



MENTAL HEALTH

initiative

JOIN US IN STARTING A NATIONAL CONVERSATION ABOUT MENTAL HEALTH

There is a mental health crisis in our country. People of all ages, backgrounds, and experiences are struggling. According to Ad Council research conducted in June 2022, 49% of U.S. residents (ages 16–65) reported having a mental health condition, and of those who reported a condition, a little less than half (48%) say they were getting help or treatment. These statistics are similar for U.S. Latinos, where 53% reported having a mental health condition and 42% of those with a condition reported getting help or treatment. Additionally, two in five (43%) of U.S. Latinos aren't comfortable talking to people close to them about their mental health and how they are feeling. On top of all this, media and culture's depiction of taking care of our mental health oftentimes makes it seem like a luxury or nice-to-have, and not the necessity that it is.

As a result, too many people who are struggling remain silent and try to push through their challenges on their own for a variety of reasons—such as lack of accessible or affordable care or fear of judgment or consequences.

Mental health is a critical component of our overall well-being, and open and honest conversations about the topic and personal struggles can have an enormous impact in encouraging people to seek the care they need and deserve.

Each of us—as friends, family, community leaders, medical professionals, faith leaders, educators, coworkers—has the power to be the spark that helps people live healthy and fulfilling lives. And that can start with engaging in dialogue around mental health that helps to shape a more open and accepting society.

Based on our learnings from research and from mental health experts, you can use the below considerations as well as suggested messages and guidelines to help complement efforts you have currently on this topic or to get started in having more conversations about mental health and wellbeing in your community. Of course, every community is different and represents a wide variety of people and mindsets, so please lean into your own insights and experiences as well.

AUDIENCE IN MOST NEED OF SUPPORT

While it is important for everyone to take care of their mental health, there are many people who do not prioritize it or don't know where to start. **More than 70 million U.S. residents between 16–65 years old**—and 30% of all U.S. Latinos (ages 16–65) —**are more likely to report poorer mental health while also holding attitudes and beliefs that often discourage help-seeking behaviors.** The Ad Council believes reaching this specific audience broadly and within the U.S. Latino community is critical given their challenges and barriers with mental health.

This audience is made up of people who tend to associate mental health and mental health struggles with diagnosable mental disorders or conditions, rather than viewing mental health as something we all have, need to take care of, and may struggle with from time to time. They also tend to view seeking help as a sign of weakness and/or are afraid of being judged for it, instead of seeing it as a sign of strength. As a result, this audience has a tendency to ignore negative emotions, have difficulty coping with stress in a healthy way, and find it hard to determine when they need help. Additionally, systemic inequities (e.g., lack of access and/or affordability of quality and culturally competent mental healthcare services) and/or distrust in the healthcare system lead many U.S. Latinos to not seek out help.

STIGMA AND ITS IMPACT ON MENTAL HEALTH

Many of the attitudes that our target audience holds is rooted in stigma—or stereotypes, prejudices, or discrimination that reinforces negative views or misconceptions around people with mental health struggles or conditions. According to the [American Psychiatric Association](#), stigma often comes from a lack of understanding or fear and it can lead to harm.

Stigma can play a role to varying levels for anyone in how they approach mental health, but it can especially place a heavy weight on people in our target audience. Stigma can make it harder to feel supported and understood by others and to have a more positive outlook. It also can affect one's self-esteem, increasing shame and self-doubt. As a result, stigma can worsen mental health outcomes, especially given that many decide to “push through” mental health struggles on their own and not reach out for support.

There are generally three types of stigma regarding mental health:

- **Public stigma** involves the negative or discriminatory attitudes that others have about mental conditions.
- **Self-stigma** refers to the negative attitudes, including internalized shame, that people with mental conditions have about their own condition.
- **Institutional stigma**, is more systemic, involving policies (whether at a government or corporate/organizational level) that limit opportunities for

people with mental conditions. Examples include lower funding for mental condition research or fewer mental health services relative to other health care.

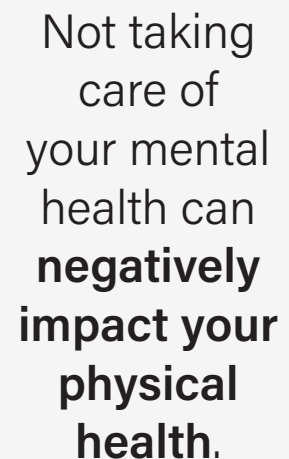
(If you would like additional information on stigma, please visit the [American Psychiatric Association](#) website.)

While people are becoming more open in discussing mental health and sharing their experiences, mental health stigma in its various forms is still prevalent within American society and within the U.S. Latino community where mental health is often overlooked and less prioritized compared to more urgent needs such as finances. When we challenge stigmatizing beliefs by providing different ways of viewing and approaching mental health, we can help people open up more, feel supported, and prioritize their mental health.

DEFINING MENTAL HEALTH & CONSIDERATIONS TO KEEP IN MIND

Mental health is a complex topic and can sometimes be a difficult thing to talk about. This section is to help provide some information and considerations about mental health for those who are less familiar with the topic.

- **We all have mental health**, just like physical health, and it is important at every stage of life, from childhood to adulthood. And both are connected—not taking care of your mental health can negatively impact your physical health and not taking care of your physical health can negatively impact your mental health.
- Mental health includes our **emotional, psychological, and social health**. These components affect how we think, feel, and act. The state of our mental health also helps determine how we manage stress, relate to others, and make healthy choices.
- **Mental health is a continuum that we all move across throughout our lives**. Sometimes, we may be thriving or actively coping with our mental health. And sometimes we may struggle with our mental health because of various changes in our life, even without having a mental condition or disorder.
- **Taking care of our mental health is critical** to achieving optimal overall health.
- Some people may have negative associations with the term “mental health” given stigma around the word/topic. **Consider using “mental wellness,” “mental well-being,” or “emotional well-being” when appropriate**, terms which are generally received more positively.



Not taking care of your mental health can negatively impact your physical health.

- Note that “mental health,” “mental wellness,” and “mental well-being” are not fully interchangeable with one another.
- “Mental health” describes an individual’s *state*, which can range from healthy on one end to unhealthy on the other end.
- “Mental wellness” is more about the *actions taken* to achieve better mental health. And “mental well-being” is more about the *result*—feeling positive emotions/moods, being connected to oneself and others, making healthy choices, and handling stress well.
- Here is an example to help illustrate the differences: “To improve one’s *mental health*, focusing on *mental wellness*, such as spending time with loved ones, expressing emotions, or meditating, is important to achieving *mental well-being*.”
- **There is no one-size-fits all approach** to taking care of one’s mental health and it can change over time. Everyone has unique experiences, needs, and resources. Therefore, it is important to encourage people to try different things to find what will work best for them.
- **Everyone’s culture, beliefs, values, upbringing, and language all affect how we perceive and experience** mental health. Cultural differences can influence what coping mechanisms and support work best for each of us. Consider which elements of your own culture you can lean on to help support mental health in your community.
- **Broader systemic issues play a large role** in affecting mental health outcomes, especially for many within the U.S. Latino community. These issues often lead to negative experiences for people that result in reduced trust and willingness to seek out support.
 - Communities that have been historically marginalized (e.g., based on race/ethnicity, gender identity, sexual orientation, and/or disability) often experience **poorer mental health outcomes** compared to other communities due to **external factors**, such as the impact of bias and discrimination on mental and emotional health and inequities in the healthcare system and delivery of care.
 - Many U.S. Latinos do not seek help due to **a lack of mental health professionals** that they can relate to or identify with from a cultural, racial, or ethnic perspective, which is often preferred. Lower-income U.S. Latinos also face greater difficulty **affording high-quality, culturally competent mental health care services** (due to factors such as high cost or lack of insurance/underinsured), and those without reliable transportation or are living in more rural areas also experience increased challenges **accessing services**.
 - The **intersectionality** of our identities and unique experiences, challenges, and barriers can have a compounding impact on our mental health.

For information on mental health-related terms, factors, and context, please visit the [Mental Health Media Guide](#).

KEY MESSAGES

The following recommendations are based on extensive market research and partnering with mental health experts to identify a range of approaches that can help 'break through' and improve mindsets around mental health. These messages in particular focus on combating stigma given that is the priority for this communications-related messaging.

- **Taking care of our mental health**, even if we're not struggling in the moment, **can help us thrive in life, achieve our goals, and manage or cope with challenges that come our way.**
- We all struggle with our mental health from time to time given the ups and downs of life, and it's important to seek out help especially when struggles persist.
- Just as we place importance on our physical health and keeping our bodies healthy, keeping our minds healthy is just as important. And these two things are connected and impact each other.
- Reaching out for support is a sign of strength—whether that's talking with a friend, loved one, community member, faith leader, primary care physician, or mental health professional.
- Identifying and processing difficult emotions is an important component of mental well-being. When we acknowledge when we're not doing okay, we can find strength to move forward with greater ability to handle the challenges we face.
- When we prioritize and are proactive about our mental health, we can go farther in reaching our goals in life and enjoy life more and all that it has to offer.
- Taking care of our mental health allows us to better care for our family and loved ones.
- For some people, it's hard to reach out for help because of stigma—or negative stereotypes, prejudices, or discrimination that reinforces negative views or misconceptions around people with mental health struggles or conditions. It can also be difficult for many people to get mental healthcare due to cost, a lack of trust in the healthcare system, and difficulty accessing services.

**It's OK
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- Stigma places a heavy weight on people, causing many to not feel/be supported and understood by others and to feel more shame and self-doubt. In some ways, it could exacerbate mental health challenges. As a result of stigma, many decide to will their way alone through mental health struggles.

MESSAGING TIPS

- Take an overall tone that is **uplifting, positive, compassionate, empowering, and empathetic**. Keep things focused on the positive reframing.
 - This doesn't mean we can't talk about challenges—we need to be real and address issues head on. But we also need to leave people feeling inspired, hopeful, and supported.
- **Share healthy habits** (e.g., journaling, exercising, eating healthy foods, getting enough sleep, meditation/mindfulness activities, connecting with others) to support mental health, and offer community or online resources where they can learn more.
- **Share specific trusted resources and tools** (i.e., websites, apps, guides, etc.) to equip the U.S. Latino community with easy access and navigation guidance for their mental health. If mentioning services that cost money (such as therapy), consider pointing to resources that provide low-cost or free help.
- **Encourage people to find what will work for them.** Offer ideas for them to try without being too prescriptive.
- **Reflect the lived experiences** and realities of the person or people you're speaking to. Images or examples should reflect positive and non-stereotypical portrayal of the U.S. Latino community. While acknowledging traumatizing events (e.g., police brutality, mass incarceration)—when related to the content discussed—can be important, be careful not to re-traumatize individuals.
- **Make it personal and share your story.** Many of us have experienced mental health challenges at some point in life. Sharing your own stories and what tactics or support systems have helped you through tough times can be incredibly helpful and inspiring to others and help normalize the conversation around mental health.
- Don't be afraid to **acknowledge challenging emotions** they may be experiencing; it is important to reinforce that "it's okay to not be okay."
- **Talk about the benefit.** Paint a picture of why taking care of our mental health can help us go further and thrive in life and with our goals—e.g., showing up as a better parent, spouse, daughter. Connecting this to caring for loved ones is especially resonant for the U.S. Latino community.

- **Be realistic.** Don't imply that addressing our mental health will solve our problems overnight. Emphasize that mental health is dynamic and show that being proactive with an ongoing mental health practice(s) can help us better cope with life's challenges.
- **Use people-first language.** For example:
 - Say "a person with depression" instead of "a depressed person."
 - Say "people struggling with their mental health" or "people experiencing mental health challenges," instead of saying "the mentally ill" or "mentally ill people."
 - Say "people struggling with thoughts of suicide" or "people in crisis," instead of "suicidal people."
- It's OK to **use the word "suicide"** and acknowledge that it happens—this can help others feel more comfortable talking about it and getting help if they need it. Of course, this can be a sensitive topic, and experts recommend some nuances in how we talk about it:
 - Say "**died by suicide,**" rather than "committed suicide" or "took their own life." This shifts the focus to the person's depression or other mental illness being the cause of their death, instead of blaming the individual.
 - **Avoid referring to a suicide attempt as "successful,"** because we don't want to associate "success" with something so tragic. Instead, just say "died by suicide."
 - Likewise, don't describe a suicide attempt as "unsuccessful"—you can say someone "**survived a suicide attempt**" or "**attempted suicide.**" If talking about someone's suicide or suicide attempt, **avoid going into details** and describing how they went about it. We don't want to risk triggering someone else—inspiring the same behavior in someone who may be experiencing suicidal ideation.
 - When sharing stories of someone who survived a suicide attempt, keep the **focus on what helped the person**, what they learned on their journey, and what they do today to care for their mental health.

Culture's depiction of taking care of our mental health can **make it seem like a luxury.**

MESSAGES TO AVOID

- **Avoid “toxic positivity”**—Messages like “Good vibes only” or “Always look on the bright side” don’t allow room for more challenging or complex emotions.
- **Avoid triggers** that may cause individuals to feel shame. For example, do not imply that there is a “right” or “normal” way of how our minds should be or make them feel bad if they haven’t previously thought about or taken steps to care for their mental health.
- **Avoid sharing potentially harmful details and ideas**—if a story involves harmful behaviors, do not unintentionally provide information that could make your audiences more likely to engage in those behaviors themselves.
 - For example, do not share ways that someone self-injured, acquired the means to attempt suicide, or hid an eating disorder; do not talk about specific drugs or how they are taken or hidden; do not share details of trauma that could be triggering for those who have been through something similar.
 - Do not romanticize pain or dangerous behaviors as cool, artsy, or edgy. For example, despite the persistent idea that one must suffer for art, the evidence says the opposite—artists thrive creatively when their emotional well-being is protected and they have the skills to cope with life’s challenges.
- When talking to your community, **avoid using the term “stigma”** without also explaining what it is. Avoid calling out stigmatizing attitudes and harmful stereotypes, as sharing them could reinforce them. Instead, provide the more positive view to counter stigma.
- Take care **not to reinforce harmful stereotypes** or any beliefs that might prevent someone from seeking support.
- **Don’t use language that is judgmental** of or trivializes mental health conditions.
- It’s OK to suggest counseling/therapy as an option to consider, but be mindful of the fact that **not everyone has access** to affordable, culturally-appropriate care.
- **Avoid leaning too heavily on statistics**, which are harder for audiences to connect with emotionally. If including statistics, always transition into hope and what we can do to make things better for people.
- **Avoid using “grit,” “toughness,”** or other terms that imply pressure to push through mental health struggles and be strong in a conventional sense. Particularly for many in the U.S. Latino community, such terms misrepresent the need for healing and can leave people feeling exhausted.

TRUSTED MESSENGERS

For U.S. Latinos who are struggling with their mental health and less likely to seek out support, friends and family rank as the highest source of trust when it comes to mental health information. Online sources, mental health professionals/organizations, community members, healthcare providers, faith leaders and community leaders, and schools are also trusted sources.

AUDIENCE-SPECIFIC GUIDES

For more messaging guides for different audiences, visit the [Ad Council's Mental Health Toolkit](#).

CRISIS RESOURCES

If you or someone you know needs help, call the Suicide & Crisis Lifeline at [988](#) for **24/7** free and confidential support.