

Mental Health Conditions Across 200 Popular Films: A Research Update from 2016 to 2019

May 2022

USC Annenberg
Inclusion Initiative



**American
Foundation
for Suicide
Prevention**

Jay
SHETTY

MENTAL HEALTH CONDITIONS ACROSS 200 TOP FILMS

USC ANNENBERG INCLUSION INITIATIVE

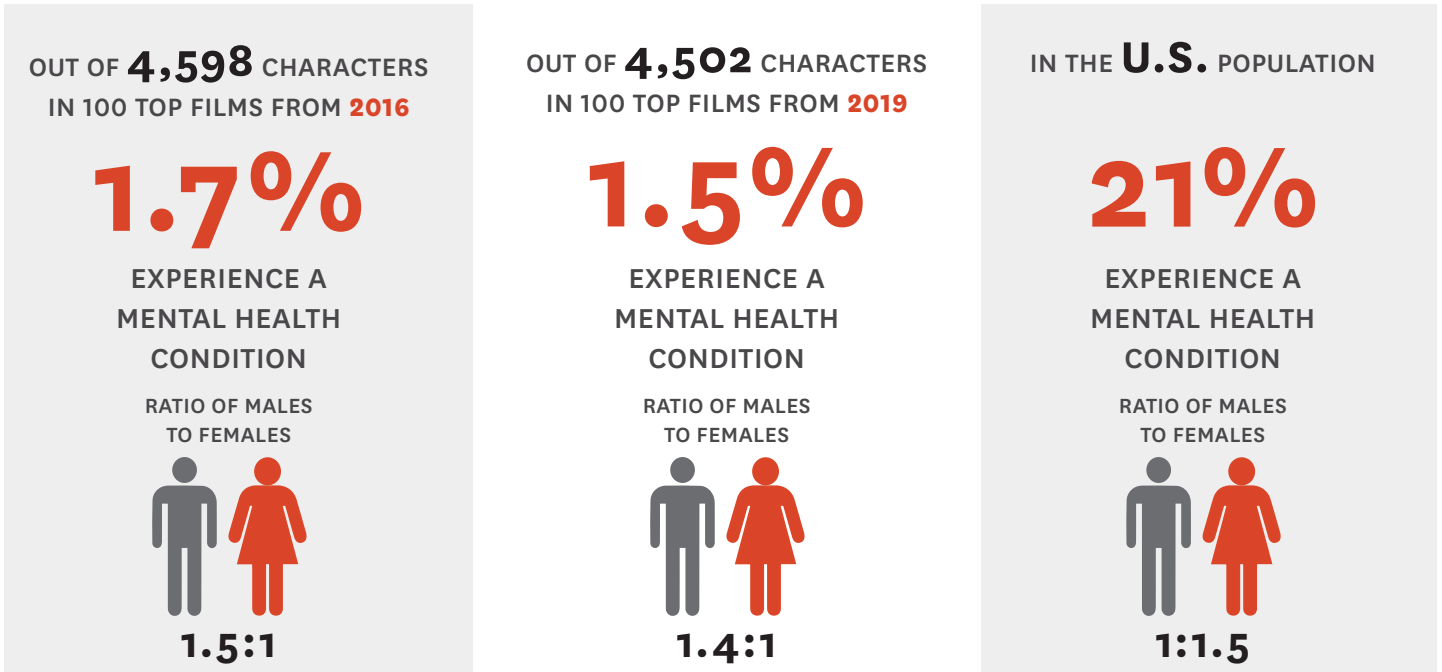
AMERICAN FOUNDATION FOR SUICIDE PREVENTION

JAY SHETTY

 @Inclusionists

MENTAL HEALTH CONDITIONS ARE RARE IN POPULAR FILMS

Across 100 top-grossing films of 2016 and 100 top-grossing films of 2019...



MENTAL HEALTH PORTRAYALS LEAVE OUT THE LGBT COMMUNITY

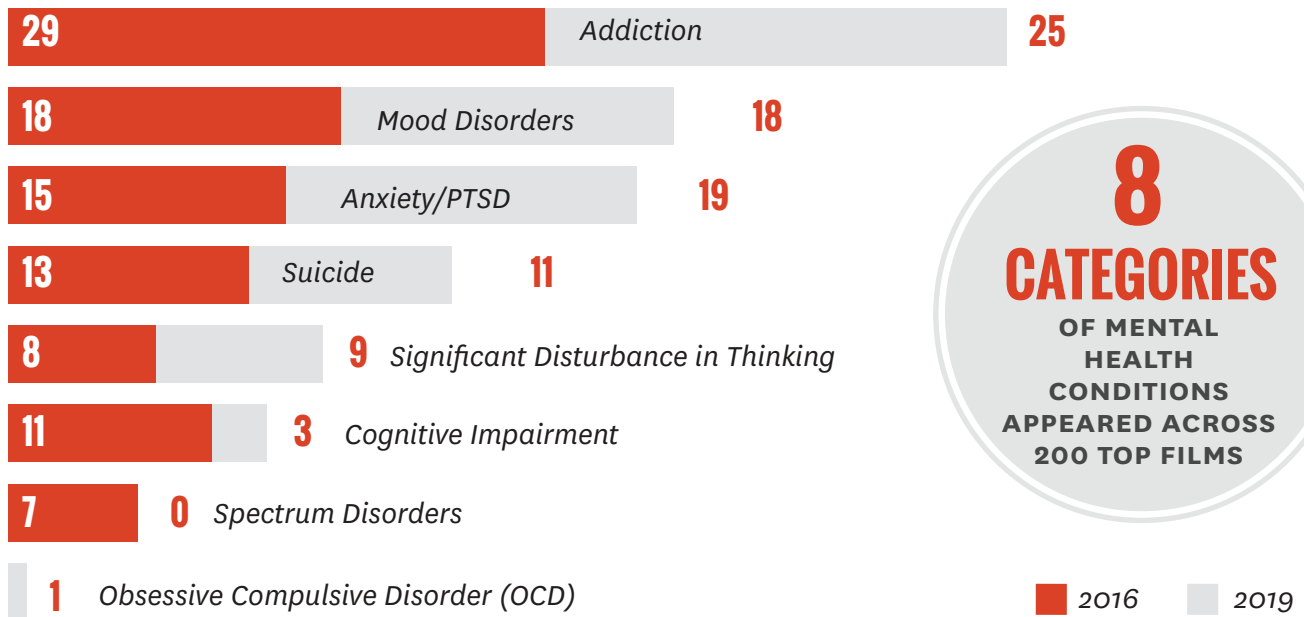
Across 100 top-grossing films of 2016 and 100 top-grossing films of 2019...



ACROSS 200 TOP FILMS IN 2016 AND 2019, THE ONLY LGBTQ CHARACTERS WITH A MENTAL HEALTH CONDITION WERE BOTH WHITE GAY MALES.

TYPES OF MENTAL HEALTH CONDITIONS PORTRAYED IN FILM

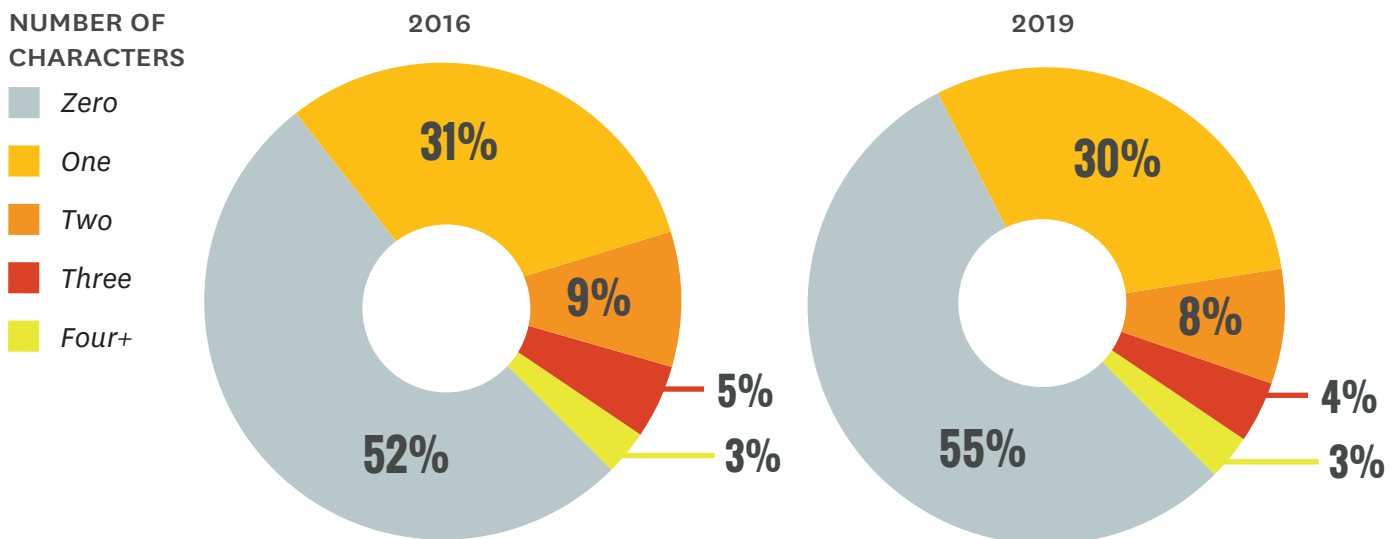
Number of characters with mental health conditions, by category



Characters may have presented with more than one mental health condition, thus the sum within each year may not add to the total number of characters eligible for evaluation.

MENTAL HEALTH IS MISSING FROM STORYTELLING

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



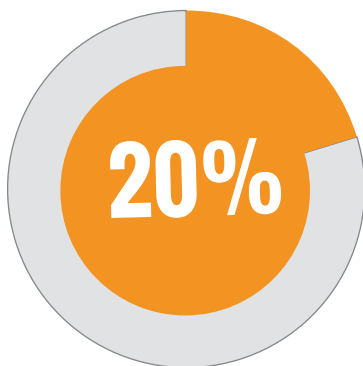
MENTAL HEALTH IS STIGMATIZED AND TRIVIALIZED IN FILM

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

	DISPARAGEMENT	HUMOR	CONCEALMENT	TOTAL # OF CHARACTERS
2016	47.1%	22%	15%	87
2019	74.6%	43.7%	23.9%	71

UNDERREPRESENTED CHARACTERS AND MENTAL HEALTH

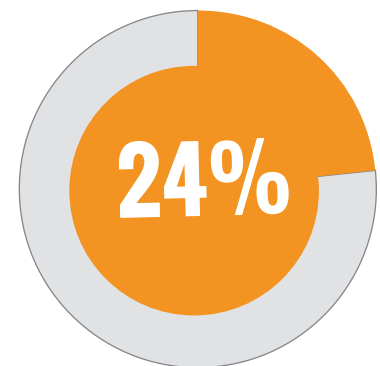
Percentage of characters with a mental health condition who are from an underrepresented racial/ethnic group



2016

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

- Hispanic/Latino: 18%
- Black/African American: 17%
- Asian: 14%
- Native Hawaiian/Pacific Islander: 17%
- American Indian/Alaska Native: 19%



2019

TEENS' MENTAL HEALTH DOES NOT TRANSLATE TO ENTERTAINMENT

<h1>7%</h1> <p>OF CHARACTERS WITH A MENTAL HEALTH CONDITION IN 2016 WERE TEENS.</p>	<h1>6%</h1> <p>OF CHARACTERS WITH A MENTAL HEALTH CONDITION IN 2019 WERE TEENS.</p>	<h1>16.5%</h1> <p>OF U.S. TEENS EXPERIENCE A MENTAL HEALTH CONDITION.</p>
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MENTAL HEALTH IS MISSING FOR MANY COMMUNITIES

Across 200 top films from 2016 and 2019...



Only 5 Multiracial/Multiethnic, 5 Asian, and 19 Black or African American characters were shown with a mental health condition across 200 top films in 2016 & 2019

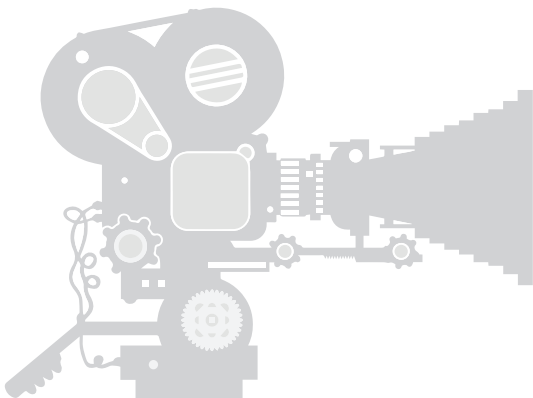
DEHUMANIZING LANGUAGE IS NORMALIZED IN FILM

Selected words/phrases used to refer to characters with a mental health condition in films from 2019...



Exposure to dehumanizing language can increase risk of learning and/or enacting aggression.

THE VIEW OF MENTAL HEALTH IS VIOLENT IN FILM

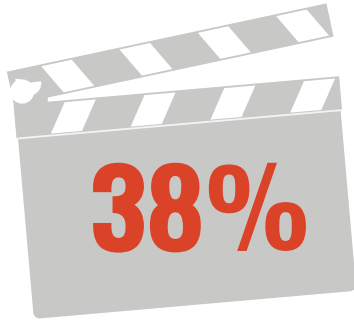


63%

OF FILM CHARACTERS
WITH A MENTAL
HEALTH CONDITION
IN 2019 WERE
PERPETRATORS
OF VIOLENCE.

In 2016, 46% of characters with a mental health condition were perpetrators of violence.

CHARACTERS WITH MENTAL HEALTH CONDITIONS PERISH IN FILMS



OF CHARACTERS W/A MENTAL HEALTH CONDITION **DIED**

MORE THAN HALF OF DEATHS WERE **VIOLENT**

SIX DIED BY **SUICIDE**

SHOT	SUFFOCATED
DIABETES COMPLICATIONS	STABBED WITH AN AXE
DIED IN EXPLOSION	NECK SNAPPED IN FIGHT
EXECUTED BY SOLDIERS	SHOT BY SNIPER
SHOT	STABBED
DIED IN EXPLOSION	SHOT
MURDERED	COERCED DEATH BY SUICIDE
IMPALED	HANGING
DIED IN HOUSE FIRE	DROWNS SELF
DIED IN SLEEP	CARBON MONOXIDE POISONING
FELL DOWN ELEVATOR SHAFT	COMBUSTION
STABBED	SLIT OWN WRISTS
STATE EXECUTION	

SOLUTION FOR CHANGE: ADOPT A MENTAL HEALTH INCLUSION POLICY

Work with the Annenberg Inclusion Initiative, American Foundation for Suicide Prevention and other experts to develop...

STORY DEVELOPMENT

ATTRIBUTES SHOULD INCLUDE: USE THE MENTAL HEALTH MEDIA GUIDE, IDENTIFY RESOURCES & EXPERTS, WRITE INCLUSIVE CHARACTERS WITH INTERCONNECTED LIVES, CONSIDER CONTEXT, AVOID DEPICTIONS THAT RESEARCH HAS SHOWN CAN BE DANGEROUS FOR SOME VIEWERS

PRODUCTION & FILMING

ATTRIBUTES SHOULD INCLUDE: ALIGN ON WHY THE STORY MATTERS, IDENTIFY CRITICAL STORY ELEMENTS TO RETAIN, UNDERSTAND HOW VISUAL DEPICTIONS RELATE TO MENTAL HEALTH, CONSIDER HAVING A WELLNESS COORDINATOR ON SET

PROTECT CAST & CREW

ATTRIBUTES SHOULD INCLUDE: PROVIDE MENTAL HEALTH SUPPORT, PROMOTE INTERDEPENDENCE AMONG THE TEAM, SET STANDARDS FOR LANGUAGE USAGE & HUMOR, BRING EXPERTS TO SET

MARKETING & EXHIBITION

ATTRIBUTES SHOULD INCLUDE: PUT KEY INFORMATION IN PRESS KIT, DETERMINE WHETHER TO REFER TO RESOURCES, GIVE TALKING POINTS ABOUT MENTAL HEALTH, BUILD INCLUSIVE PRESS EXPERIENCE

Mental Health Conditions Across 200 Popular Films: A Research Update from 2016 to 2019

USC Annenberg Inclusion Initiative
May 2022

The Annenberg Inclusion Initiative released its inaugural report on mental health conditions across the 100 top-grossing films of 2016. The findings were problematic at best. Only 1.7% of speaking or named characters were depicted with a mental health condition on screen and the majority of these characters were White and male. Even more unsettling was the context or ways in which these characters were shown on screen. Many characters with mental health conditions were disparaged and depicted as violent. Given these disturbing trends, we thought it was important to update the report and take a more recent look at the frequency and ways in which mental health was shown across the 100 top domestic films of 2019.

Key Findings

Prevalence

Out of 4,502 speaking or named characters across the 100 top-grossing films in 2019, only 1.5% ($n=68$) were shown with a significant or persistent mental health condition. Moreover, there has been no change since 2016 (1.7%). The *prevalence* of mental health conditions on screen grossly underrepresents the 21% of adults who experience a mental illness in the U.S.

Characters with mental health conditions were infrequently the center of the story. In 2019, 29.6% ($n=21$) of characters with a mental health condition were leads/co leads, 54.9% ($n=39$) were supporting cast and 15.5% ($n=11$) were inconsequential to the plot. While the percentage of leads/co leads in 2019 did not differ from 2016 (25%, $n=19$), supporting cast with mental health conditions *increased* from 2016 (48.7%, $n=37$) whereas those in inconsequential roles *decreased* (26.3%, $n=20$).

Over half of the films in 2019 (55%) were devoid of characters with mental health conditions. Thirty percent of the 100 top films of 2019 featured only one character with a mental health condition, 8% depicted two and 7% portrayed 3 or more. These results did not vary by year.

Half ($n=34$) of characters with a mental health condition appeared in R-rated films, while 36.8% ($n=25$) were in PG-13 rated movies and 13.2% ($n=9$) were in PG-rated fare. No G-rated films featured a character with a mental health condition in 2019.

A total of 7 different mental health conditions appeared across the sample of 100 top films of 2019: *addiction* ($n=25$), *anxiety/PTSD* ($n=19$), *depression/mood disorders* ($n=18$), *suicide* ($n=11$), *significant disturbances in thinking* ($n=9$), *cognitive impairment* ($n=3$), and *obsessive-compulsive disorder* (OCD, $n=1$). There has been little change from 2016 across 4 mental health conditions in storytelling. The frequency of portraying cognitive impairment and spectrum disorders *decreased* notably from 2016 to 2019 while depictions of anxiety/PTSD *increased*. Examples of each type of mental health condition appear in the full report.

Demographics & Identity

Overall, a full 59.2% ($n=42$) of characters depicted with a mental health condition were males while 40.8% ($n=29$) were females. This is a gender ratio of 1.45 males with a mental health condition to every 1 female, which did not differ by year. No characters with a mental health condition were coded as gender non-binary across either sample of films.

Of the 68 characters with a mental health condition whose race/ethnicity could be ascertained ($n=68$), roughly three quarters were White (76.5%). Only 16 characters with a mental health condition were from underrepresented races/ethnicities, which was identical to the results from 2016 ($n=16$).

Crossing gender and underrepresented status (not White vs. White) reveals an all-too-common pattern in top-grossing fare. 42.6% ($n=29$) of characters with a mental health condition were White males, 33.8% ($n=23$) were White females, 14.7% ($n=10$) were underrepresented males, and 8.8% ($n=6$) were underrepresented females. This is a ratio of 4.8 White males with a mental health condition to every 1 underrepresented female. There has been no change over time.

Age was related to mental health conditions across the 100 top films of 2019. Most frequently, characters with a mental health condition were depicted as middle aged (52.9%, 40-64 years of age) or young adults (35.7%, 21-39 years of age). Only 4 characters with a mental health condition were shown as teens or 13-20 years of age, 3 were female and 2 were White. Four additional characters (all male) were coded as elderly or 65 years of age or older. Only one of these elderly males was from an underrepresented racial/ethnic group. No children were depicted with a mental health condition across the 100 top films of 2019. However, 16.5% of U.S. youth experience a mental health condition-- far more than what is seen in films.

Only two characters with a mental health condition across the 100 top-grossing films of 2019 were *LGBTQ*. Both characters were White gay males, and appeared in the films *Rocketman* (Elton John, protagonist), and *Jojo Rabbit* (Captain Klenzendorf, supporting character). Put differently, less than 3% (2.8%, $n=2$) of all characters with a mental health condition were *LGBTQ*, which did not meaningfully differ from 2016. The erasure of this community on screen is undeniably problematic, as a full 44% of *LGBTQ* Americans report experiencing mental health conditions.

Of the 71 characters with a mental health condition, 42.3% ($n=30$) were identified with a disability using a modified version of the Americans with Disability Act (1991). This represents a notable *decrease* from 2016. Of the characters with a mental health condition, a majority in 2019 (86.7%, $n=26$) had a cognitive disability and few were depicted with a physical (16.8%, $n=5$) or communicative (13.3%, $n=4$) disability. In the U.S., 1 in 3 adults with a disability experienced frequent mental distress, suggesting that there is overlap between mental health and disability that films may not fully present.

Negative Context Surrounding Mental Health Portrayals

Across the 71 characters with a mental health condition, 74.6% ($n=53$) experienced some form of *disparagement* (e.g., demeaning, belittling) which could manifest verbally or nonverbally on screen and originate from the self or another character. The percentage of characters with a mental health condition experiencing *disparagement increased* significantly from 2016 (47%, $n=41$).

Two-thirds of characters with a mental health condition (66.2%, $n=47$) were disparaged generally or in ways that were *not* connected to their diagnosis. Nearly half (45.1%), however, faced derision specifically about or related to their mental health. Examples of disparagement are included below in the report. The majority (91.2%) of the disparagement originated from other on-screen characters and only 5 instances (8.8%) involved self-deprecation. Another form of on-screen dehumanization pertains to *stigmatization* or excluding, isolating or rejecting characters based on their mental health. Out of 71 characters, 11 or 15.5% were *stigmatized or rejected* due to their condition.

More than 40% of characters with a mental health condition (43.7%, $n=31$) were the object of humor or jokes about their mental health. This is almost double what was portrayed in 2016 (22%, $n=19$). Humor could come from the dialogue or by creating situations that the audience is meant to find funny. Examples of humor in the context of mental health conditions are presented in the report.

We also evaluated how often a character's mental health condition was *concealed* from others. Less than one-quarter (23.9%, $n=7$) of characters were depicted hiding or concealing their mental health condition in the storyline. In other words, a majority of characters (76.1%, $n=54$) had their mental health condition presented openly in the plot. This is an increase from our 2016 analysis, where only 15% ($n=13$) of characters engaged in behaviors to conceal, hide, or lie about their mental health condition.

More than half of characters depicted with a mental health condition (63.4%, $n=45$) were shown as *perpetrators of violence*. This is a significant increase from 2016, where 46% ($n=40$) of characters were aggressive. Of the 45 characters who perpetrated violence across the 100 top-grossing films of 2019, 68.9% ($n=31$) carried out their violence using natural means (e.g., punching, kicking, etc.). Just under half (46.7%, $n=21$) used conventional weapons to commit violence (e.g., guns, knives) and 55.5% ($n=25$) used unconventional objects and tools (e.g., tables, razors, poison, supernatural powers). One character was shown in prison after being convicted for setting off a bomb. Because some characters used more than one type of violence, these categories do not add to 100%.

Although characters with mental health conditions are shown using violence, they are also *victims*. Nearly two-thirds (66.2%, $n=47$) of characters with a mental health condition were *targets of violence*, which was similar to 2016. Characters were slapped, engaged in fights or beat up by other characters, threatened with guns, attacked with a catapult, held underwater, and pushed downstairs, to name a few examples.

Within the context of violence, we looked into *how many characters with a mental health condition died in storylines*. Across the 71 characters with a mental health condition, 38% ($n=27$) died at some point in the film. Over half (59.3%, $n=16$) of these deaths were violent. Characters were suffocated (*Joker*), impaled (*It: Chapter 2*), stabbed (*Parasite*, *Pet Sematary*), shot (*Uncut Gems*), fell down elevator shafts (*Escape Room*), perished in fires and explosions (*Ma*, *Doctor Sleep*), had their neck broken (*Us*), executed (*Just Mercy*), to offer a few examples.

Another important facet of these portrayals was that 22.2% ($n=6$) of characters died by *suicide*. These deaths were motivated by fear (Stanley Uris, *It: Chapter 2*), grief (*The Curse of La Llorona*), other undisclosed mental health issues (Sarah Bellows, *Scary Stories to Tell in the Dark*), and one each by sacrifice (Jean Grey, *Dark Phoenix*) and coercion (Billy Freeman, *Doctor Sleep*). Finally, one character killed others before dying by suicide (Terri, *Midsommar*). These trends reveal that films continue to conflate mental health conditions and violence in ways that may have harmful real-world consequences to viewers.

Treatment & Therapy Surrounding Mental Health Portrayals

A total of 29.6% ($n=21$) of characters with a mental health condition across the 100 top films were in *therapy* and 12.7% ($n=9$) were in *treatment*. From 2016 to 2019, the portrayal of therapy increased 7.8 percentage points and use of medication and other treatments by 8.1 percentage points.

Therapy included mentions of or attending individual appointments with therapists (e.g., *Escape Room*, *Midsommar*), as well as group therapy and addiction support (e.g., *Doctor Sleep*, *A Dog's Way Home*), and even inpatient psychiatric care (e.g., *Glass*). A breakdown of characters receiving therapy by gender and underrepresented status is presented later in the report. There were few female characters in 2019 who received therapy--2 were hospitalized (e.g., Sarah Bellows, *Scary Stories to Tell in the Dark*; Penny Fleck, *Joker*), and none were women of color. Notably, however, depictions reflected a predominantly negative view of institutionalized care for mental health conditions-- showing characters who were tortured (Sarah Bellows, *Scary Stories to Tell in the Dark*) or mistreated by staff (Henry Bowers (*It: Chapter 2*)). These examples may communicate to audiences that people with severe mental health conditions should be isolated and further stigmatizes mental health challenges.

Treatment, which measured how often characters used medication for mental health issues, also occurred infrequently. Although four female characters were shown in treatment, only 1 was a woman of color-- the only underrepresented character depicted in treatment for a mental health condition. This occurred in *Little* where Melissa mentions taking medication for anxiety. White characters were also shown using pills or discussing medication (*Last Christmas, It: Chapter 2*), while there were references to another character receiving electroshock treatments (*Scary Stories to Tell in the Dark*).

Conclusion

There is a mismatch between the nature of mental health depictions in storytelling and the real world. The study reveals that white and male characters were more likely to be shown with a mental health issue. In reality, women and individuals from other underrepresented racial/ethnic groups or the LGBTQ community may be just as or more likely to experience negative mental health.¹ The treatment of mental health in film is problematic not only for this reason, but because it continues to discount and disparage those who have lived experiences of mental health issues, perpetuates stigma, and stifles progress on this critical issue. The U.S. Surgeon General and other groups like the American Academy of Pediatrics have described the youth mental health in the U.S. as more than a crisis and as a state of emergency.²

The lack of storytelling around mental health and the negative context in which portrayals are often depicted is unlikely to change without intervention. As we have seen across our other work on inclusion, merely advocating for better representation, blaming or learning about unconscious bias, or letting diversity occur "organically" is not enough. Instead, targeted and strategic solutions for change are required. For this reason, we believe that companies and storytellers need more than just intentionality. The creation and use of comprehensive mental health policies at production companies, networks and studios are necessary if change is to occur. In the report, we provide an outline and roadmap of what such policies should contain and how storytellers and companies can think about crafting them.

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December 2021

The Annenberg Inclusion Initiative released its inaugural report on mental health conditions across the 100 top-grossing films of 2016. The findings were problematic at best. Only 1.7% of speaking or named characters were depicted with a mental health condition on screen and the majority of these characters were White and male. Even more unsettling was the context or ways in which these characters were shown on screen. Many characters with mental health conditions were disparaged and depicted as violent. Such negative portrayals are not only dehumanizing, but teach and/or reinforce that individuals with mental health conditions are dangerous and to be feared.³

Given these disturbing trends, we thought it was important to update the report and take a more recent look at the frequency and ways in which mental health was shown across the 100 top domestic films of 2019. As in our previous report, characters with a mental health condition were those who experienced a “significant and/or persistent negative reaction (e.g., adverse thoughts, emotions, behaviors) evidenced by internalizing or externalizing symptoms.”⁴ This intentionally broad definition captured diagnosable psychiatric conditions, instances of self-harm or suicidal ideation, and substance use disorders. Working with Dr. Christine Yu Moutier, the Chief Medical Officer of the American Foundation for Suicide Prevention (AFSP), this definition was crafted to move beyond mental illness to include mental health conditions that are sustained and serious, but may not meet the threshold of a mental or cognitive disability.

Below, we present five major findings in this short report. The prevalence of characters with mental health conditions is delineated first. Then, we discuss the types of mental health portrayals depicted in popular films. Next, we overview the demography (i.e., gender, race/ethnicity) and identity (i.e., LGBTQ, disability) of characters with mental health conditions. We then unpack the negative context surrounding mental health portrayals (i.e., disparagement, stigmatization, violence, humor). Finally, we illuminate the frequency of characters with mental health conditions seeking treatment and therapy.

Three caveats are important to note. First, the results below will incorporate an over time analysis on certain measures (2016 vs. 2019). Second, we stipulated *a priori* that only differences of 5 percentage points or greater will be considered meaningful to avoid making noise about trivial deviations. Third, variable definitions and levels can be found in the footnotes of our seminal mental health report as well as our *Inequality in Popular Film* study. Both of these investigations are on our Annenberg Inclusion Initiative website.

Prevalence of Mental Health Portrayals

Out of 4,502 speaking or named characters across the 100 top-grossing films in 2019, only 1.5% ($n=68$) were shown with a significant or persistent mental health condition.⁵ Moreover, there has been no change since 2016 (1.7%). See Table 1. Resultantly, the *prevalence* of mental health conditions on screen grossly underrepresents the 21% of adults who experience a mental illness in the U.S.⁶

Table 1

Percentage of Characters w/a Mental Health Condition by Year

Prevalence	2016	2019	U.S. Population
% of characters w/mental health condition	1.7% (n=76)	1.5% (n=68)	21%

Note: Data on U.S. population is from National Alliance on Mental Illness (NAMI).⁷

In terms of role or importance, characters with mental health conditions were infrequently the center of the story. In 2019, 29.6% (n=21) of characters with a mental health condition were leads/co leads, 54.9% (n=39) were supporting cast and 15.5% (n=11) were inconsequential to the plot.⁸ These figures reflect the distribution of characters with mental health conditions, but as we look sample-wide, the percentages plummet (leading=15%, supporting=3.7%; inconsequential=<1%). While the percentage of leads/co leads in 2019 did not differ from 2016 (25%, n=19), supporting cast with mental health conditions *increased* from 2016 (48.7%, n=37) whereas those in inconsequential roles *decreased* (26.3%, n=20).

Most films were devoid of characters with mental health conditions—55% (see Table 2). Thirty percent of the 100 top films of 2019 featured only one character with a mental health condition, 8% depicted two and 7% portrayed 3 or more.⁹ As shown in Table 2, these results did not vary by year (Table 2).

Table 2
Distribution of the Number of Characters w/a Mental Health Condition in Film by Year

# of characters w/MHC per film	2016	2019
0 Characters	52% (n=52)	55% (n=55)
1 Character	31% (n=31)	30% (n=30)
2 Characters	9% (n=9)	8% (n=8)
3 Characters	5% (n=5)	4% (n=4)
4+ Characters	3% (n=3)	3% (n=3)
Total Films	100	100

The distribution of characters with a mental health condition by film rating was also explored. Half (n=34) of characters with a mental health condition appeared in R-rated films, while 36.8% (n=25) were in PG-13 rated movies and 13.2% (n=9) were in PG-rated fare. No G-rated films featured a character with a mental health condition in 2019.

A total of 7 different mental health conditions appeared across the sample of 100 top films of 2019: *addiction* (n=25), *anxiety/PTSD* (n=19), *depression/mood disorders* (n=18), *suicide* (n=11), *significant*

disturbances in thinking (n=9), *cognitive impairment* (n=3), and *obsessive compulsive disorder* (OCD, n=1).¹⁰ Below, each of these categories is described and relevant examples are provided.

There has been little change from 2016 across 4 mental health conditions in storytelling (see Table 3). However, the frequency of portraying cognitive impairment and spectrum disorders *decreased* notably from 2016 to 2019 while depictions of anxiety/PTSD *increased*.

Table 3
Percentage of Characters w/a Mental Health Conditions by Type & Year

Mental Health Condition	2016	2019
Addiction (i.e., alcohol, drugs, gambling)	29	25
Mood disorders (i.e. bipolar, depression)	18	18
Anxiety/PTSD	15	19
Suicide (e.g., ideation, attempt, completion)	13	11
Cognitive Impairment	11	3
Significant Disturbance in Thinking	8	9
Spectrum Disorders (i.e. autism)	7	0
Obsessive Compulsive Disorder (OCD)	0	1

Note: Characters may have presented with more than one mental health condition, thus the sum of each column may not add to the total number of characters eligible for evaluation.

Across categories, verbal and nonverbal indicators provided evidence to determine the appropriate mental health category. Characters shown with *addiction* were depicted using drugs or alcohol (e.g., *Hustlers*, *Rocketman*, *Ready or Not*, *Judy*), attending support groups (e.g., *Doctor Sleep*), or mentioning a history of addiction (e.g., *Shaft*, *Fighting with My Family*, *A Dog's Journey*).

In other cases, references by the character with a mental health condition or by others provided insight. Examples of *mood disorders* such as *depression* illuminate this. Throughout *Joker*, we see Arthur Fleck reflect on his mental health, unhappiness, and feelings of isolation and loneliness. In *A Dog's Way Home*, the titular dog, Bella, described how she "could feel [Terri's] sadness going away when I comforted her" and narrated the feeling of sadness and depression emanating from other characters in the film. The behavior of characters also offered insight into mental health conditions, including depression. Zak Knight in *Fighting with My Family* was shown withdrawing from relationships, starting fights with strangers, and did not participate in activities he previously found enjoyable.

Anxiety and *PTSD* occurred in films such as *It: Chapter 2* where Beverly Marsh recounted experiencing recurring nightmares. In *Escape Room*, two instances of anxiety and PTSD occurred. Plane-crash survivor Zoey Davis experienced extreme anxiety when feeling as though she was aboard an aircraft. Veteran

Amanda Harper was shown panicking in several circumstances, including in a room on fire that is reminiscent of the IED blast she survived.

Examples of *significant disturbances in thinking* included characters like Penny Fleck in *Joker*, who in addition to other symptoms had delusions about the identity of her adopted child's father. Another film, *Glass*, included a depiction of a character (Kevin Wendell Crumb) who experienced Dissociative Identity Disorder. *The Intruder* featured a character (Charlie Peck) whose obsessive behavior toward his house and one of its residents was accompanied by cognitive breaks and audio hallucinations.

Finally, a handful of characters experienced *cognitive impairment*, such as Sue Ann in *Ma* whose Munchausen syndrome by proxy along with other negative behaviors signified a mental health condition. In *Five Feet Apart*, Stella has been diagnosed with *obsessive compulsive disorder*.

In summary, the prevalence and type of mental health conditions shown in popular movies has changed little over time. Despite 1 in 5 Americans experiencing mental illness, hardly any (1.5%) speaking or named characters -- were depicted with a mental health condition across the 100 most popular movies. Though infrequent, the most common types of on screen depiction were addiction, mood disorders, anxiety/PTSD, and suicide. Clearly, this art form does not reflect life as the film industry continues to perpetuate an epidemic of invisibility surrounding mental health.

Demographic & Identity Factors Related to Mental Health Portrayals

Overall, a full 59.2% ($n=42$) of characters depicted with a mental health condition were males while 40.8% ($n=29$) were females. This is a gender ratio of 1.45 males with a mental health condition to every 1 female, which did not differ by year (see Table 4). No characters with a mental health condition were coded as gender non-binary across either sample of films. In reality, mental health conditions (e.g., anxiety, depression) are at least 1.5 times more prevalent in women than men.¹¹

Table 4
Characters w/a Mental Health Condition by Gender & Year

Gender	2016	2019
Males	60% ($n=52$)	59.2% ($n=42$)
Females	40% ($n=35$)	40.8% ($n=29$)
Total	87	71

Note: "Male" and "female" were used to depict characters' gender across the lifespan. No speaking or named characters shown with a mental health condition across the 100 top films of 2016 or 2019 were non binary.

Of the 68 characters with a mental health condition whose race/ethnicity could be ascertained ($n=68$), roughly three quarters were White (76.5%). Only 16 characters with a mental health condition were from underrepresented races/ethnicities (see Table 5)¹², which was identical to the results from 2016

($n=16$). In total, 23.5% of all characters with a mental health condition across the 100 top-grossing films of 2019 were from an underrepresented racial/ethnic group, which did not differ meaningfully from 2016 (20.5%).

Table 5
Characters w/a Mental Health Condition by Racial/Ethnic Group & Year

Racial/Ethnic Group	2016	2019
White/Caucasian	80% ($n=62$)	76.5% ($n=52$)
Hispanic/Latino	0	1.5% ($n=1$)
Black/African American	14% ($n=11$)	11.8% ($n=8$)
Asian	5% ($n=4$)	1.5% ($n=1$)
Native Hawaiian/Pacific Islander	0	1.5% ($n=1$)
American Indian/Alaskan Native	0	0
Middle Eastern/North African	0	1.5% ($n=1$)
Multiracial/Multiethnic	1% ($n=1$)	5.9% ($n=4$)
Total Characters	78	68

Note: The reduction in sample size for race/ethnicity in both years is due to characters whose race/ethnicity could not be ascertained. These characters included anthropomorphized animals (2019=3; 2016=4) and anthropomorphized supernatural creatures (2016=5).

Crossing gender and underrepresented status reveals an all too common pattern in top-grossing fare (see Table 6). 42.6% ($n=29$) of characters with a mental health condition were White males, 33.8% ($n=23$) were White females, 14.7% ($n=10$) were underrepresented males, and 8.8% ($n=6$) were underrepresented females. This is a ratio of 4.8 White males with a mental health condition to every 1 underrepresented female. There has been no change over time.

Table 6
Percentage of Characters w/a Mental Health Condition
by Gender, Underrepresented Status & Year

Measure	2016	2019
White males	44.9% (n=35)	42.6% (n=29)
White females	34.6% (n=27)	33.8% (n=23)
UR males	14.1% (n=11)	14.7% (n=10)
UR females	6.4% (n=5)	8.8% (n=6)
Total	78	68

Age was related to mental health conditions across the 100 top films of 2019 (see Table 8). Most frequently, characters with a mental health condition were depicted as middle aged (52.9%, 40-64 years of age) or young adults (35.7%, 21-39 years of age). Only four characters with a mental health condition were shown as teens or 13-20 years of age, three were female and 2 were White. Four additional characters (all male) were coded as elderly or 65 years of age or older. Only one of these elderly males was from an underrepresented racial/ethnic group. No children were depicted with a mental health condition across the 100 top films of 2019. However, 16.5% of U.S. youth experience a mental health condition-- far more than what is seen in films.¹³ Notable deviations appeared by year, which are illuminated in Table 8.

Table 8
Characters w/a Mental Health Condition by Age & Year

Age Group	2016	2019
Children (0-12)	7% (n=6)	0
Teens (13-20)	7% (n=6)	5.7% (n=4)
Young Adult (21-39)	46% (n=40)	35.7% (n=25)
Middle Age (40-64)	33% (n=29)	52.9% (n=37)
Elderly (65+)	7% (n=6)	5.7% (n=4)
Total Characters	87	71

Only two characters with a mental health condition across the 100 top-grossing films of 2019 were *LGBTQ*. Both characters were White gay males, and appeared in the films *Rocketman* (Elton John, protagonist), and *Jojo Rabbit* (Captain Klensendorf, supporting character). Put differently, less than 3% (2.8%, n=2) of all characters with a mental health condition were *LGBTQ*, which did not meaningfully

differ from 2016 (see Table 9). The erasure of this community on screen is undeniably problematic, as a full 44% of LGBTQ Americans report experiencing mental health conditions.¹⁴

Table 9
Characters w/a Mental Health Condition by LGBTQ, Disability & Year

Measure	2016	2019
LGBTQ Characters	0	2.8% ($n=2$)
Characters with a Disability	52.9% ($n=46$)	42.3% ($n=30$)
Total Characters	87	71

Lastly, we examined the overlap between mental health conditions and disability. Of the 71 characters with a mental health condition, 42.3% ($n=30$) were identified with a disability using a modified version of the Americans with Disability Act (1991). This represents a notable *decrease* from 2016 (see Table 9). Of the characters with a mental health condition, a majority in 2019 (86.7%, $n=26$) had a cognitive disability and few were depicted with a physical (16.8%, $n=5$) or communicative (13.3%, $n=4$) disability.¹⁵ In the U.S., 1 in 3 adults with a disability experienced frequent mental distress, suggesting that there is overlap between mental health and disability that films may not fully present.¹⁶

Overall, mental health conditions were homogenized on screen across popular films. Characters with mental health conditions across both years evaluated were straight, White middle-aged men, which largely matches the profile of who writes, directs and produces Hollywood films. As such, the findings show that movies continue to fail at authentically representing millions of Americans across different demographic and identity groups who live with and experience challenges to their mental health.

Context Surrounding Mental Health Portrayals

When characters with mental health conditions were shown on screen, it was typically in a negative and dehumanizing light. Across the 71 characters with a mental health condition, 74.6% ($n=53$) experienced some form of *disparagement* (e.g., demeaning, belittling) which could manifest verbally or nonverbally on screen and originate from the self or another character.¹⁷ The percentage of characters with a mental health condition experiencing disparagement *increased* significantly from 2016 (47%, $n=41$).

In 2019, two-thirds of characters with a mental health condition (66.2%, $n=47$) were disparaged generally or in ways that were *not* connected to their diagnosis. Nearly half (45.1%, $n=32$), however, faced derision specifically about or related to their mental health. Examples of disparagement are included in Table 10. Of the instances of mental health disparagement, 91.2% originated from other on screen characters and only 5 instances (8.8%) involved self-deprecation.

Table 10
Examples of Disparagement of Characters w/a Mental Health Condition

Alchie ex-con	Junkie	Rain Man
Bananas	Losing your shit	She needs a therapist
Cokehead	Mental	Shoot yourself
Crazy (17)	Moron (2)	Sick (2)
Delusional	Fucked-up (2)	Needs extra clozapine
Demented	Negative	Weird/Weirdo (3)
Disturbed (2)	Nuts	Weak
Drunk (2)	Off	You need rehab
Freak (3)	Psycho	You drank the bar dry
Idiot (4)	Psycho Killers	
Insane	Psychotic Ass	

Another form of on screen dehumanization pertains to *stigmatization* or excluding, isolating or rejecting characters based on their mental health.¹⁸ Out of 71 characters, 11 or 15.5% were *stigmatized* or rejected due to their condition. For example, in the film *Escape Room*, one of the protagonists, Ben, is told that because his friends died in a car accident while he was driving under the influence, along with his persistent alcoholism, he would be “bad for business” if he had a customer-facing job at a grocery store. In *Midsommar*, citing Dani’s anxiety-driven need for constant communication with her boyfriend, Christian, his friends encourage him not to invite Dani on a trip. Other examples include, but are not limited to Coco and Dawn, *Hustlers* (excluded from a group due to drug addiction); Thomas Hill, *Overcomer* (kept away from daughter due to addiction); Arthur Fleck, *Joker* (told coworkers are “uncomfortable” around him). These examples reflect the ways that films convey that mental health conditions make characters not only outsiders but that isolating or excluding them is acceptable and normative.

More than 40% of characters with a mental health condition (43.7%, $n=31$) were the object of humor or jokes about their mental health. This is almost double what was portrayed in 2016 (22%, $n=19$). Humor could come from the dialogue or by creating situations that the audience is meant to find funny.

For instance, *Once Upon a Time in Hollywood* employs an editing strategy to create humor during a scene in which Rick Dalton vacillates wildly between berating himself, breaking down into tears, and preparing for an upcoming scene. The tactic is meant to mock Rick, his alcoholism, and his emotional swings. *The Secret Life of Pets 2* depicts animated animals visiting a behavioral specialist or therapist, where one dog's anxious state over whether he is a “good dog,” is intended to be a humorous parallel to human anxieties and fears. In *Avengers: Endgame*, Thor is the target of body-shaming by others after his depression-related weight gain is revealed. Characters may also engage in self-deprecating humor, as in *Five Feet Apart* when a character makes a joke intended to minimize the seriousness of her obsessive compulsive disorder. Comedies in particular may be a place where mental health is trivialized or the object of a joke, for example mental health conditions of characters such as Melissa in *Little*, Kate in *Last Christmas*, and Philip Lacasse in *The Upside* are paired with humor.

We also evaluated how often a character’s mental health condition was *concealed* from others.¹⁹ Less than one-quarter (23.9%, $n=17$) of characters were depicted hiding or concealing their mental health condition in the storyline. In other words, a majority of characters (76.1%, $n=54$) had their mental health condition presented openly in the plot. This is an increase from our 2016 analysis, where only 15%

($n=13$) of characters engaged in behaviors to conceal, hide, or lie about their mental health condition. Characters concealed their condition from family (*Ready or Not*), friends (*Annabelle Comes Home*), the public (*Rocketman*), and even their spouses (*Angel Has Fallen*).

The final set of contextual elements captured *violence* and *death*.²⁰ More than half of characters depicted with a mental health condition (63.4%, $n=45$) were shown as *perpetrators of violence*. This is a significant increase from 2016, where 46% ($n=40$) of characters were aggressive.

Of the 45 characters who perpetrated violence across the 100 top-grossing films of 2019, 68.9% ($n=31$) carried out their violence using natural means (e.g., punching, kicking, etc.). Just under half (46.7%, $n=21$) used conventional weapons to commit violence (e.g., guns, knives) and 55.5% ($n=25$) used unconventional objects and tools (e.g., tables, razors, poison, supernatural powers). One character was shown in prison after being convicted for setting off a bomb. Because some characters used more than one type of violence, these categories do not add to 100%.

Although characters with mental health conditions are shown using violence, they are also *victims*. Nearly two-thirds (66.2%, $n=47$) of characters with a mental health condition were *targets of violence*, which was similar to 2016 (see Table 11). Characters were slapped, engaged in fights or beat up by other characters, threatened with guns, attacked with a catapult, held underwater, and pushed down stairs, to name a few examples.

Table 11
Characters w/a Mental Health Condition Shown Engaged in Violence by Year

Attribute	2016	2019
Perpetrator of Violence	46% ($n=40$)	63.4% ($n=45$)
Target of Violence	60.9% ($n=53$)	66.2% ($n=47$)

We further explored the gender and race/ethnicity of characters with mental health conditions who were perpetrators and targets of violence. As shown in Table 12, most perpetrators were male, though this *decreased* from 2016. There was also a corresponding *increase* in female aggression over time. The same pattern occurred for targets of violence, who were primarily male as well.

Looking to race/ethnicity, the majority of perpetrators and targets of violence with a mental health condition across the 100 top films of 2019 were White (77.3%, 76.1%, respectively). As shown in Table 12, these percentages *decreased* over time and the percentage of underrepresented perpetrators and targets *increased*.

Table 12
Gender of Characters with Mental Health Conditions Engaged in Violence by Year

Attributes	Perpetrators		Targets	
	2016	2019	2016	2019
Male	72.5% (n=29)	64.4% (n=29)	75.5% (n=40)	61.7% (n=29)
Female	28.5% (n=11)	35.6% (n=16)	24.5% (n=13)	38.3% (n=18)
White	83.3% (n=30)	77.3% (n=34)	81.6% (n=40)	76.6% (n=36)
UR	16.7% (n=6)	22.7% (n=10)	18.4% (n=9)	23.4% (n=11)

Note: No characters were coded as gender non binary across the 100 top films of 2016 or 2019. The term “male” and “female” was used to capture characters across the life span. UR refers to characters with a mental health condition that were from an underrepresented racial/ethnic group (i.e., non white).

Within the context of violence, we looked into *how many characters with a mental health condition died in storylines*. Across the 71 characters with a mental health condition, 38% (n=27) died at some point in the film. Over half (59.3%, n=16) of the deaths were violent. Characters were suffocated (*Joker*), impaled (*It: Chapter 2*), stabbed (*Parasite*, *Pet Sematary*), shot (*Uncut Gems*), fell down elevator shafts (*Escape Room*), perished in fires and explosions (*Ma*, *Doctor Sleep*), had their neck broken (*Us*), executed (*Just Mercy*), to offer a few examples.

Another important facet of these portrayals was that 22.2% (n=6) of characters died by *suicide*. These deaths were motivated by fear (Stanley Uris, *It: Chapter 2*), grief (*The Curse of La Llorona*), other undisclosed mental health issues (Sarah Bellows, *Scary Stories to Tell in the Dark*), and one each by sacrifice (Jean Grey, *Dark Phoenix*) and coercion (Billy Freeman, *Doctor Sleep*). Finally, one character killed others before dying by suicide (Terri, *Midsommar*). These trends reveal that films continue to conflate mental health conditions and violence in ways that may have harmful real-world consequences to viewers.

Table 13
Nature of Death for Characters with Mental Health Conditions

Sex	R/E	Age	Type of Death	MH Condition	Suicide
Male	White	Middle Age	Shot	Addiction	No
Male	UR	Middle Age	Complications from diabetes	Addiction	No
Male	White	Middle Age	Died in explosion	Addiction	No
Male	White	Middle Age	No information provided	Addiction	No
Male	White	Middle Age	Executed by soldiers	Addiction	No
Male	White	Young Adult	Shot	Addiction	No
Female	White	Young Adult	Died in explosion	Addiction	No
Male	UR	Young Adult	Murdered	Addiction	No
Male	White	Middle Age	Impaled	Anxiety/PTSD	No
Female	UR	Middle Age	Died in house fire	Cognitive Impairment	No
Male	White	Middle Age	No information provided	Depression	No
Male	UR	Elderly	Died in sleep	Depression	No
Female	White	Young Adult	Fell down elevator shaft	PTSD	No
Female	White	Young Adult	Stabbed	PTSD	No
Male	UR	Middle Age	State execution	PTSD/Suicide	No
Female	White	Middle Age	Suffocated	Significant Disturbance in Thinking	No
Male	White	Middle Age	Stabbed with an axe	Significant Disturbance in Thinking	No
Female	UR	Young Adult	Neck snapped in fight	Significant Disturbance in Thinking	No
Male	White	Young Adult	Shot by sniper	Significant Disturbance in Thinking	No
Male	UR	Middle Age	Stabbed	Significant Disturbance in Thinking	No
Male	White	Middle Age	Shot	Significant Disturbance in Thinking	No
Male	UR	Middle Age	Coerced death by suicide	Addiction	Yes
Female	White	Unclear	Hanging	Depression/PTSD	Yes
Female	UR	Young Adult	Drowns Self	Depression	Yes
Female	White	Young Adult	Carbon monoxide poisoning	Mood Disorder	Yes
Female	White	Young Adult	Combustion	PTSD	Yes
Male	White	Middle Age	Slit own wrists	PTSD	Yes

Though mental health portrayals in popular films are few, the presence of stigmatizing, disparaging, and even violent contextual factors is a hallmark of such depictions. Characters with mental health conditions are demeaned, shunned, and 27 died within the story. These trends perpetuate a view of mental health as a problem that merits mockery and fear rather than support, treatment and care.

Treatment & Therapy of Mental Health On Screen

In addition to cataloguing the nature and context of mental health conditions in film, we were also interested in the presence of mental health support-seeking. Two variables were used to evaluate all speaking characters in the sample for this measure: *therapy* and *treatment*.²¹

Table 14
Demographic Information for Characters Receiving Therapy & Treatment by Year

Attribute	Therapy		Treatment	
	2016	2019	2016	2019
Male	36.8% (n=7)	71.4% (n=15)	25% (n=1)	55.6% (n=5)
Female	63.2% (n=12)	28.6% (n=6)	75% (n=3)	44.4% (n=4)
White	66.7% (n=12)	88.9% (n=16)	100% (n=4)	88.9% (n=8)
UR	33.3% (n=6)	11.1% (n=2)	0	11.1% (n=1)
Total	21.8% (n=19)	29.6% (n=21)	4.6% (n=4)	12.7% (n=9)

Note: The race/ethnicity of 5 characters in 2019 could not be ascertained. Only 31 characters who received therapy or treatment were eligible for analysis. Percentages by gender and race/ethnicity are out of the total number of characters experiencing therapy or treatment per year and thus columns do not total to 100%.

A total of 29.6% (n=21) of characters with a mental health condition across the 100 top films were in *therapy* and 12.7% (n=9) used medication or other forms of *treatment*. From 2016 to 2019, the portrayal of therapy increased 7.8 percentage points and treatment 8.1 percentage points (See Table 14).

Therapy included mentions of or attending individual appointments with therapists (e.g., *Escape Room*, *Midsommar*), as well as group therapy and addiction support (e.g., *Doctor Sleep*, *A Dog's Way Home*), and even inpatient psychiatric care (e.g., *Glass*). Table 13 shows the breakdown of characters receiving therapy by gender and underrepresented status. There were few female characters in 2019 who received therapy--2 were hospitalized (e.g., Sarah Bellows, *Scary Stories to Tell in the Dark*; Penny Fleck, *Joker*), and none were women of color. Notably, however, depictions reflected a predominantly negative view of institutionalized care for mental health conditions-- showing characters who were tortured (Sarah Bellows, *Scary Stories to Tell in the Dark*) or mistreated by staff (Henry Bowers (*It: Chapter 2*)). These examples may communicate to audiences that people with severe mental health conditions should be isolated and further stigmatizes mental health challenges.

Treatment, which measured how often characters used medication for mental health issues, also occurred infrequently. Although four female characters were shown in treatment, only 1 was a woman of color-- the only underrepresented character depicted in treatment for a mental health condition. This occurred in *Little* where Melissa mentions taking medication for anxiety. White characters were also shown using pills or discussing medication (*Last Christmas, It: Chapter 2*), while there were references to another character receiving electroshock treatments (*Scary Stories to Tell in the Dark*).

This section reveals that mental health help-seeking behaviors are often left out of storytelling. Showing empathic and authentic portrayals of support for those with mental health conditions is a key way that stories can destigmatize mental health.

Conclusion

The purpose of this report was to supplement our previous study on mental health portrayals across the 100 top films of 2016. To that end, we examined every speaking character across the 100 top-grossing films of 2019 to determine the prevalence of mental health conditions. Further, we evaluated a set of contextual factors to speak to how mental health conditions are portrayed on screen. Below, we overview 5 major findings and provide solutions for change.

#1 Mental Health Conditions On Screen in Top Films are out of Step with U.S. Population

Fewer than 2% of speaking characters in the top films of 2019 were presented with a mental health condition, and there has been no change over time since our first investigation into top movies from 2016. Over half of movies depicted no characters with a mental health condition, and most characters were isolated or the only one with a mental health condition within a movie. The prevalence of mental health conditions on screen is clearly out of step with the percentage of adults (21%) who experience a mental illness in the U.S.²²

Our results revealed that few lead/co lead characters were depicted with a mental health condition. As these are the roles that can show the widest array of mental health conditions in a powerful, authentic, and nuanced way, the lack of depictions is a completely missed opportunity for the film industry.

#2 The Most Prevalent Portrayals are Addiction, Anxiety and Depression

Characters with mental health conditions in top films were most likely to be shown with addiction, anxiety, and depression/mood disorders. These align with national statistics on the prevalence of specific mental health issues, though with slight differences. Roughly one-fifth of U.S. adults experienced an anxiety disorder in the past year,²³ while 8.4% of U.S. adults had a major depressive episode in 2020.²⁴ Although substance abuse is not always considered a mental health condition alone, more than one-third of U.S. adults with a substance use disorder also experienced mental illness.²⁵

While films captured some of the most prevalent mental health conditions, they also failed to depict other common mental health problems. For example, only one character in the sample was shown with obsessive compulsive disorder, though 1.2% of the U.S. population age 18 and over has OCD (approximately 3 million individuals).²⁶ Expanding the number of mental health portrayals also means increasing the array of mental health conditions that appear on screen.

#3 Mental Health Conditions are Typically Experienced by Straight, White, Middle-Aged Male Characters

Characters with mental health conditions across the 100 top films of 2019 were primarily male (59.2%), White (76.5%), and straight. Furthermore, more than half of characters who presented with a mental health problem were 40 years of age or older (52.9%). This presents a skewed portrait of who lives with mental health conditions in reality and erases the experiences of women, underrepresented characters, LGBTQ characters, characters with disabilities, and teens or children. In particular, intersectional portrayals were absent from storytelling as women of color comprised fewer than 10% of all portrayals and there were no lesbian, bisexual, or transgender characters shown with a mental health condition.

The lack of diverse representation of mental health stands in contrast to reality. According to one study, women of color in California were more likely than White women to experience mild to serious psychological distress and to have unmet mental health needs.²⁷ People from marginalized communities may also lack access to care or treatment or experience other barriers to finding help.²⁸ LGBTQ youth were more likely to experience persistent sadness or hopelessness compared to heterosexual youth²⁹ and in one survey, LGBTQ youth who experienced discrimination or victimization at school reported greater feelings of depression.³⁰ Finally, according to a 2018 CDC study, 32.9% of adults with disabilities surveyed experienced “frequent mental distress.” This is in comparison to only 7.2% of adults without a disability who reported frequent mental distress.³¹

While entertainment cannot remove structural impediments, it can foster greater understanding about the causes and consequences of mental health conditions and encourage empathy and support. For example, research has shown that entertainment fare can impact attitudes and behaviors toward the LGBTQ community, and that entertainment was particularly influential when viewers had few friends or acquaintances who were LGBTQ.³² In this way, media functions like a “super peer” that provides information to audiences when they have little to no real-world experience with people or ideas.³³ Media may play a similar role for mental health information, but this begins by creating diverse and inclusive portrayals of mental health featuring characters from all backgrounds and identities.

#4 Mental Health Conditions are Still Dehumanized, Trivialized and Stigmatized On Screen

As we just noted, mediated examples may become an important vehicle for learning about mental health. What are the lessons that top films currently teach viewers? First, that demeaning and rejecting those with mental health conditions is normative. Nearly three-quarters of the characters identified with a mental health condition were the object of disparagement or stigmatizing actions. Second, that mental health conditions were humorous and those who lived with them were easily mocked. More than 40% of characters who presented with a mental health condition were the object of humor--nearly double the percentage of portrayals shown with humor in 2016. Studies show that caustic or hostile humor can teach or reinforce the learning and enactment of aggression.³⁴

Disparagement, stigma, and humor may also serve to trivialize and dehumanize both adverse mental health and the characters depicted with mental health conditions. In particular, humor may reinforce negative messages about mental health or minimize the severity of mental health issues. Moreover, disparagement and stigma may **dehumanize** those with mental health conditions-- an outcome with negative consequences. Theory suggests and research supports that dehumanizing language can contribute to increased aggression toward impersonalized targets.³⁵ Thus, the enduring lessons that film teaches may be those that minimize the dignity, humanity, and value of those living with mental health

conditions both on screen and in reality and that aggression and violence toward those with mental health conditions is acceptable.

Another way that mental health conditions were denigrated in storytelling was by juxtaposing them with violence. Nearly two-thirds of characters with a mental health condition were perpetrators (63.4%) or targets (66.2%) of violence. This is a significant increase in violent perpetrators with a mental health condition since 2016. In addition to these findings, 38% of characters with a mental health condition died in over half of cases violently, while 22.2% of deaths were by suicide. Moreover, characters who die by suicide are often also perpetrators of violence toward others—echoing inappropriate media reporting that links suicide with violence toward others. Given the intersection of mental health, humor, violence, and disparagement, portrayals of mental health seem to center around bullying and antagonizing characters with mental health conditions.

Though media presents an image of mental health that is inseparable from violence, reality is different. There is little evidence to suggest that individuals with mental health conditions are significantly more violent than the general public, particularly after accounting for a variety of factors that are not attributable solely to mental health, such as education, financial difficulties, or prior abuse.³⁶ Depictions of mental health in entertainment that fail to illuminate these complexities present a message to viewers that those living with mental health conditions are dangerous, unpredictable, and to be feared or shunned. At least one study found that audiences who viewed a film that paired mental health with violence were more likely to believe that people living with mental health conditions should be hospitalized and were less likely to support community services for mental health.³⁷ Coupled with portrayals of violent death, media may imply that mental health conditions are a ‘death sentence’ rather than a treatable condition that requires support. Both of these takeaways could further contribute to dehumanization and a desensitization to violence that may increase aggression toward those living with mental health conditions.

#5 Few Characters Seek Help for Mental Health Conditions On Screen

While the portrayal of help-seeking was the one area where improvement occurred between 2016 and 2019, less than a third of all characters with a mental health condition were shown receiving or participating in therapy settings, and fewer than 15% were shown using medications. Additionally, few women-- particularly women of color-- were depicted receiving help or support for mental health issues. The scarcity of such depictions offers few role models or examples of characters who seek care and treatment for ongoing mental health conditions. The absence of help and support also perpetuates an image of mental health as untreatable and incurable.

The way in which mental health and treatment are presented may impact attitudes towards those with mental health conditions. In one study, participants were given information about the biological basis of a specific mental health condition and told either about effective treatments or were given no information about treatment. The participants who were told about treatments expressed more positive attitudes toward hypothetical individuals with the condition. In contrast, treatment information did not impact attitudes for those who were told that a mental health condition had non-biological causes.³⁸ Once again, this is an area where media can provide information to counter a lack of direct experience and foster greater understanding and empathy. For storytellers, providing audiences with insight about how characters can live with, treat, and find support for mental health may be one easy, straightforward and critical way to reduce real-world stigmatization of mental health conditions.

Solution for Change: Mental Health Inclusion Policy

The lack of storytelling around mental health and the negative context in which portrayals are often depicted is unlikely to change without intervention. As we have seen across our other work on inclusion, merely advocating for better representation, blaming or learning about unconscious bias, or letting diversity occur “organically” is not enough. Instead, targeted and strategic solutions for change are required. For this reason, we believe that companies and storytellers need more than just intentionality. The creation and use of comprehensive mental health policies at production companies, networks and studios are necessary if change is to occur. Below, we provide an outline of what such policies should contain and how storytellers and companies can think about crafting them.

Story Development. Before mental health storylines exist, they are often crafted by writers. In order to develop a story and character in a way that promotes authentic and nuanced portrayals of mental health, the following considerations should be reviewed:

- **Identify resources that can inform storytelling.** This might include the Mental Health Media Guide,³⁹ individuals who live with the mental health condition being depicted, and importantly, expert consultants who can offer advice, nuance, authenticity and correction.
- **Connect characters with mental health conditions to others.** When crafting a mental health storyline, ensure that characters with mental health conditions are not isolated from friends, family or other support systems. Show how family and friends can play an important role in supporting people with mental health struggles. Weave mental health throughout the storyline rather than presenting it as an isolated instance or plot point. Many characters with mental health conditions are tertiary or inconsequential to the plot, scrutinize those roles as well as leading and supporting ones, to make sure stereotyping is not present.
- **Present an inclusive portrait of mental health.** People from all backgrounds can experience negative mental health. Without resorting to stereotypes or tropes, consider how underrepresented characters, those from the LGBTQ community, or people with disabilities can be shown with mental health conditions across the life span that reflect the reality in these communities. Focus on storytelling that fosters empathy and compassion, and consult individuals from the communities you are portraying on screen to ensure authenticity. Often, well intentioned portrayals can be harmful as experts and those with an understanding of “effects” research are not consulted. Make sure those scholars and mental health professionals are part of your production and development team.
- **Consider the context.** Rather than tying mental health to violence, hostile humor or villainy, create a story context that avoids stigmatizing, disparaging, or harming characters with mental health conditions as much as possible. While story sovereignty matters for historical depictions, the vast majority of movies are based on novel fictional narratives from the imagination of screenwriters. For non historical plotlines, commit to rejecting harmful and stereotypical mental health tropes and embracing depictions that are complex and interconnected with other characters. When telling a historical narrative with mental health conditions, dig deep and make sure a negative revisionist accounting is not solely driving the plot.
- **Portray help-seeking behaviors.** Show the character with a mental health condition receiving therapy and/or treatment, as well as seeking other forms of support (e.g., conversations with friends and family).

Production & Filming. Even when writers craft a script that accounts for all the factors mentioned above, the story is eventually put in the hands of producers, actors, a director, and a myriad of other personnel. At this level, a mental health inclusion policy should incorporate the following stipulations.

- **Create alignment around why the storyline matters.** Mental health storylines crafted with care and precision have value. But this value must be shared amongst those responsible for creating the final product. In pre-production, ensure that key personnel understand and share the value of telling this story and commit to doing so responsibly.
- **Identify the most critical story elements to retain.** With the input of consultants, ensure that production crew and actors know what elements of the mental health storyline in the script must be translated to the screen. Be as specific as possible and provide information as to *why* these elements should occur on screen.
- **Understand how visual depictions may relate to mental health.** In the decision-making processes that take place between script and screen, work with experts who can offer guidance on which visual depictions of mental health and other contextual factors may be helpful or harmful for audiences. For instance, what aspects of suicide portrayals (such as graphic visuals of suicide attempts or method) have been linked to suicide contagion? Versus which aspects of portrayals (such as suicide attempt survivors who connect with support and/or treatment) have been linked to positive imitation and greater likelihood to seek help? Are there elements of costuming or production design that should be modified in accordance with the condition being shown?

Protect Cast & Crew. The production environment does not often provide opportunities to address mental health issues-- long days, tight timelines, and financial pressures may contribute to stress and negative well-being in the fight to finish a film on time and within budget. These issues are present even before accounting for the potential of negative reactions to the content being created. While other sections have focused on the storyline and characters associated with mental health portrayals, considering the well-being of cast and crew is also imperative.

- **Provide mental health support for staff.** Just as experts may be needed for script development, productions should provide access to mental health care for cast and crew. Instead of offering care as a reaction to a negative event, productions can consider this a proactive measure to increase well-being. This is particularly important when the subject matter being filmed may be difficult, traumatic, or otherwise create stress. Including experts to provide proactive education, support and/or debriefing with staff can be enormously protective for staff members' well-being.
- **Promote interdependence among the team.** The tokenization of individuals on set-- particularly those from underrepresented groups-- may contribute to negative outcomes, microaggressions, trauma or other mental health challenges. Fostering interdependence among teams and across a production can reduce feelings of isolation, loneliness, and promote greater inclusion overall. The team should reflect humanity, ensuring that women, people of color and cast/crew from other marginalized communities are represented above- and below-the-line.
- **Bring experts to set.** Just as stunt coordinators and intimacy coordinators have been part of creating greater physical and emotional safety for actors and crew, so too can mental health experts. Providing on-set expertise during key moments when filming a mental health storyline may reduce anxiety, increase authenticity, and facilitate a positive outcome for all.

Marketing & Exhibition. The final area in which companies can take action to foster positive well-being is in the promotion and release of a film or series.

- **Put key information about mental health in the press kit.** Give journalists and others who are covering a mental health storyline information to accurately write about the depiction. This could include specific language to use or avoid, facts about the prevalence of the condition, or other information the general public may not know.
- **Determine whether to refer audiences to outside resources.** In some cases, audiences may benefit from a referral to mental health services after seeing a portrayal. In consultation with experts, determine if this is necessary, how to frame the referrals, and how audience members will receive the information. Connecting vulnerable audiences to services that may provide help could be a critical way to create positive impact as a result of the storyline.
- **Give cast and crew talking points about mental health.** As cast and crew speak publicly about the mental health storyline, ensure they are equipped to do so accurately, sensitively, and with nuance. Provide specific talking points, suggestions on language, and other information as needed to those who will be interviewed or speak about the story.
- **Build an inclusive press experience.** Just like the production process, the exhibition of a film should be inclusive and reduce stressors that could produce anxiety, depression or other triggers for negative mental health. Ensure that a variety of individuals from multiple backgrounds are part of the press pool, critics, publicity teams, and vendors responsible for the event. Work with organizations (e.g., Getty Images) who have established protocols for safety and inclusion. A code of conduct around the press and their verbal and physical behaviors are a necessary (i.e., no screaming, name calling, objectifying language) and important step in making the red carpet and press junket safe for all to attend. Clear security protocols with guidance for dealing with mental health crises are also imperative. Ensuring that people seem themselves reflected across all aspects of rolling out a film will decrease tokenism, which can be processed as physical and emotional pain.⁴⁰

There may be additional stipulations that companies or storytellers find necessary or helpful to include in a mental health policy. As with any tool of this type, the goal of the policy is for everyone involved in a production to understand the expectations, achieve a stated objective, and realize shared values around content.

Study Limitations

A few limitations of this study must be noted. First, while our previous study examined both film and television programming, this report focuses only on top films. For that reason, there may be a broader context of how mental health conditions are portrayed across popular media that is not captured here. Television series-- with shorter production windows, multiple episodes, and recurring characters-- may be more amenable to change than popular films. Further research should explore whether the prevalence of mental health conditions in TV has changed over time. Second, our definition focuses on mental health conditions that are both significant and persistent. Broadening this to include portrayals of negative mental health that are episodic or transient may be important for understanding a fuller picture of mental health portrayals in media. We intend to explore this in future reports.

In conclusion, this report is intended to provide an update on the state of mental health representation in popular film. The COVID-19 pandemic, the racial reckoning of 2020, and other challenges have brought mental health to the forefront of our national conversation even as we witnessed an increase in

rates of depression and anxiety. Therefore, continuing research in this space, addressing how popular media portrays mental health, and advocating for improvement is essential. As storytellers respond to the current moment, they can incorporate more meaningful, thoughtful, and nuanced representation of mental health into their work. This may have a profound effect on the lives of those who live with mental health, as well as their friends, families, the communities which support them.

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Footnotes

1. National Alliance on Mental Illness (n.d.). *Mental Health by the Numbers*. Retrieved from: <https://www.nami.org/mhstats>. Salk, R.H., Hyde, J.S., & Abramson, L.Y. (2017). Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. *Psychological bulletin* vol. 143,8 (2017): 783-822. doi:10.1037/bul0000102. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5532074/>
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4. Drawing from our previous study, a comprehensive codebook was used which defined and outlined the scope of mental health conditions and relevant contexts. A character was coded as having 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. Once the definition was crafted, three independent coders were trained to identify verbal and non-verbal cues that would render a character with a mental health condition and were then assigned the sample of films to evaluate each portrayal, assembling detailed notes on all elements of content that could indicate a mental health condition. Twenty-one variables were used to analyze portrayals related to mental health, of which 15 were specifically for characters identified with 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 judgements.
5. A total of 67 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 contextual analyses, the 4 additional lines created by demographic changes bring the total number of characters with a mental health condition to 71. By including these demographic changes, we can capture the nuance of these portrayals across different stages of the life span.
6. National Alliance on Mental Illness (n.d.). *Mental Health by the Numbers*. Retrieved from: <https://www.nami.org/mhstats>
7. NAMI (n.d.)
8. Leads or co leads are those characters who drive the plot. More information on how the Annenberg Inclusion Initiative defines leads/co leads can be found in one of our annual reports.
9. In 2019, three films presented with 4 or more characters with mental health conditions. These movies were *Doctor Sleep*, *Fighting with my Family*, and *IT: Chapter 2*.
10. In our 2016 report, 7 distinct types of mental health conditions were used to categorize 87 characters: *addiction, anxiety/PTSD, cognitive impairment, developmental disorders, significant disturbances in thinking, mood disorders (i.e. depression), and suicide*. Compared to our current analysis, we identified 8 specific mental

health conditions, of which 6 overlapped: *addiction, anxiety/PTSD, cognitive impairment, significant disturbances in thinking, mood disorders/depression, and suicide*. In this study, we identified 1 depiction of bipolar disorder, which we included as a *mood disorder* along with depression. We also categorized 1 additional condition that was depicted on screen: *OCD*.

11. Salk, et al. (2017).
12. In our analyses, we calculated the prevalence of characters from underrepresented racial/ethnic backgrounds, which we defined as the sum of characters who were depicted as Black/African-American, Hispanic/Latino, Native Hawaiian/Pacific Islander, Asian, Middle Eastern/North African, and/or Multiracial/Multiethnic.
13. NAMI (n.d.)
14. NAMI (n.d.)
15. The U.S. Census identifies three domains of disability: physical, mental, and communicative. See Taylor, D.M. (2018). *Americans with Disabilities: 2014*. Current Population Reports. Available: <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p70-152.pdf>
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17. *Disparagement* is verbal or nonverbal disdain or prejudice which can occur either in the presence or absence of a character with a mental health condition. Two categories were measured under disparagement: *general* and *mental health*. Comments and behaviors counted as general disparagement if they were not related to the character's mental health. On the other hand, mental health disparagement included verbal and non-verbal communication specifically directed at or about the character's mental health condition.
18. *Stigma* differs from *disparagement* in that *stigma* refers to the isolation, judgment, or rejection of characters with mental health conditions in ways that are *not* consistent with how characters without a mental health problem would be treated in the same situation.
19. For this variable, we scrutinized any depictions of lying about and/or hiding the symptoms, treatment, or diagnosis of a mental health condition. Included in our definition for concealment were instances of other characters (family, friends, and/or colleagues) concealing the mental health condition on behalf of the affected character, as well as the character failing to mention their mental health problem when an opportunity to do so was given and was appropriate for the situation.
20. Characters with mental health conditions were evaluated for 2 measures of physical violence: *perpetrators of violence* and *targets of violence*. Per our definition, a *perpetrator of violence* is one who commits or carries out an act of violence against another individual or group of individuals. A character is a *target of violence* if they are a target of a violent act or threat, or are harmed by another character. If a character engaged in self-harm, they were coded as both a perpetrator and target of violence.
21. All speaking characters in the sample were evaluated for the presence of *therapy* or *treatment*, regardless of whether a mental health condition was present. *Therapy* was defined as treatment intended to resolve problematic behaviors, beliefs, feelings, relationship issues, and/or somatic responses. Contexts that are included under therapy are individual psychological or psychiatric care, life coaching, marriage counseling, group therapy, school counseling, social work, as well as rehabilitation and support groups for problems concerning mental health (e.g., alcohol/drug addiction, grief) and any institutionalized care. Regarding *treatment*, we defined it as medication consumed or prescribed to specifically relieve the symptoms, effects, or causes of the character's mental health condition. Treatment for conditions not related to mental health did not count in the measure.

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