic details.
“You want someone fully willing to participate,” Kowalczyk said. “I don’t want to expose someone’s situation if they don’t want to be exposed.”

Still, when it was time to fact check “Raising Connor,” Kowalczyk didn’t want to expose too much.

She had been granted “rare access into [Connor’s] world,” as she wrote in the Globe story. So Kowalczyk honored their source relationship. She checked if her portrayals of Connor’s behavior were accurate — partly, because his condition was so multifaceted, and partly, because he was simply a minor.

“It’s a different type of story when you’re spending a year with them,” Kowalczyk said. “I felt a real obligation to make sure she was comfortable with what I’d been including. They’re not politicians — they’re not public figures.”

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Rory Linnane, USA TODAY NETWORK-Wisconsin

There’s typically a climax to every interview, a pivotal anecdote that the source slowly edges toward from the time the first question is posed.

Rory Linnane, a reporter for USA TODAY NETWORK-Wisconsin, structures her line of questioning chronologically. After covering teen suicide for three years, she’s realized it can be the most sensitive — and least stressful way — of gathering information from subjects.

“It’s important for them that it’s happening in an order, and they’re expecting it to come, and then they know it’s over,” said Linnane, who’s based at the Milwaukee Journal Sentinel.

But, the moment shouldn’t be over too quickly, Linnane cautioned.
“Make sure you’ve really taken your time,” she said. “Sometimes it can be tempting to rush when you see they’re getting emotional, but it can be more damaging if you need to go back later.”

As Linnane sees it, the mental health beat needs to be overhauled. It’s too informal, she said. There’s a noticeable gap in training and standards.

For the better part of two years, Linnane created her own operating principles. Her primary — albeit impromptu — resource had been general guidelines for reporting on suicide responsibly.

Now a mental health fellow at the Carter Center, Linnane said she wished this opportunity came sooner — before she delved into rising suicide rates, and the difficult process of finding mental health services, in Wisconsin.

It started out as a short-term project, until Linnane recognized this was an issue that galvanized readers. Through calls for submission online, as well as through advocacy organizations and live events, Linnane was inundated with story ideas.

“It’s cool when you get a step deeper and get more perspectives that aren’t necessarily the loudest ones,” Linnane said.

“I did every avenue possible, which I think is extra important with this topic because you want to be in a place of luxury of not needing anyone to talk to you,” Linnane added, “and making sure people who do talk to you are really ready to have their names put on the record.”

Since she’s working with minors, Linnane is more careful about initiating source relationships.
She ensures that teenagers involve their parents or counselors, who can help weigh the benefits and drawbacks of sharing their personal stories. She even lets parents sit in on interviews, if that makes the journalistic process less intimating.

And, Linnane reminds participants that her articles won’t just appear in a tiny, community newspaper, but rather in Gannett-owned publications and social media accounts scattered about Wisconsin.

“When I’m starting off the conversation, I try to explain what our theory is and the goal of reducing stigma,” Linnane said. “Depending on the situation, try to start off the interview a little lighter: Try to talk about the work they do around mental health…then get to more personal and harder stuff.”

It can be therapeutic. On occasion, Linnane said she feels like a clinician, not a reporter, probing for answers and clarity. She makes sources feel safe and apologizes for their struggles, she said.

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There’s potentially disturbing imagery in one of Linnane’s stories from last May, headlined “Teen journeys from brink of suicide to happiness and strength — all with mom at her side.”

The article describes an empty, open pill bottle is perched on Karlee Gross’s nightstand. Almost instantly, her mother, Tricia, senses something is astray, asking Karlee if she ingested the medication.

“Today is not your day,” Tricia said to her daughter in the story.

Karlee ends up surviving by a margin of mere minutes. A frantic race to the hospital ends with her drinking liquid charcoal “to stop the digestion of toxins,” Linnane wrote.
Linnane isn’t sure if she made the right call on that story. She didn’t share how the pills fully affected Karlee, but she did share the suicide method.

It can be difficult to know what to do, Linnane admitted. Arguably, she crossed a line — at least to suicide advocates.

“Part of the power of that story and any story is sharing details,” Linnane said. “In some ways, it’s important to talk about method because if your aim is suicide prevention, method is an important piece of that.”

The other important piece is agency. Readers should feel empowered to act, to quell a public health crisis.

Images of Karlee are strewn throughout the story, a wide, genuine smile overtaking her facial features. She recovered, graduated from a private high school and continued attending therapy.

“You don’t leave [readers] in a depressing place,” Linnane said. “Sometimes it feels like a fine line between what could stir suicide contagion, versus what could be helpful. So, really try to avoid overdramatizing.”

At the end of the story, Linnane includes information for reaching the National Suicide Prevention Lifeline, the Mobile Urgent Treatment Team for Milwaukee County residents and the National Crisis Text Line. And, she lists warning signs for suicide, sourced from the American Foundation for Suicide Prevention.

Linnane said reporters should only write about suicide if they can cover it in depth, replete with all the facts to produce a “really good story.” Journalists should tie isolated events to the sweeping issues, simultaneous breaking conceptions of stigma, Linnane said.
Spotty coverage, riddled with inaccuracies, will result in damage to the subjects — and misunderstanding among readers, she said. Linnane credits her success to flexible deadlines, which allowed her to return to sources over time and forge a stronger rapport.

To an extent, Linnane is an advocate to those she interviews with “mental health challenges” — a phrase she prefers in capturing the spectrum of “mental wellness.” Not every tidbit of information needs to be embedded in a story, regardless of a prying editor.

“It’s important to go back and say, ‘This is what I’m planning to publish,’” Linnane said. “Being a human and letting down some of those guards in an interview is OK, as long as you’re looking out for them, and making sure they’re not over-sharing and you’re not taking advantage of them.”

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Daniel Simmons-Ritchie, PennLive

Daniel Simmons-Ritchie was mentally exhausted. He felt like crying.

He’d just heard a tragic story, and now, it was his job to retell it.

An investigative reporter for PennLive and The Patriot-News in Harrisburg, Simmons-Ritchie adhered to a core belief surrounding his brand of journalism: He could spur awareness and evoke change.

Otherwise, why bother writing a heart-wrenching story?

Members of the McDaniel family, after enduring an arduous battle with Pennsylvania’s strict psychiatric commitment law, had reached out to Simmons-Ritchie. They knew he had a platform to depict what ultimately became “Michael’s story: Mentally ill man attacks his family after being deserted by Pa. health care,” published in October 2015.
“The McDaniels were particularly open. I was surprised by the access they were willing to give me,” Simmons-Ritchie recalled. “They had felt like no one had cared for so long, they were so happy to speak with someone.”

The story undergirded a sprawling series on mental health, in which Simmons-Ritchie explored the volume of Pennsylvania inmates dealing with mental illness concerns. He’d already tackled the project once before, as an enterprise reporter for the Rapid City Journal in South Dakota.

When he was hired at The Patriot-News, editors encouraged Simmons-Ritchie to unveil systemic mental health care breakdowns in the commonwealth, including “skyrocketing” medication expenses.

“I was trying to connect readers with this marginalized group of people — people who are easy to overlook or write off as crazy,” Simmons-Ritchie said. “Empathy was a huge part of how I built trust in my sources, and it was a huge part in how to write an effective story.”

Simmons-Ritchie said he was fortunate that editors gave him “a lot of time to work.” Deadline pressure was never an issue, he said.

He visited the McDanels in their home, the most comfortable setting to conduct such a sensitive interview, he said. Together, they drank tea — and Simmons-Ritchie listened for hours.

Michael, 30, was deep in the throes of schizophrenia. He heard voices that weren’t there. He saw floating orbs that weren’t there.

And one day, Michael entered his 74-year-old grandmother’s bedroom and struck her in
the head — with her own cane — repeatedly. The incident came after Michael had been released one too many times from involuntary commitments, though “still deeply delusional and with poor follow-up care,” Simmons-Ritchie wrote.

At one point in the interview, the McDaniels pulled out a giant binder, filled with medical records and timelines of Michael’s downward spiral, Simmons-Ritchie said. It became a familiar ritual for Simmons-Ritchie: The source relationship was secure, and family after family sensed it was safe to entrust him with a litany of paperwork.

“You are respectful, you are compassionate,” Simmons-Ritchie said. “You listen a lot. You don’t push them too much — the same kind of thing you do if you were to speak to a friend who just lost their father.”

The McDaniels even felt comfortable enough to hand over Michael’s personal diaries. Simmons-Ritchie pored over hundreds of pages of scribbled thoughts, deciphering threads of psychosis to glean heightened insight into the story.

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Looking back on the yearlong series “From Patients to Prisoners,” Simmons-Ritchie said he’d probably adjust some of the mental health terminology.

He had referred to Michael as “a schizophrenic man.” He had called this entire cluster of people “schizophrenics” — terms that are not uncommon in news stories.

Mental health advocates praised his writing, but they urged him to consider using “person-first language,” which is seen as destigmatizing. In their eyes, “people with mental illnesses,” was better — much better, Simmons-Ritchie said.
“I have to admit, I was a bit resistant to it at the time. ‘Mentally ill people’ was piffy and quicker,” he said. “I thought some of these folks just didn’t understand the challenge of what I was doing: writing this stuff succinctly and trying not to lose readers.”

While exploring mental health in the framework of jails and prisons, Simmons-Ritchie said he encountered as “cornucopia of strange acronyms.”

To bridge a learning curve, Simmons-Ritchie decided to incorporate a sidebar that’s essentially a glossary of mental health disorders and symptoms. In the July 2015 explainer piece, called “What’s the difference between ‘mental illness’ and ‘serious mental illness’? Terms to know,” Simmons-Ritchie also included demographic statistics to illustrate the extent of Americans affected.

In an editor’s note, PennLive encouraged readers to contact the news outlet with questions: “Is there a term that you’ve come across in the series that you didn’t understand? Let us know…and we’ll add it to this list and try to make it easier to digest in future stories.”

“I remember trying to get across to people these aren’t people who have a mental illness like anxiety or depression,” Simmons-Ritchie said, “but a real severe mental illness, like paranoid depression or schizophrenia.”

Some readers latched on to Simmons-Ritchie’s reporting mission — and his call for additional submissions. Loved ones with mental illnesses were eager to speak out, even if it meant circumventing the very subject of a story.

One woman, Betty, was quoted under a pseudonym. Her son was unstable, and he would act “very, very unwell” if he found out his life story were suddenly available for public consumption, Simmons-Ritchie said.
“We generally don’t like to use anonymous sources,” said Simmons-Ritchie, referring both to himself and to his editors. “If you’re doing it, there has to be a very compelling reason. Just gently press and see which way the wind is blowing.”

Simmons-Ritchie said he’s comfortable with reading sections of stories back to sources prior to publication. It’s a fact-checking mechanism, intended to capture a time period or mood with as much accuracy as possible, he said.

“It’s always under the condition that I’m not just going to change something because they don’t like it,” Simmons-Ritchie added.

To achieve greater accuracy, Simmons-Ritchie recommended speaking to a wide array of advocacy organizations. In one narrative thread, for instance, Simmons-Ritchie discovered a striking chasm between groups that favored and opposed state psychiatric hospitals.

“Two groups were pigeonholing me in supporting a position,” Simmons-Ritchie said, adding if he’d limited his queries, he might have acquired a myopic perspective on the issue.
Chapter 3

EXPERTS ASSESS MENTAL HEALTH NEWS COVERAGE

Alexis O’Brien, American Foundation for Suicide Prevention

Alexis O’Brien vividly remembers the start of her career at the American Foundation for Suicide Prevention in 2014.

The famed comedian and actor Robin Williams had just killed himself. Some news stories referred to the act as cowardly.

The AFSP, a not-for-profit advocacy and research organization, became so alarmed that it released a statement to the media: “Don’t report on suicide in this way,” O’Brien said.

High-profile suicides rode the news cycle again last summer. First, it was fashion designer Kate Spade on June 5. Then, it was celebrity chef Anthony Bourdain just three days later.

“We saw a lot of stories that came out that were much better in the way that they talked about suicide and the way that they talked about mental health,” said O’Brien, the AFSP public relations director who often advises reporters on sensitive, accurate news delivery. “I see the shift in conversation.”

Oftentimes, O’Brien addresses questions about appropriate language use. According to the AFSP’s “Recommendations for Reporting on Suicide,” journalists should steer clear of “successful” or “unsuccessful” suicide attempt.

“Committed suicide,” meanwhile, represents a bleak homage to the days when suicide was considered a crime — and in some states, as severe as a felony charge.
To be objective, the preferred phrasing is “died by” or “completed suicide,” O’Brien said. “It’s extremely important. The way we talk about things matters,” she said. “We want people to understand that suicide is ultimately the tragic outcome of not getting mental health care.”

According to the Centers for Disease Control and Prevention, suicide is the 10th leading cause of death in the United States. In 2017, an average of 129 suicides were completed each day, the CDC reported.

One of O’Brien’s chief concerns at the AFSP is preventing suicide contagion, or copycat suicides. She tells journalists to avoid the graphic cause of death, for a slashed wrist or noose can destabilize a reader with suicidal ideations. Worse yet, it can glorify — or, potentially sensationalize — suicide.

The policy aligns with the entry on suicide in the AP Stylebook, which the AFSP helped develop: “To not go into detail on the method used.”

Reporters can also curb emotional triggers, O’Brien said, by including the National Suicide Prevention Lifeline or Crisis Text Line at the bottom of the story, or as a sidebar. It provides a sense of “immediate help,” as does a tone of hope throughout a news article, O’Brien said.

“Let people who are struggling, or who might be at risk, know there are people who have been where they have been and have their way to help…found their way out,” O’Brien said. “We try to encourage reporters as much as possible to talk about the hopeful part — that suicide is preventable.”

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Lei Ellingson and Katie Nafe, The Carter Center’s Mental Health Program
The Rosalynn Carter Fellowships for Mental Health Journalism prioritize accuracy above all other ethical values.

“Our philosophy is that an informed journalist will write informed pieces that will help educate the public,” said Lei Ellingson, senior associate director for the Carter Center’s Mental Health Program. “We look for stories that will have an impact on topics that are underreported and need to be told.”

But that ratio of stories — the volume of positive versus negative anecdotes — isn’t a pressing concern, she said.

Relevance is more important, and so is timeliness. The Carter Center’s aim is for participants to produce high-quality work, supplemented by the support and expertise of other fellows, according to its website.

Increasingly, the fellowship, which accepts eight United States-based journalists every program year, promotes solutions-based reporting. (Stipends are also available to journalists from Colombia, Qatar and the United Arab Emirates.)

“It’s not just about calling out the problem. It’s calling out the solution and who should be behind the solution,” said Katie Nafe, senior program associate for the fellowship. “It’s something that could cause really good things to come.”

Fellows travel to the Carter Center twice, once before they embark on their mental health-oriented projects — and then at the end of the year, to cement their camaraderie and review lessons learned along the way. Ellingson said the fellows also develop relationships with former First Lady Rosalynn Carter, who attends program meetings and receives project updates.
Finding a news outlet to actually publish the final product is always a challenge, Ellingson said. Working with newspaper editors can be another, which is where the fellowship’s advisory team comes into play.

“The nature of the newsroom has changed,” Ellingson said. “They don’t have the editorial support they used to, where people work with them, and guide them, and edit their pieces. In many cases, the advisory board has become that editorial board.”

Yearlong endeavors are diverse, as catalogued in the fellows’ project database spanning back to 1997. They include a photojournalist chronicling teenagers’ day-to-day jaunts following a mental health diagnosis, a freelance journalist describing how parents surrender custody of their children so they can benefit from state-funded care, and a television producer exploring those battling homelessness and mental illness.

Nafe said that the impact of the fellowship reverberates well past the one-year mark, however. A recent survey among alumni showed the fellows maintained their focus on the mental health beat — and even became experts, in their own right, in the newsroom.

“It really is the kicking-off point for all these reporters to continue to report on mental health in an accurate way,” she said, adding that alleviating stigma is another beneficial outcome.

Fellows tend to write about everyday people, the neighbors and coworkers who have learned to successfully manage their depression, for instance. These simpler stories, Ellingson said, remove barriers to understanding — as well as the stereotypes that all mental illness is defined by unpredictability and violence.

“The most effective means of reducing stigma is not celebrities coming out with their own stories, but when regular people come out with their own stories,” Ellingson said.
Chapter 4

PERSONAL REFLECTION, FROM A FORMER MENTAL HEALTH REPORTER

In freshman year, I had the privilege of serving as The Daily Collegian’s inaugural mental health and wellness reporter. I viewed this assignment as an exciting challenge: There was no mold to follow, no solid repertoire of previous Collegian stories — or sources — that defined how Penn State’s student newspaper handled mental health coverage. I could make this beat my own, which I quickly accomplished by discovering activist groups on campus, alongside everyday students, bursting with personal accounts of trials and tribulations. To my surprise, they were willing to have their stories told; they spoke freely about suicide attempts, about panic attacks, about mental breakdowns. I was thrilled I could give them a platform, as I fundamentally believe journalism is tethered to giving a voice to the voiceless. But I couldn’t deny the irony of this beat assignment: As someone who struggles with anxiety, I would never dream of publicly discussing my own idiosyncrasies and flaws. (That view, I now realize, underscores the power of stigma, which forces us to feel weak and distinctly “other,” as substantial research has concluded.) So, the articles I produced that semester gradually resembled a consolation prize: I could still pursue public-service journalism, and perhaps, find my personal voice.

Early on, I realized I was extremely out of my element: I had virtually no training on mental health journalism — not to mention, the broad spectrum of diagnoses and symptoms that underlie mental illnesses. I didn’t know which questions were off-limits, or if it was acceptable to keep probing until a source asked if we could move on. I had yet to fully appreciate which
words and phrases perpetuated stigma, rather than generate awareness and public dialogue. Thankfully, I informally learned this along the way from invaluable sources and mental health experts at Penn State.

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I distinctly remember sitting in an enclave of Paterno Library with Ramon Guzman Jr. in March 2016, realizing I was about to start the most important — and sensitive interview — of my Collegian career thus far. A recent article had mentioned, almost in passing, that Guzman had tried to kill himself. Recognizing that incident deserved more than a paragraph, I reached out to Guzman, asking if he was willing to discuss it in depth for another story. After all, he was the executive director for 2016 Class Gift Campaign, which resulted in a landmark endowment for Penn State’s Center for Counseling and Psychological Services. I was taken aback when Guzman stipulated his terms for participating: The story needed to include positive overtones; it could not dwell on his downward spiral into depression. In hindsight, I’m grateful Guzman articulated this request. It forced me to better understand my own reason for writing about him: hope. I told Guzman I would try my best, but I also communicated my own terms: The story needed to incorporate his suicide attempts, to some degree — otherwise, the journey to recovery would lose its capacity to impact readers.

Here’s what I like about that story — and what I did correctly — based on my thesis research:

- **The headline**: The web headline, “Ramon Guzman now leads a ‘happy’ life after battling mental illness,” represents a strong fusion of positivity and negativity — thereby encapsulating the theme of the article itself. Readers instantly know they’ll be exposed to emotional, yet uplifting material. The one caveat: “Battling” is perhaps a poor word
choice that’s subtly laced with stigma. Someone with diabetes, for example, would never be described as “battling” the condition; the individual simply “has” diabetes.

- **The lede:** Similar to my interview with Guzman, I distinctly remember crafting this lede for hours and smiling at the final product. It reads: “Ramon Guzman Jr. is a lover of life. He loves taking his time and focusing on the little things: someone’s bright smile, the color of cars passing by and funny jokes told by friends.” I deliberately chose to start the story in an optimistic place and then finish it full circle, on the same upbeat tone. I knew that if I began by describing the throes of Guzman’s depression, I would be entering a slippery slope of sensationalizing his story — a disservice to Guzman and readers alike.

- **Describing the healing process:** Through various small details, I capture how Guzman emerged from his period of depression through a mixture of companionship, religion, poetry and even advocacy. I talk about how Guzman’s professor intuitively knew something was wrong, and how together, they walked to CAPS to get professional help. The specificity helps to shows how recovery is indeed a reality, and the CAPS anecdote can especially resonate among Penn State students who overwhelmingly utilize the Center.

- **Quoting family:** At Guzman’s suggestion, I interviewed his sister, Roseilyn, to develop a richer perspective for this story. The two shared a close bond, and Roseilyn had seen Guzman’s experience with mental illness firsthand. She could attest to his experiences with honesty and compassion.

- **Quoting an expert:** I spoke with a clinical social worker at CAPS, who provided important statistics for the story. For example, “between 20 and 25 percent of clients had suicidal ideations,” which highlights the widespread public-health component of this
piece and is Penn State-focused. However, I wish this paragraph had been placed much higher in the story, as opposed to near the ending.

Here’s what I would potentially change about this story, based on what I know now:

- **A list of resources:** While CAPS is frequently referenced in the story, there is no call-out box with a phone number or website address. This could have been valuable information for someone personally experiencing suicidal thoughts — or someone who felt inherently triggered by reading the story. Likewise, there could have been information for the National Suicide Prevention Lifeline. [In late March, following the suicides of two students who had attended Marjory Stoneman Douglas High School in Parkland, Florida, many news organizations began doing exactly that. *The New York Times*, for instance, embedded a break-out box titled “How to Get Help.” The short, albeit critical, text reads: “If you are having thoughts of suicide, call the National Suicide Prevention Lifeline at 1-800-273-8255 (TALK). You can find a list of additional resources at SpeakingOfSuicide.com/resources.”

- **Suicide-attempt method:** In this piece, I explicitly share how Guzman tried to complete suicide, which is an anecdote advocates warn against — but many journalists nevertheless include for accuracy and enhanced context. On the one hand, I let Guzman explain his attempt in his own words, consequently ensuring I would not distort his portrayal: “Both times it was with pills…The first time I got scared and I only did like three. The next time was nine or 12 pills. But in the middle of the two [attempts], I really pushed myself to be happy.” I believe my approach was ethical because this is as graphic as the section gets; I do not describe the type of pills Guzman took, how he was found, or the after-effects. On the other hand, I could have written around Guzman’s suicide-
attempt method altogether, instead emphasizing his path to depression — then recovery — to avoid triggering readers.

It’s crucial for journalists to be critical of their own work — to reflect on the successes and pitfalls of past projects — and then make necessary improvements. This theme emerged time and time again as I was speaking with journalists who cover mental health. And the other prominent theme: Be a human being — it’s OK to show compassion. Treat sources, especially those with mental-health concerns, with dignity and respect. It’s a gift to listen to their stories — and an honor to share it widely in the news media with the goal of overcoming stereotypes.

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Researching and writing this thesis was truly an enlightening process, as I recognized how the myriad negative illustrations of mental illness (e.g. violence or erratic behavior) are deeply embedded in society — and then trickle into the newsgathering process. For example, this year, I often found myself correcting people’s language, urging friends to not call something or someone “crazy.” I’ve cringed at headlines that depict sports teams as “schizophrenic,” when copy editors are actually trying to convey divergent performances. And, I’ve smiled when The Collegian published a “Moment on Mental Health” special edition, which contained a surprising volume of positive stories to break past the barriers of stigma.

This final semester at Penn State has — again, ironically — represented a painful case study into my own mental health. Due to a drawn-out concussion, I’ve been very limited with my academic workload and ability to complete everyday tasks. Beyond a constant headache, concussions can lead to anxiety, irritability and depression — among a slew of other unpleasant symptoms. So here’s an instance of stigma at its finest: I have no qualms about telling people that I have a headache, but I will never tell them that I made my headache worse by becoming
unnecessarily upset. People erroneously believe anxiety is something controllable, and it certainly is, to an extent; but anxiety, a very real phenomenon, doesn’t derive from being immature or weak.

Sometimes, I envision how I would want people to write about my own recovery process, and I’m slowly learning to change the narrative. As I write this thesis — in 30-minute intervals not to exacerbate my headache — I’m looking at a Post-it Note on my desk that reads, “You can choose to accept it or fight it. You can’t speed it up, BUT you can slow it down. Every day it should lessen.” To the right of my desk, I’ve fashioned a positivity wall of even more pink Post-its, filled with uplifting quotes from friends, books and songs. For me, it’s easy to pack up my Jewish jewelry because I got injured in Israel — and therefore don’t want any associations with one of my favorite places. It’s harder to put the Hamsa necklace back on and let it serve its purpose (warding off evil), but I did. And it’s easy to walk past The Collegian, feeling distraught that I can’t serve as Features & Investigations Editor at the moment. It’s harder to walk into the office, sit at my workstation decorated with Beta Theta Pi stories and awards, and soak in a world slightly out of reach.

But I did that too, and I felt like myself again. “Mental illness — it’s not a virus, but it is easy to catch,” Guzman told me four years ago during our interview. The quote was so compelling, in my opinion, that I decided to use it as that Collegian story’s ending. I’ll return to it now, as I cap off this yearlong thesis endeavor: “I think it’s a matter of what we do. It doesn’t matter what support system we have. If we don’t try to support ourselves, there’s nothing we can do.”
Appendix A

American Foundation for Suicide Prevention – Reporter materials

RECOMMENDATIONS FOR REPORTING ON SUICIDE

Developed in collaboration with: American Association for Suicidology, American Foundation for Suicide Prevention, Australian Public Health Network, Canadian Association for Suicide Prevention, Columbia University Mailman School of Public Health, Columbia University, University of Toronto, Centers for Disease Control and Prevention, Columbia University Mailman School of Public Health, Columbia University School of Public Health, Columbia University, American Association for Suicidology, Columbia University, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Prevention Research Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.

IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

References and additional information can be found at: www.ReportingOnSuicide.org.

INSTEAD OF THIS: ❌

- Big or sensationalistic headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Commit Suicide”).
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms.
- Describing a suicide as inexplicable or “without warning.”
- “John Doe left a suicide note saying…”
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”

DO THIS: ✔️

- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., “Kurt Cobain Dead at 27”).
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher.”
- Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning Signs” and “What to Do” sidebar (from p. 2) in your article if possible.
- “A note from the deceased was found and is being reviewed by the medical examiner.”
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as “died by suicide” or “completed” or “killed him/herself.”
Top 10 Tips for Reporting on Suicide

1. Do not use the word "committed"; instead, use "died by suicide" or "took his/her life"

2. Always provide helpline information — "If you are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or contact the Crisis Text Line by texting TALK to 741741"

3. Do not include details or images of lethal means or method used, which can be triggering for those who are struggling and has shown to cause contagion

4. Do not refer to suicide as a "growing problem", "epidemic", or "skyrocketing" as this has shown to cause contagion

5. Exclude graphic depictions of a suicide death or glamorizing method used, avoid details about the location of death, and sharing notes left behind

6. Do not refer to a suicide attempt as "successful," "unsuccessful" or as a "failed attempt"

7. Avoid reporting that a suicide death was "caused" by a single event, such as a job loss or divorce, since research shows no one takes their life for one single reason, but rather a combination of factors (which you can learn about at url afsp.org/signs) — reporting a "cause" leaves the public with an overly simplistic and misleading understanding of suicide

8. Convey that suicidal thoughts and behaviors can be reduced with the proper mental health support and treatment, and are not weaknesses or flaws

9. Use up-to-date suicide data — AFSP summarizes the most recent CDC data at afsp.org/statistics

10. Share the hopeful message that suicide is preventable in language, tone and images used; when in doubt, contact sobrien@afsp.org for more information or to talk to an expert
Appendix B

RAMON GUZMAN NOW LEADS A ‘HAPPY’ LIFE AFTER BATTLING MENTAL ILLNESS

https://www.collegian.psu.edu/news/campus/article_cd6ccd12-ed1b-11e5-9ff0-4ff5a602df5d.html

Alison Kuznitz | The Daily Collegian
March 18, 2016

Ramon Guzman Jr. is a lover of life. He loves taking his time and focusing on the little things: someone’s bright smile, the color of cars passing by and funny jokes told by friends.

Guzman (senior-education and public policy) believes in being happy and embracing all of his emotions. Yet, during his first two years at Penn State, he said he “completely” rejected all his feelings.

Rather than face his depression, he hid from it. He said he partly clung to his Latin American culture, which promotes masculinity and views mental illness as taboo.

“College is a beautiful experience,” Guzman said. “I would never trade my Penn State experience for the world, but nonetheless it has not always been a Happy Valley within me.”

In his first semester, Guzman said he struggled to find a balance in his life. His academic scholarship prevented him from joining a fraternity, and he said it was hard to see so many people in the East Residence Halls growing close with their “brothers.”

Guzman said this balancing act, combined with pressures to succeed, made him lose control of his life. His grades slipped and his scholarship was on the line.
Sometimes, he would sit in his tiny dorm room and feel more claustrophobic by the minute.

In November of his freshman year, Guzman attempted suicide for the first time.

“Both times it was with pills,” he said. “The first time I got scared and I only did like three. The next time was nine or 12 pills. But in the middle of the two [attempts], I really pushed myself to be happy.”

To this day, Guzman said he doesn’t know who it was — but it wasn’t him — who sought death as a solution to his problems.

After his second suicide attempt in the spring of his sophomore year, Guzman said he was approached by one of his professors.

Teaching an education course with a small class size, Marcy Milhomme, a fixed-term communication arts and science instructor, said it was easy to notice that Guzman began missing classes often.

However, she said people with mental illness tend to “masquerade their symptoms” and therefore never suspected Guzman’s suicide attempts.

“I was really upset,” Milhomme said when she found out. “It was the first time that I had dealt with something on that level.”

In a matter of hours after Guzman confided in her, the two visited Penn State’s Center for Counseling and Psychological Services, where Guzman was connected with a counselor.

If he had been honest with his friends and family about his depression, Guzman said the situation probably wouldn’t have gotten so out of hand.
Even when he stopped attending classes in the midst of his depression, he said he put on a mask. He would leave his dorm to avoid making his roommate suspicious and would spend hours in the library reading books for pleasure.

When Guzman finally opened up, his sister Roseilyn said it was hard to process the news. Roseilyn, Class of 2013, said she normally saw her brother three times a day, so she knew something was wrong when they stopped spending as much time together.

She said even when they did talk, Guzman would flip the conversation and just ask about her day.

“As soon as he told me he tried to commit suicide, I really just broke down,” Roseilyn said. “I broke down, and I cried, and I was all over the place.”

Initially, she said she questioned her role as a big sister, asking what she had done wrong.

Guzman said his family did “everything they could” and that no one was at fault. Nowadays, he said he won’t resort to suicide in the face of pressure.

“The cost of my death will hurt them more than it will hurt me,” Guzman said. “I will do everything in the world to not hurt my family. I’m just not willing to go through that. I’m a happy person, and I continue to be a happy person.”

Guzman said he no longer has suicidal thoughts, but still deals with depression.

“Some days I feel at 1,000 percent,” he said. “I’m up, I’m happy, I’m great. And some days, it’s just random. I don’t know what it is.”

He said he owes his positive transformation to CAPS.

“I began to find refuge in God, and in the Bible, and in my religion,” Guzman said. “I kind of gained my faith back and just knew that it was a new beginning for myself.”
He said he has learned to take emotional breaks, finding comfort in talking with friends and expressing his emotions through writing stories and poetry.

Guzman said he often returns to Marianne Williamson’s poem, “Our Deepest Fear.”

“My deepest fear is not that I am going to fail,” he said, adding his own personal flair to Williamson’s words. “My deepest fear is that I’m going to be so bright and so awesome that I’m going to make the world a better place.”

Roseilyn is a firm believer that everything happens for a reason, including her brother’s suicide attempts. Guzman, she said, is making Penn State a better place by serving as the executive director for the 2016 class gift campaign.

This year, students voted on an endowment to directly benefit CAPS. When Guzman heard the decision, he said he was in shock and cried tears of happiness.

CAPS saved his life, he said, and now future generations of Penn Staters can benefit from its services.

Last year, Mary Anne Knapp, a clinical social worker and senior staff therapist at CAPS, said 7 percent of clients “had a history of at least one suicide attempt.” Between 20 and 25 percent of clients had suicidal ideations, Knapp said.

Roseilyn said Guzman’s battle with suicide and depression gives him credibility as a mental health advocate since people are able to realize his personal connection to the cause.

Guzman said he hopes this class gift will help people better understand mental health and eliminate any disconnects. For example, as a self-described “jolly” person, Guzman said his friends have difficulty believing his story.

“Don’t think that just because we’re smiling and that we’re happy today doesn’t mean that we won’t think about taking our lives away tomorrow,” he said.
Yet, by sharing his story, Guzman has taken on another role: being a confidante to friends. He and Roseilyn said they stress “it’s OK not to be OK.”

He said he advises people struggling with mental illness to have hope, love themselves and understand that they are enough.

“Mental illness — it’s not a virus, but it is easy to catch,” Guzman said. “I think it’s a matter of what we do. It doesn’t matter what support system we have. If we don’t try to support ourselves, there’s nothing we can do.”
BIBLIOGRAPHY


Linnane, Rory. “Teen Journeys from Brink of Suicide to Happiness and Strength — All with Mom at Her Side.” *Green Bay Press Gazette*, USA Today, 11 May 2018, mail.google.com/mail/u/0/#inbox/FMfcgXwBVzwpfpJRKLdfTRLVvqvQZsz.


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Henkel Adhesives Technology, Marketing Communications Intern — June 2017 to August 2017
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Awards and honors
William Randolph Hearst Foundation Journalism Awards Program
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   18th Place; Hearst 2019 Features Writing Competition
   8th Place; Hearst 2019 Enterprise Writing Competition
2019 Keystone Press Awards Contest
   2nd Place; Personality Profile
   Honorable Mention; Public Service/Enterprise Package
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