Depression is both a silent and unrecognized killer. It is as menacing as it is
deceptive, and left unchecked, can result in the most dire of consequences. A U.S
Department of Health and Human Services study solemnly asserted, “about 60 percent
of people who commit suicide have had a mood disorder (e.g., major depression)
(Does). Considering that suicide is the tenth most prevalent cause of death in the United
States (FASTSTATS ), it is abundantly clear that our nation's perspective of depressive
disorders has been twisted and corrupted by media sources. Stigma and
misconceptions perpetrated by the news and media have only served to exacerbate the
current mental health crisis. Contrary to what is implied by faulty adaptions and
damaging stereotypes, depression is not only a legitimate biological illness, but one that
cannot be easily reversed. Recovering from and managing depression can be a
daunting task; however, medical and psychological treatments have been proven to be
greatly effective at reducing symptoms and improving patients’ lives. This life saving
care cannot be received by someone in need if it is deemed as socially unacceptable or
a sign of weakness. The stigma connecting depression and seeking help to weakness
and poor character prevents people from receiving critical help in their struggle. Media
portrayal of depression and its symptoms have shamed those with the illness, and
actively impeded their ability to recover. The culture of ignorance in the general public
regarding depression must be defeated through the use of dedicated school programs
and support groups, in order for doctors and therapists to administer their critical care, to those in need. No one can be left to suffer in silence.

Modern media drastically exacerbates and pollutes public perception of depression, carelessly dismissing the dangerous disease as a mere feeling that can be overcome through perseverance alone. This misconception creates uncertainty in those who have the illness, driving them away from receiving help they need. Although depression is far from the only mental illness to be defiled through the lens of the media, it is certainly one of the most prevalent. A St John Fisher College study emphatically declared, “Mentally ill characters are portrayed as alienated with no family ties, no occupation, and no social identity (Wahl, 1982). A study conducted by Rose (1998) examined this concept, and found that the manipulation of the camera angle on television can exemplify the feeling that mentally ill individuals are alone”(Smith 4). Not only does this exemplify the unsubstantiated fantasy of the mental ill being unproductive and, it also associates being diagnosed with depression and other illnesses to being lonely and unsuccessful. Those suffering from depression are less likely to turn to the support they need if the entertainment industry continues to vilify asking for help and acknowledging the illness. Mental illness is not something that a person can simply decide to have or not, it is a serious matter that deserves to be treated as such.

The misrepresentation of depression by works such as the Netflix sensation “13 Reasons Why” directly worsens the lives of those affected by the mental illness through needless overdramaziation and perpetuations of stereotypes. A Journal study by the American Psychiatric Association definitively announced, “Over half of youth viewers
(51%) believed the series increased their suicide risk to a nonzero degree… Youths with more depressive symptoms and suicidal ideation were more likely to identify with the lead characters and report negative affect while viewing."(Hong). The show originally followed the tragic story of a young man who lost his battle to depression, a deeply sensitive and personal subject to address. If done properly, and with respect to those with the mental illness, this show could have accomplished extensive removal of stigma around depression and created positive change through its popularity. Instead, the show deviates from the real life story, trading authenticity and representation for drama and riches. Therein lies the problem with mental health in media formats like television today. The reality of mental illness is not perceived as entertaining enough by those in charge, and is perverted in the name of making quick and easy money. The indisputable fact that “13 Reasons Why” increases the likelihood of self harmful tendencies in those with depression is evidence enough that it never should have existed in the first place.

Yet another instance of stigma being damaging to those with depression is the shaming of receiving treatment, as denial of reality and refusing help can only lead to tragedy and suffering. As terrible of an illness that depression is, treatments are proven to be not only effective, but life altering. Depression treatment mainly consists of antidepressive medications such as Prozac, and Cognitive Behavioral Therapy. Part of the stigma and misconceptions surrounding depression treatments are involving the medication itself. Some believe antidepressants to be either ineffective or more damaging than helpful, however this could not be further from the truth. A study performed by the Institute for Quality and Efficiency in Health Care conclusively asserted, “About 40 to 60 out of 100 people who took an antidepressant noticed an
improvement in their symptoms within six to eight weeks.” concluding that “Antidepressants can… relieve long-term symptoms of chronic depressive disorder (dysthymia) and chronic depression, and help make them go away completely.” (Depression: How) Spreading unsubstantiated falsehoods about the effectiveness of treatments denies those with depression relief that they desperately need in their battle.

Widespread awareness of the grim realities of depression, and mental illness as a whole, is critical in the fight to counteract the devastating impacts of stigma created by faulty representations. In the modern age, people’s opinions and sources of knowledge are influenced by two sources, media platforms like social media apps and television, and educational materials. It would be difficult to change the way media represents depression in its entertainment productions, as any attempts to alter their projects would be seen as a restriction of their ability to exercise free speech and create what they want. Ensuring that proper information regarding depression is taught in public school systems is the key to fixing this dilemma. This is an indirect way to lessen the impact of depression stigma, as properly informing the populous of realities surrounding mental illness will give them a baseline of which they can compare damaging media stereotypes to. Promotion of educational material is not only a promising solution, but one proven to be at least partially effective, as a University of Saskatchewan randomized control trial unequivocally concluded, “stigma scores for both groups were significantly reduced upon course completion (p < 0.0001), but were not significantly changed following the one-time contact based educational intervention in the primary analysis”(Papish). This may not be a definitive and all encompassing way of eliminating stigma around depression once and for all, but would serve to decrease
its severity over time. The study also referred to the further education of doctors and those who treat mental illness as a solution. Efforts such as this would prove successful in providing greater and more comfortable treatment, but more must be done to defeat the eroding impact of the media on people seeking help.

Schools must make a conscious effort through programs like the BRYT to provide mental health services for their students in order to ensure that no one endures depression and its effects alone. The BRYT (Bridge for Resilient Youth in Transition) is a program that gives psychological and educational support services to students who experienced long absences from school, specifically those having to do with mental health and depression. It has been adopted by schools across the state of Massachusetts, such as Brookline High School, and Cambridge Rindge and Latin. A Hechinger report passionately advocates, “‘Many of the kids in our program are coming out of a psychiatric hospitalization,” said Ashley Sitkin, BRYT clinician/program leader at Rindge & Latin. “Some of the kids haven’t been hospitalized but they’ve missed a lot of school because they’ve gotten stuck in this avoidance cycle, which is really common for kids who struggle with anxiety and depression”(Serrano). Programs such as the BRYT are not a final solution in destigmatizing media and defeating misconceptions around depression, however, it are a significant step in the right direction. If children are continually manipulated by the media into fearing helpful options such as the BRYT program, then the current mental health crisis will only worsen, bringing dire consequences. This group is one of many nationwide who provide a reason for hope among those suffering from depression, as help is both available and effective if a person is willing to seek it out.
While education and greater efforts at spreading awareness may not be enough to reduce stigma alone, in conjunction with the increased support of mental illness advocacy groups, the overwhelming stigma around depression will be eliminated once and for all. Public advocacy through dedicated organization is by far the most effective method of reducing stigma. Not only do these groups, such as the National Alliance on Mental Illness, make generous donations to research and relief for those with mental illnesses, but they also represent the reality of mental illness in the face of media distortion. The World Health Organization validated this strategy, enthusiastically supporting, “The advocacy movement has substantially influenced mental health policy and legislation in some countries and is believed to be a major force behind the improvement of services in others… In several places it is also responsible for an increased awareness of the role of mental health in the quality of life of populations.”(Funk, 18). These groups are crucial in the ongoing battle with stigma of mental illness due to their ability to refute and combat fabrication about the mental illness in the media itself.

The mental health crisis has reached its climax, resulting from dated mental health policies and the effects of the COVID-19 pandemic. If swift and decisive action is not taken, more and more people will be left in the cold clutches of depression without a hope for relief. If the media’s abhorrent slandering of depression and mental illness as a whole cannot be stopped, then the most that can be done is to counteract their vile manipulations. Seeking out treatment and receiving help is not weakness, it is strength. To have depression is more than just an occasional feeling, it is a state of living which
when improperly addressed, can have lethal consequences. No one should be convinced to suffer in solitude when hope is real and easily within grasp.
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Annotated Bibliography

“Depression: How Effective Are Antidepressants?” Institute for Quality and Efficiency in Healthcare, U.S. National Library of Medicine, 18 June 2020,

This source originated from the Institute for Quality and Efficiency in Healthcare, an institute based out of Germany that does reports and testing on various types of medical treatments and interventions to measure their affect on patients. It was found on the website of the US National Library of medicine, so due to these two factors, the information within the source can be considered reliable. It uses an informative style wrought with quantitative evidence, such as how it combatively compared, “Without preventive treatment: About 50 out of 100 people who took a placebo had a relapse within one to two years. With preventive treatment: About 23 out of 100 people who took an antidepressant had a relapse within one to two years.” (Depression: Does). This display of data shows a clinical perspective of how effective and proven antidepressants and other medications are in battling depression. It also addresses the stakeholders of uncertain patients who might be unsure of the effects of the medicines against depression, and to break the fear and stigma around it. This work proves that treatment for depression is viable and widely available, providing hope for those affected by the mental illness. The hope provided is why this propelled the thesis, as it needed to be clear that hope is proven to exist for people with depression, and that it is not a lack of knowledge on the disease itself but rather a lack of knowledge and care from the media. In order to establish this point, the effectiveness of the treatment needed to be proven in the bounds of the paper.

“Does Depression Increase the Risk for Suicide?” HHS.gov, US Department of Health and Human Services, 20 Oct. 2021,

The United States Department of Health and Human Services’ mission is to improve the health services received by american citizens, regarding both mental and physical well being. This is a reliable source, as the vast resources and expertise that a government agency dedicated to the topic of health research, including mental illnesses, can provide, ensures that the information is accurate. This source uses an abundance of quantitative data in order to educate the public of the connection between depression and suicide. Through boldly asserting, “about 7 percent of men with a lifetime history of depression will die by suicide, only 1 percent of women with a
lifetime history of depression will die by suicide.” (Does), this document is able to address the matter from a statistical lens. It also make a conceited effort to display a logical appeal, as it breaks down complicated data and results of studies into understandable pieces of information for general consumption. This source propels the thesis, as it is able to provide context on the seriousness of depression as a legitimate illness, as opposed to the falsehoods preached by the media.

“FASTSTATS - Leading Causes of Death.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 19 Oct. 2021.

This source comes from the United States Center for Disease Control, therefore ensuring that the information provided is accurate and confirmed. It primarily utilizes quantitative data in its presentation, hence the name faststats in its title. By solemnly portraying, “Intentional self-harm (suicide): 47,511” (Faststats), as the number of people that die to suicide every year, it portrays the grim and important nature of this issue. Some key stakeholders in this article would be those at risk of suicide, along with doctors and concerned parents looking to see what the leading causes of death in America are. This source is best used in conjunction with the thesis in order to build upon the prior point of depression and suicide being linked, and show how big of a problem suicide itself is in the country. Through this and the aforementioned source, the reader is able to link untreated depression to the danger it poses to those with it.

Funk, Michelle. “Mental Health Policy and Service Guidance Package Advocacy ...” Who.int, World Health Organization, 2003.

This source originates from a Mental Health Guidance Package released by the World Health Organization in 2003, proving it to be a reliable. Although the source may be older in age, its comments on the viability of dedicated advocacy groups in combatting stigma around depression and other illnesses remain relevant due to a mental health climate that has only worsened since that time. The information in the report is comprised of a majority in qualitative conclusions, supported by intermittent bits of quantitative data. Funk fervidly supports, “the development of an advocacy movement could facilitate the implementation of mental health policy and legislation and populations could receive many benefits. The needs of
persons with mental disorders could be better understood and their rights could be better protected.” (Funk 23). This addresses the key stakeholders of the article, being advocacy movements themselves, who are being validated, along with medical professionals who deal with depression and other mental illnesses and could stand to benefit from lessened stigma around them. This was able to be used to support the thesis by proving the worth of advocacy groups and their role in combatting stigma from a reputable organization.

Hong, Victor, et al. “13 Reasons Why: Viewing Patterns and Perceived Impact among Youths at Risk of Suicide.” *Psychiatric Services*, The American Psychiatric Association, 20 Nov. 2018.

This informative article was created by a consortium of psychology and psychiatry experts, such as Victor Hong, MD, and head of the Department of Psychiatry at the University of Michigan. This source is reliable due to the qualified nature of its writers, along with its inclusion in the Psychiatric Services Journal from the American Psychiatric association. The source utilizes and mixture of quantitative and qualitative evidence, as it combines researched statistics with expert input. It warningly affirms, “Decades of research have substantiated the potentially detrimental impact of exposure to violent media images or content among children and youths. Concerns about contagion as a result of media exposure to suicide dates back to the Werther effect, first documented in 1774.” (Hong). Through using both types of evidence, the authors hope to connect to a historical and statistical perspective and lens in order to appeal to the readers sense of logic. It taps into the assessments of past psychologists studying similar phenomena and relates it to what they found about “13 Reasons Why” in order to place a negative connotation upon it. This connects to the thesis, as it provides a specific example of media negatively impacting the mental health and stability of those with depression already. By using this example, the essay as a whole is strengthened through allowing the readers to see the hypocrisy and selfishness of series like “13 Reasons Why”

Ng, Chung Wai Mark, et al. “Managing Depression in Primary Care.” *US National Library of Medicine National Institutes of Health*, Singapore Medical Association, Aug. 2017,
Papish A, Kassam A, Modgill G, Vaz G, Zanussi L, Patten S. Reducing the stigma of mental illness in undergraduate medical education: a randomized controlled trial. BMC Med Educ. 2013 Oct 24.

This source comes from the National Institute of Healths National Library of Medicine, ensuring the information provided is reputable. Andryiska Papish and the other psychologists involved in this controlled study have considerable experience, having contributed to mental health stigma measuring and other scientific studies before this experiment. Quantitative evidence is used in the majority of the source to recant the result of the study to the reader. However the insight provided by the psychologists in charge of the project proves the most impactful, exclaiming, “Not only does stigma add to disease burden by preventing people from seeking timely help [14], but it is also perpetuated as future generations of doctors assimilate stereotypes from the medical culture [1, 15]. Thus, there is a need to explore effective interventions that reduce the negative attitudes” (Papish) Stakeholders such as doctors who provide the treatment to those with depression and other mental illnesses are addressed, along with that of students at a collegiate level, who would be a target audience for improved education and awareness on mental health and depression. This coincides with the thesis, as it is able to be used to prove that educational means can be used to combat the stigma around depression created by the media to a certain extent.

Serrano, Alfonso. “School Programs That Help with Student Mental Health.” The Hechinger Report, 19 Aug. 2020,

The Hechinger Report is a paper solely dedicated to covering education and materials related to it. Serrano is an experienced writer who has tackled educational subjects in previous article, and as such, can be trusted as a reliable source of information. This source primarily uses qualitative evidence, as evidenced through the repeated inclusion of comments and information from teachers, and students affected by the program. A student commented on the program, gratefully acknowledging, “I was behind on school work before I left, so the academic coordination, having someone else deal with my teachers, was really, really helpful.”(Serrano). Some of the stakeholders addressed in this article are the teachers who would be participating and running the program in individual schools, along with that of students who would benefit from services provided. This is used to
strengthen the thesis, as it provides a first hand account of how programs in school settings can help people with depression, and slightly reduce stigma. However, stigma must be defeated for people to be willing to seek out the help they need.

Smith, Brian. “Mental Illness Stigma in the Media.” The Review: A Journal of Undergraduate Student Research, St. John Fisher College, 2015,

Brian Smith is a member of the Psychology Department of St. John Fisher College, who compiled the undergraduate research used in the source. This research was both engaging and reliable, as it came from reputable experts and was carefully selected by a qualified individual. The source uses both quantitative and qualitative evidence to establish its argument, however it uses slightly more quantitative. A prime instance of this is Smith decisively proclaiming, “The results showed that the public gathers its information regarding mentally ill individuals from television (70%), newspapers (58%), television news (51%), news magazines (34%), and the internet (25%)”(Smith). This source addresses the media directly as a stakeholder with an interest in bastardizing mental illness to boost their own ratings. It also portrays the perspective of those with mental illnesses, and how the lies spread in the media specifically have an impact on them. The source is useful to the thesis in order to provide specified and pertinent information regarding the cumulative effect of media portrayal on people affected by mental illness, a group that includes depression.