MEDIA & MENTAL HEALTH

Our office is dedicated to promoting best practices in suicide and violence prevention at Nova Southeastern University and throughout the community. We provide trainings, disseminate research, and work with graduate trainees and students in all disciplines as well as community professionals.

Director: Dr. Scott Poland
Assistant Director: Dr. Juliette Hubbard
Graduate Assistants: Sarah Ackerman, MS; Lauren Adams, MS; Kate Fitzpatrick, MS; Taylor Tejera, MS

Instagram: svp_crew
Website: www.nova.edu/suicideprevention

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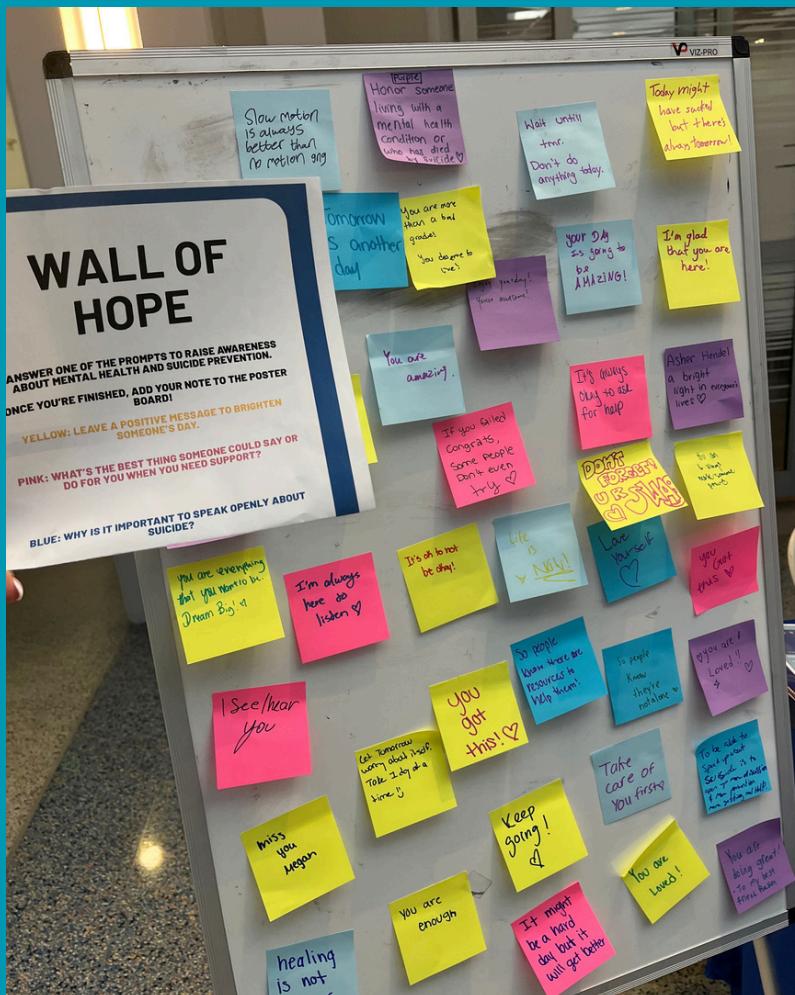
Visit Our Office!

Our office is located in Maltz, cubicle 1071E. Feel free to take stickers and suicide and violence prevention resources!

You can also check out our Forever Frosty Corner, which honors the Forever Frosty Foundation, established by Damiann Bilotta and Bobby Hendel after their son, Asher, Died by suicide in 2014. The Forever Frosty Foundation is dedicated to supporting teens with mental health programs and covering therapy costs. It provides reduced fees and financial assistance so that every young person can access the mental health care they need. When you visit the Forever Frosty Corner, be sure to pick up a blue heart for yourself or someone you know, and sign the Frosty Feelings Journal.

For more information: https://www.foreverfrosty.org/

Join Our SVP Crew

Interested in our SVP crew or writing for our next edition of our semesterly newsletter? Contact Dr. Hubbard at jh2688@nova.edu or Dr. Poland at spoland@nova.edu

Highlights & Upcoming Events

- SVP members collaborated with the Psychology Club for Suicide Prevention Month.
- SVP members tabled for Mental Health Day of Play.
- Dr. Hubbard provided the opening ceremony speech for the Out of the Darkness Walk.
- Dr. Poland appeared recently on the Sound Off On School Safety Podcast with Michele Gay, the founder of Safe and Sound Schools from Sandy Hook, CT, to discuss the impact of social media on youth mental health. Link to the podcast: The Sound Off On School Safety: The Social Media Health Crisis in Schools with Dr. Scott Poland
- Dr. Poland will give an invited session on suicide prevention at the International School Counselors Conference in Prague, Czech Republic in March 2026.
- Dr. Poland, Dr. Hubbard, and Lauren Adams filmed an NSU training video on Suicide Screening in Schools that will be posted on the SVP website soon.

988 Suicide & Crisis Lifeline

Call or Text 988 or chat at 988lifeline.org to access the suicide and crisis lifeline.

Support from trained counselors is available 24/7! Language interpreters can be provided.

Services are available in Spanish and for Deaf, Hard of Hearing, or Hearing Loss ASL Users.
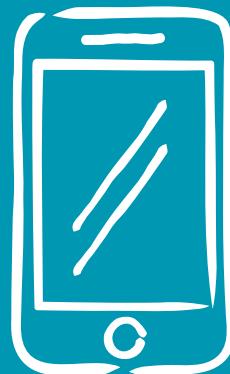
See the following links for more information: https://988lifeline.org/es/servicios-en-espanol/ https://988lifeline.org/help-yourself/for-deaf-hard-of-hearing/

School Crisis Intervervention: An Essential Guide for Practitioners
Scott Poland and Sara Ferguson
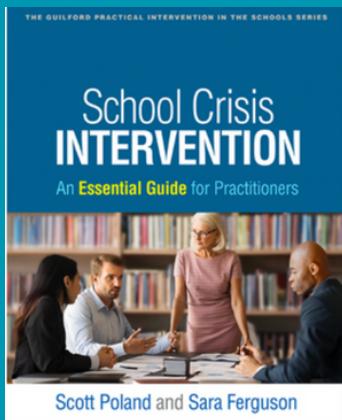
Dr. Poland and Dr. Sara Ferguson, a former post-doctoral resident for SVP and an alumni from the NSU clinical psychology program, completed their second book together.

This is the eighth book Dr. Poland has authored or co-authored on school crisis intervention from 1989 to 2025. The book, published by the Guilford Press, provides many practical examples of school crisis intervention.

Spotify Playlist of Hope

We've curated a Spotify playlist centered on the theme of Hope. It features songs with uplifting lyrics and feel-good melodies designed to inspire and encourage.

We hope our student trainees, professors, and staff will enjoy this resource, both for personal listening and for sharing with clients.

Scan the QR Code to listen!
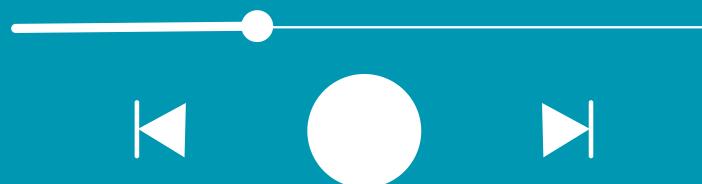
THE IMPACT OF MEDIA ON COLLECTIVE TRAUMA
By Lolita Bell, MS

In today's digital age, tragedies no longer remain local. Mass violence, natural disasters, pandemics, and police brutality are broadcast into homes worldwide in real time. Research shows that this repeated, graphic coverage can intensify stress and even cause symptoms of trauma in people who were never physically present at the event. After the Boston Marathon bombings, for example, people who watched hours of coverage reported more acute stress than some who were directly exposed (Holman et al., 2014). Similarly, during the COVID-19 pandemic, heavy news consumption predicted higher anxiety and depression across the United States (U.S.) (Holman et al., 2020).

Collective trauma refers to a psychological wound experienced by a community following catastrophic events (Hirschberger, 2018). While once thought of as place-based, research shows it can spread globally through news media. For instance, coverage of police killings of unarmed Black Americans was linked to worsening mental health among Black adults across the U.S., even when they lived far from the incident (Bor et al., 2018). These findings highlight how news amplifies shared pain, shapes group identity, and sustains cycles of grief and anger.

"Doomscrolling," the compulsive consumption of distressing news—has emerged as a modern risk factor. Studies link doomscrolling to higher stress, poor sleep, and lower wellbeing (Satici et al., 2022). The nonstop access provided by social media and push alerts can make it difficult for people to disengage, reinforcing a cycle of fear and helplessness.

However, not all media exposure is harmful. Coverage can promote solidarity, provide life-saving information, and mobilize community action (Garfin et al., 2020). Experts recommend trauma-informed reporting that avoids sensationalism and repeated graphic imagery (Dart Center, n.d.). For individuals, limiting news intake, diversifying sources, and practicing "media hygiene" can help reduce harmful effects while staying informed. News media will continue to be central in shaping how societies experience and remember collective traumas. Future research needs to focus on how different kinds of coverage, factual, narrative-driven, or solutions-based—can either amplify harm or foster resilience.

MUSIC VIDEOS AS LIFELINES: THEIR POWER IN MENTAL HEALTH CONVERSATIONS
By Charlotte Walsh, BA

Music videos have been a popular source of entertainment for music fans for years. Whether videos are promoting new music or solidifying an artist's image, they allow artists to express themselves. Recently, we have seen these videos evolve beyond entertainment to become tools for normalizing mental health struggles. Many popular artists such as Billie Eilish, Logic, Demi Lovato, and Taylor Swift have created deep emotional connections with their songs. By pairing their lyrics with powerful visuals, they have shared their personal struggles with anxiety, depression, addiction, and self-worth. The expression of their mental health journeys has spread awareness by encouraging reflection and conversations as well as creating safe spaces for millions of fans.

Last year, Billie Eilish publicly opened up about her lifelong battle with depression and emphasized the importance of support systems. In her song *everything i wanted*, she writes about a nightmare she had about dying by suicide. The music video shows her and her brother sinking in a car underwater while remaining entirely calm. She used imagery within this video to symbolize the drowning feeling one experiences when being pulled down by depression. The song also focused on her relationship with her brother, emphasizing the importance of supportive relationships and having someone to pull you out of dark times. Eilish has used her platform to open up about her struggle and reach out to fans who may be having similar experiences. Researchers have found that creating this support for fans can foster empathy, reduce societal stigma, and inspire others to seek help (Kresovich, 2020). This demonstrates how music can go beyond entertainment and transforms into emotional lifelines for fans' mental health.

Additionally, Logic's *1-800-273-8255* has been one of the most predominant measures of music's impact on mental health. Named after the U.S. suicide prevention hotline, the song tells the story of a young man who has been experiencing suicidal ideation and ultimately finds support and hope. Following its release, the music video and live performances caused a measurable increase in calls to the Lifeline hotline. This increase was measured by nearly 10,000 excess calls and an estimated decrease of 245 U.S. suicides within the same period (Niederkrotenthaler et al., 2021). This song reframed public conversations about mental health struggles by destigmatizing seeking help. By focusing on empathy and connections with their lyrics and visuals, this song proves to be a great example of how music can be both an art and potentially a life-saving intervention.

MUSIC VIDEOS AS LIFELINES: THEIR POWER IN MENTAL HEALTH CONVERSATIONS
By Charlotte Walsh, BA

Demi Lovato's autobiographical music video, *Dancing with the Devil* shifts the focus inward, exploring experiences with trauma, addiction, and recovery. The video recreates Lovato's near-fatal overdose and illustrates the detrimental consequences of substance abuse and trauma. In the accompanying documentary series, *Dancing with the Devil*, Lovato's addiction and posttraumatic growth story is further explored. The series highlights how post traumatic growth is a lifelong process that has helped Lovato embrace their identity as non-binary while also positively influencing fans who may relate (Wijaya & Munjid, 2024). By discussing both their struggles with addiction and their evolving identity, Lovato brings not only awareness for the non-binary community but also hope for fans navigating their own personal struggles. The music video and series come together to form a powerful message for fans that recognizes the severity of suffering, but also promotes resilience, self-discovery, and mental health awareness.

From a self-criticism perspective, Taylor Swift's *Anti-Hero* music video captures the nightmares and intrusive thoughts behind mental health struggles by pairing language and surreal imagery. The song uses interpersonal meaning elements such as mood and residue to express Swift's inner thoughts and feelings (Putra & Agung, 2023). Utilizing these elements allows fans to listen and visually interact with the meanings behind the lyrics. The imagery used in the music video brings the lyrics to life, deepening that connection with fans. For example, throughout the video, Swift is showing signs of anxiety and distorted self-image while her alter-ego is seen as the glittery party girl, representing the mental battle of her innermost thoughts. One of the most honest, yet controversial scenes of the video was when Swift is seen stepping on a scale that reads "FAT." This scene served as an important visual metaphor for her negative self-image but was ultimately removed from the video after receiving backlash from the public. Despite its controversy, fans praised the scene for its honesty and resonance, specifically after clips of Swift discussing her experiences with an eating disorder resurfaced. Overall, by incorporating both linguistic expression and visual imagery, this music video brings inner battles to the surface, reducing stigma around these struggles and spreading awareness.

MUSIC VIDEOS AS LIFELINES: THEIR POWER IN MENTAL HEALTH CONVERSATIONS
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Together, these music videos demonstrate the power music can hold in the discussion of mental health struggles. From Eilish's haunting imagery to Logic's measurable social impact, these examples show how artists can contribute to the destigmatization of mental health by encouraging conversation and safe spaces. Research with college students has shown that the increase in personal connections with songs and the parasocial relationships with the artists have fostered empathy, reduced stigma, and encouraged public support (Kresovich, 2020). By exploring personal experiences, these artists have humanized mental health struggles, showing that they are not a weakness. Ultimately, music videos are not only a form of expression but are also empowering lifelines for fans to reflect on their own mental health and seek support when needed.

*References on page 26

Dancing with the Devil by Demi Lovato: https://www.youtube.com/watch?v=EAg69LaLlSO&list=RDEAg69LaLlSO&start_radio=1

1-800-273-8255 by Logic ft. Alessia Cara, Khalid: https://www.youtube.com/watch?v=Kb24RrHIbFk&list=RDKb24RrHIbFk&start_radio=1

Anti-Hero by Taylor Swift: https://www.youtube.com/watch?v=b1kbLwvqugk&list=RDb1kbLwvqugk&start_radio=1

Resources

American Music Therapy Association
https://www.musictherapy.org/
World Federation of Music Therapy
https://www.wfmt.info/
TedTalk: Music Therapy and Mental Health
https://www.youtube.com/watch?v=-io-uld2JFU

THE ROBOT WILL SEE YOU NOW: CAN AI THERAPY HEAL OR HURT?
By Gabriela Avila Fioranelli, Sarah Altuve, and Trisha Ravigopal

Artificial intelligence (AI)-powered chatbots are rapidly emerging as a way to expand access to mental health support at a time when global healthcare systems remain underfunded and clinicians are in short supply.

Purpose-built psychological chatbots, such as Anna, Woebot, and Wysa use natural language processing (NLP) and machine learning to simulate conversation and deliver structured interventions. These tools offer things like CBT exercises, guided reflections, and mood tracking, while supporting users *between* traditional sessions. Some platforms even offer clinician-integrated models, where therapists subscribe to dashboards and receive alerts when a patient's responses flag concerning patterns. While many of these tools incorporate structured therapeutic elements and basic safety features, they are not validated medical devices and rarely operate under formal regulatory oversight (Khawaja et al, 2023).

There is also a difference between psychological chatbots and general-purpose conversational models. Mental health focused apps are designed around specific therapeutic goals, symptom targets, and defined roles within established care pathways. General models like ChatGPT, in contrast, are broad communication tools and are not built as mental health interventions, guided by therapeutic frameworks, or equipped with consistent safety mechanisms, even though their responses may sometimes appear supportive.

Both types of systems can create *therapeutic misconception*: a situation where users mistakenly assume that any conversational AI offering mental health guidance is equivalent to a trained clinician or a safe substitute (Khawaja et al, 2023). This raises concerns about inadequate or harmful responses, algorithmic bias, data misuse, and overreliance, particularly among vulnerable groups. These risks intensify when users turn to non-specialized systems like ChatGPT as therapists. This all creates a critical need to outline the broader advantages and drawbacks of AI-mediated mental health support, clarifying where these tools can legitimately help and where they demand extreme caution.

KPCOM Data

Out of a poll of 15 M1s and 14 M2s, there were mixed reviews on whether they believed AI chatbots to be harmful or helpful. More than half of the participants had previous experience with therapy, yet results were skewed with only 51% of the participants believing that the effects were harmful.
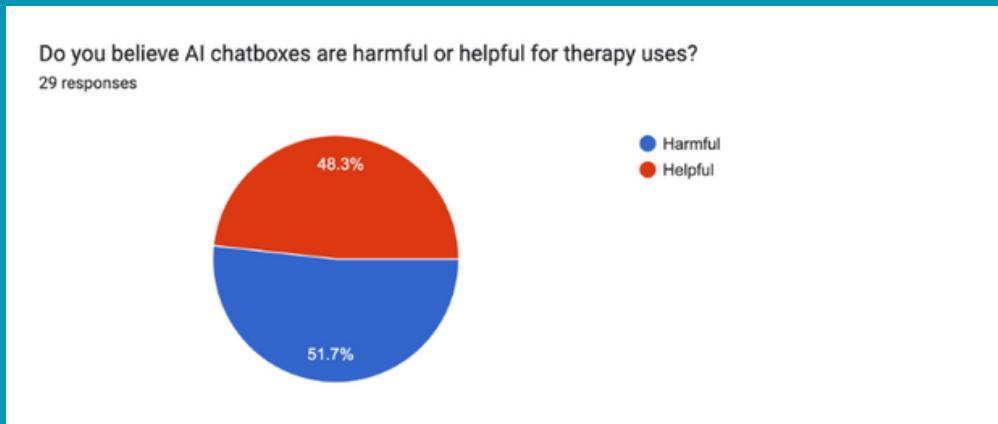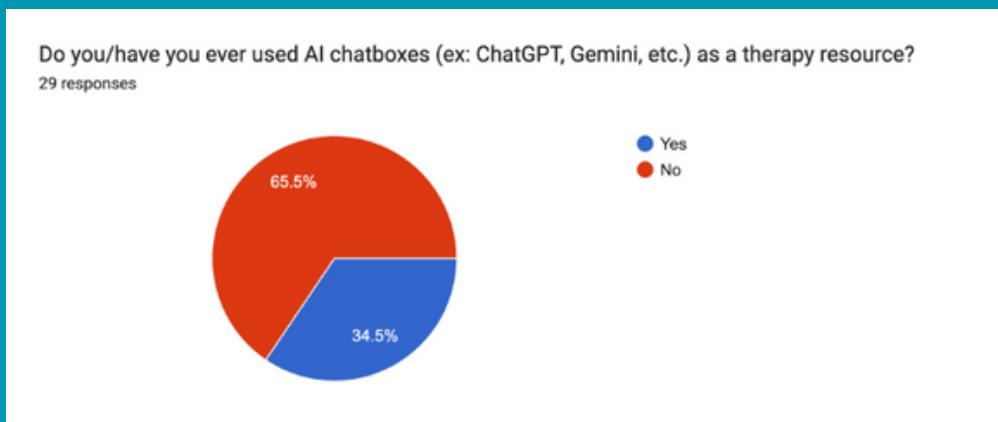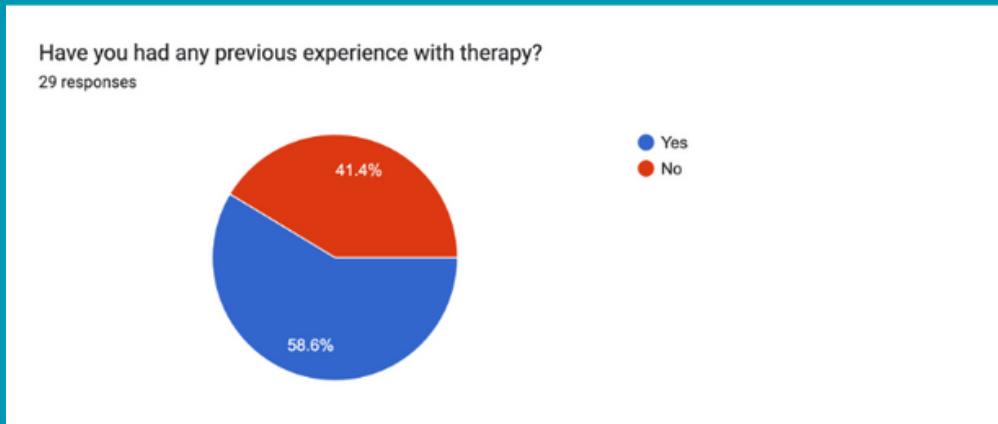
Have you had any previous experience with therapy?
29 responses
- Yes
- No
41.4%
58.6%

Do you/have you ever used AI chatboxes (ex: ChatGPT, Gemini, etc.) as a therapy resource?
29 responses
- Yes
- No
65.5%
34.5%

Do you believe AI chatboxes are harmful or helpful for therapy uses?
29 responses
- Harmful
- Helpful
48.3%
51.7%

THE ROBOT WILL SEE YOU NOW: CAN AI THERAPY HEAL OR HURT?
By Gabriela Avila Fioranelli, Sarah Altuve, and Trisha Ravigopal

Helpful effects of AI

The use of AI is inevitable with our generation, but some have found it to be especially helpful in managing their mental health or even communication skills towards others. Some common helpful effects were noted amongst students and researchers as we enter a new era of therapy:

1. Some found that its unbiased opinion helps because only facts are given about a situation itself leading to a more direct answer
2. No worries about feeling judged on what is being said
3. Follow up questions are asked to fully understand the emotions and situation of an individual
4. Boosts of self-confidence if AI agrees with your decisions or emotions, therefore it can make you feel validated by "giving users their preferred answers" (Sanford, 2025)
5. Some people said that it made them love themselves again because it was healing to get emotions out or vent (Kim Rippy, 2025)
6. Analogous to diary entries for certain individuals (Kim Rippy, 2025)
7. Costs of in-person therapy more expensive than using free AI chatboxes
8. Aid in loneliness, anxiety, and depression and improve communication skills (Kim Rippy, 2025)

Harmful effects of AI

With the benefits, there are always risks that are important to note in order to avoid misleading guidance or potentially dangerous situations. Some examples are:

1. Risk of misdiagnosis - AI can misinterpret symptoms and not see the full clinical picture (Cross et al., 2024)
2. Delay seeking professional help - people can feel like self therapy is good enough/better than nothing but it's not completely accurate
3. Dependence is built (Head, 2025)
4. AI can be insensitive due to a lack of human emotional intelligence & can lead to re-traumatization (Hipgrave et al., 2025)
5. Poor crisis management - suicide and self-harm are emergencies that require trained guidance (Hipgrave et al., 2025)
6. There is no accountability for any harmful responses or misguidance. Therapeutic uses are at your own risk (Hipgrave et al., 2025)
7. Privacy and data leaks, as opposed to a clinical setting that has HIPAA regulations
8. Reduced human empathy (Hipgrave et al., 2025)

9. Echo chamber effect: Chatbots trained on certain datasets may reinforce biases or mirror unhealthy thought patterns, rather than challenge them therapeutically (Saeidnia et al, 2024).
10. Devaluation of real therapy - making it seem like it's not really necessary since AI is fairly accessible (Saeidnia et al, 2024)
11. AI does not fully recognize cultural customs or minority experiences which can be harmful when seeking help (Hipgrave et al., 2025)

Tips of use (Kim Rippy, 2025)
- Clinicians should always remind patients of correct means of using AI chatbots and when to seek professional help
- Use as a tool for organizing thoughts or like journal entries to help understand patterns of emotions that may be happening or to manage stress
- Finding therapeutic activities or therapists in the area to help manage mental health instead
- Use chatbots as an adjunct, not a replacement! Talk to your therapist and integrate AI tools into your treatment plan
- Use mental health specific chatbots over general AI
- Protect your privacy

AI chatbots are becoming part of modern mental health habits, but their value depends on how they're used. They can help people reflect, organize emotions, and feel less alone, yet they can also mislead, overstep, or delay care with professionals when relied on too heavily. The goal isn't to replace therapists, but to use these tools safely, intentionally, and with clinical guidance. As our poll showed, even among medical students, opinions remain divided, highlighting the need for education on both the benefits and limits of AI in mental health. Since this technology is still emerging, ongoing research and clearer guidance are essential to determine how it can best serve patients.

*References on page 27

FROM TREND TO TRIGGER: HOW TIKTOK'S 'WHAT I EAT IN A DAY' TREND MIGHT ENCOURAGE DISORDERED EATING BEHAVIORS
By Sydney Camp

In recent years, the trend on TikTok to create "What I Eat in a Day" (WIEIAD) videos has surged in popularity and amassed billions of views. The content of these videos ranges from influencers casually sharing their daily meals to detailed, hour-by-hour breakdowns of everything they consume, often accompanied by calorie counts and macronutrient information. While these videos are generally posted with good intentions, the reality is that creators may inadvertently promote disordered eating and reinforce harmful diet culture via what they post. It must be acknowledged that the mental health implications and potential risks associated with this trend may outweigh the limited benefits that appear to drive its popularity.

The creators who make these WIEIAD videos range from smaller fitness and wellness influencers to celebrities with millions of followers. The most concerning of these videos are those that promote "clean" eating habits, minimalist meals, and calorie- or macro-counting. While some viewers may find these videos motivating and educational, the fear is that some may begin to compare their own eating habits to those of the creators or celebrities they aspire to be like, which in turn may lead to feelings of inadequacy and body dissatisfaction.

These concerns of individuals comparing their eating and dietary habits to those seen on social media are not unfounded. Research has shown that exposure to such content can exacerbate body image concerns and contribute to the development of disordered eating patterns. One study found that short-form WIEIAD videos viewed on platforms such as TikTok led to the maintenance of disordered eating urges, including binge-eating, vomiting, and excessive exercise, especially among adolescents. Moreover, the study showed that participants exposed to WIEIAD videos experienced greater body-related envy and increased intentions to diet relative to the control group (Davis et al., 2025).

These findings highlight the pivotal role influencers play in shaping their viewers' perceptions of food and body image, whether they are conscious of it or not. Often, when influencers share their eating habits, they present a carefully curated version of their diet that aligns with the "aesthetic" their viewers expect from them. In her article *I'm an Influencer, and I Think Social Media Is Toxic*, Lydia Keating reflects on the increasingly "fictional" nature of content portrayed on social media. She notes, "I don't browse these platforms expecting to be deceived, and yet I am deceived constantly. The imaginary and fantastical are presented as reality. This feels quite dangerous." Her observation highlights how easily curated content can be mistaken for authenticity. When these creators begin to omit certain aspects of their life, and in particular their diet, the viewer's perception of the creators' real relationship with food can become skewed.

FROM TREND TO TRIGGER: HOW TIKTOK'S 'WHAT I EAT IN A DAY' TREND MIGHT ENCOURAGE DISORDERED EATING BEHAVIORS
By Sydney Camp

This selective sharing can create unrealistic standards, leading followers to believe that replicating these eating habits will yield similar results.

Furthermore, many influencers monetize their content by promoting specific diets, supplements, or lifestyle products. Research on "blurred-boundary advertisements" demonstrates that when influencers embed sponsored content within what appears to be authentic personal sharing, consumers struggle to distinguish advertising from real experience, which can ultimately diminish trust in influencers and the brands they work with (Zhang, Liu, & Bi, 2022). This commercialization can blur the lines between genuine advice and promotional content, which makes it challenging for viewers to discern what the influencer is doing to be healthy versus what is just another form of marketing.

It is now a well-known fact that TikTok's algorithm boosts content with high audience engagement, which often leads to the promotion of videos that align with popular trends. As a result, since WIEIAD videos are trending on social media, viewers may be repeatedly exposed to them. This frequent exposure to these videos can lead to increased pressure to conform to certain eating habits. Further, this constant exposure can lead to a distorted perception of normal eating behaviors and may exacerbate disordered eating tendencies (Dane & Bhatia, 2023).

To begin to lessen the harm caused by the WIEIAD trend, it is essential to urge influencers to create a more realistic, balanced approach to sharing food-related content. If creators are going to continue to share their eating habits, they must be encouraged to share a more expansive picture of their eating patterns. This can be as simple as including moments of dietary flexibility or posting less "aesthetic" and more realistic eating-related content. Research has shown that exposure to more diverse and authentic representations in the media can immediately improve an individual's body image and reduce harmful social comparison (Jiménez-García et al., 2025). This provides evidence that showing these more authentic moments can help normalize the natural variation in eating behaviors and reduce the pressure to maintain a "perfect" diet. Further, influencers should be encouraged to promote content that emphasizes intuitive eating, body positivity, and mental well-being, as these are paramount in demonstrating to impressionable audiences that one's health should be prioritized over aesthetic goals.

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FROM TREND TO TRIGGER: HOW TIKTOK'S 'WHAT I EAT IN A DAY' TREND MIGHT ENCOURAGE DISORDERED EATING BEHAVIORS
By Sydney Camp

While WIEIAD videos have previously been viewed as a way to offer meal inspiration, gain insight into different dietary habits, and educate on how to structure one's eating habits, it is now crucial to shift attention to the potentially harmful effects this trend has on viewers' self-perception and their relationship with food. It is only by promoting diverse, authentic, and holistic health-focused content that we can create a social media climate that supports positive body image and healthy relationships with food.

Resources

National Association of Anorexia Nervosa and Associated Disorders: https://anad.org/
National Eating Disorders Association: https://www.nationaleatingdisorders.org/

MOVIES & FILMS BUILDING EMPATHY AND UNDERSTANDING
By Dina Alhassani

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Emotional & Trauma Focused:
- Inside Out (2015)(Emotion Regulation and Coping with Loss)
- The Perks of Being a Wallflower (2012)(Depression,Trauma, and Suicidality)
- Silver Linings Playbook (2012)(PTSD and BPD Themes)
- Ordinary People(1980)(Depression, Grief, and Therapy)
- Melancholia (2011)(Depression)

Serious Mental Illness, Addiction, and Mood Disorders:
- Welcome to Me (2015)(Borderline Personality Disorder)
- Infinitely Polar Bear (2015)(Bipolar Disorder)
- It's Kind of a Funny Story (2010)(Depression/Bipolar Disorder)
- A Beautiful Mind (2001)(Schizophrenia)
- Canvas (2006)(Schizophrenia and Family Impact)
- Words on Bathroom Walls (2020)(Schizophrenia)
- Lars & the Real Girl (2007)(Delusional Disorder and Community Support)
- The Soloist (2009)(Schizophrenia and Homelessness)
- A Beautiful Boy (2018)(Addiction and Family Impact)
- Being Charlie (2015)(Addiction and Recovery)

Grief, Suicide & Prevention:
- The Skeleton Twins (2014)(Suicide and Prevention)
- All of Us Strangers (2023)(Depression and Grief)

Neuropsychological
- Still Alice (2014)(Alzheimer's and Family Grief)

Psychoanalysis & Family Dynamics, and Therapy:
- A Dangerous Method (2011)(Freud, Jung, and Psychoanalytic Theory)
- Good Will Hunting (1997)(Therapy, Trauma and Healing Relationships)
- Little Miss Sunshine (2006)(Family Dysfunction, Depression, and Resilience)

Advocacy/Documentary:
- The Anonymous People (2013)(Addiction Recovery and Advocacy)

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SHORT SUMMARY & SONG SYNOPSIS OF DEAR EVAN HANSEN
By Dina Alhassani

Art is one of the most powerful tools for emotional understanding that transcends cultures and languages. Art is a robust connector across forms and media, and it has become an increasingly powerful tool for mental health advocacy, reducing stigma, building empathy, facilitating healing, fostering self-awareness, and creating universal bridges for understanding and support. An example of art used for mental health advocacy, awareness, and stigma reduction is the Broadway musical *Dear Evan Hansen*.

Dear Evan Hansen is a Tony Award-winning musical, subsequent film, and popular novel. The musical created by Steven Levenson (Playwright) and Benj Pasek & Justin Paul (Composers-Music & Lyrics) stars Ben Platt as the title character, Evan Hansen (Russo, 2022). Evan Hansen is a high school senior with severe social anxiety who gets caught in a lie after a classmate's death by suicide, leading to unexpected fame and complicated relationships with the classmate's family. After pretending to have been friends with the classmate who died by suicide, his lie goes viral, bringing him acceptance but also spiraling into complex moral challenges that force him to confront truth, grief, and the desperate need for connection in the digital age (Russo, 2022).

Throughout the story, songs guide Evan's journey from social anxiety and a desperate desire to belong, through a web of lies that attract attention, to the painful but necessary confrontation with the truth and self-acceptance (Russo, 2022). Each song highlights a different aspect of mental health, suicide awareness, grief, and suicide loss. Although it lightly explores these themes and critics do argue that characters could have been further developed, the songs hold significant meaning and offer a way to spread mental health awareness and discuss suicide through a musical format that might be more accessible for people less familiar with the topic, allowing them to learn something in the process.

SHORT SUMMARY & SONG SYNOPSIS OF DEAR EVAN HANSEN
By Dina Alhassani

Song Themes in Three Words:

"Anybody Have a Map?" → Uncertainty • Parenthood • The Unknown
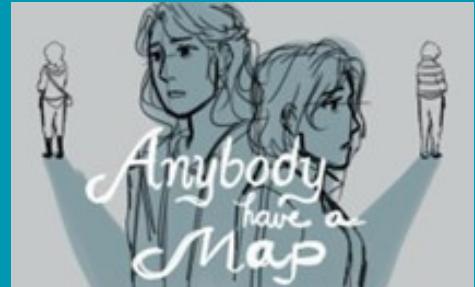
"Waving Through a Window" → Isolation • Invisibility • Anxiety
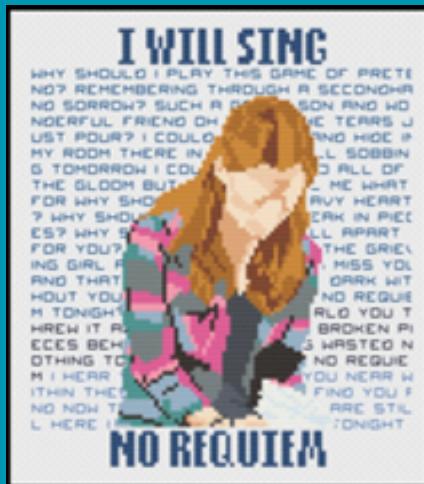
"Requiem" → Grief • Complexity • Coping Styles
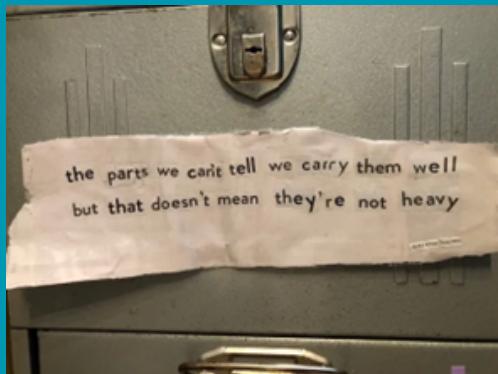
"The Anonymous Ones" → Unseen • Awareness • Facade

SHORT SUMMARY & SONG SYNOPSIS OF DEAR EVAN HANSEN
By Dina Alhassani

Song Themes in Three Words:

"Disappear" → Worth • Memory • Validation

NO ONE DESERVES TO BE FORGOTTEN
NO ONE DESERVES TO FADE AWAY
NO ONE SHOULD COME AND GO
AND HAVE NO ONE KNOW
HE WAS EVER EVEN HERE
NO ONE DESERVES
TO DISAPPEAR
TO DISAPPEAR
DISAPPEAR

"You Will Be Found" → Hope • Community • Belonging

EVEN WHEN THE dark comes CRASHING THROUGH when you need a FRIEND TO CARRY YOU when you're BROKEN on the ground you will be found

i'd rather pretend i'm something better
than these broken parts
pretend i'm something other
than this mess that i am

©favoritelittlelyrics.tumblr.com
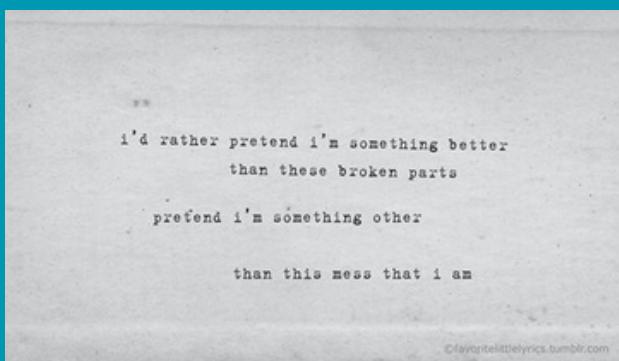
"Word's Fail" → Recognition • Honesty • Healing

"So Big/So Small" → Support • Empathy • Resilience

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DESTIGMATIZING MENTAL HEALTH THROUGH LANGUAGE
By Reagan Colavita, B.M., Tanushka Dewan, B.S., Charlotte Jannach, B.S

In recent years, as we have seen the rise of mental health awareness, we have also observed an emerging age of self-diagnosis and trivialization of mental health terminology in conditions such as obsessive-compulsive disorder (OCD), depression, and suicidal ideation across media platforms. Casualizing this language impacts our society by desensitizing the severity of mental health conditions, increasing the stigma surrounding mental health struggles, providing barriers to care, and creating confusion discerning exaggeration from real distress. Beyond its impact on mental health stigma, this can delay help for those who need crucial resources and support. It is imperative that people feel safe and comfortable to approach mental healthcare providers for evaluation and treatment. Real change takes root through education and destigmatization; both are dependent on the language that we choose when we talk about mental health.

Suicide is one example of a serious mental health-related issue that is often trivialized in conversation. According to the Centers for Disease Control (CDC), suicide is one of the leading causes of death in the United States with approximately 49,000 lives lost and over 1.5 million suicide attempts in 2023 alone (CDC, 2025). Unfortunately, these numbers seem to be increasing with older males at the highest risk. Even as the suicide rates rise, society continues to misuse suicide-related language without reflecting on the greater impact. Casualizing suicide-related language reduces the severity of mental health, increases the surrounding stigma, and creates confusion discerning exaggeration from true distress.

One major factor that has contributed to the increasing usage of suicidal-related language is the boom of social media. Platforms such as Facebook, Instagram, and Snapchat have changed the way younger generations communicate. This has changed the meaning of phrases such as "I'm going to kill myself" or "kill me" from statements rightly evoking concern to more casual expressions of stress and frustration (Ali et al., 2024). The constant exposure to these phrases through social media weakens the seriousness of a suicidal crisis, and as additional posts are made, this vocabulary becomes incorporated into the common language. Even our casual conversations reflect how we have internalized this trivialization. Consider how frequently phrases like this are embedded when experiencing your own frustrating daily experiences such as missing a green light while running late for work or watching your beloved college football team lose a game. Instead of indicating a genuine cry for help, suicidal phrases like this have become increasingly popular in today's culture to express emotions of anger, stress, or sarcasm without true indication of suicidal intent.

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While many people who use this language view it as harmless exaggeration, it can have detrimental effects on society and those who have experienced mental health struggles. One case study, about a patient who had attempted suicide, cited the widespread use of suicide-related language as a reason the patient delayed seeking help, believing these thoughts were normal (Gill, 2025). According to Gill (2025) the patient stated hearing the suicide-related language after the attempt caused triggering episodes leading to emotional setbacks. The perceived normalization of dangerous thoughts that can delay treatment may lead to higher rates of suicide, and the normalization of this language may trigger a cascade of distress and potential repeat attempts. For this reason, we as a society need to be careful with our word choices and only use suicidal language when we have those genuine thoughts instead of using it as a way to express exaggeration because of the detrimental consequences to others.

Another misunderstood and commonly misused mental health condition is OCD. The Cleveland Clinic defines OCD as "a mental health condition in which you have frequent unwanted thoughts that cause you to perform repetitive behaviors" (Cleveland Clinic, 2022). Over eight million adults in the United States are living with OCD, a lifetime prevalence of 1 in 40 adults (International OCD Foundation, n.d.). OCD has many misconceptions and has long been trivialized in popular media. For example, in Khloé Kardashian's "Khlo-CD" YouTube series, which frames cleaning and organization as "OCD" (Richter, 2017). People are often quick to say "I'm so OCD" when referring to personal preference rather than a clinical disorder. Although often unintentional, the impact of such language is well documented.

One content analysis conducted by three mental health counselors examined how OCD is portrayed on TikTok. The authors analyzed 50 videos tagged "#OCD" (Spencer et al., 2022). They identified two themes: minimizing OCD symptoms and accurately depicting OCD, as well as three subthemes. Twenty-eight videos (56%) minimized OCD, including 10 equating OCD with cleanliness or organization. This study further demonstrated the extent of misinformation on social media and shows that although inaccurate portrayals are common, the platform also provides opportunities for education.

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Another study examined the portrayal of OCD in movies and television. Using the International Movie Database (IMDb) to identify media containing "obsessive compulsive disorder," the authors analyzed characters, including Adrian Monk, from the television show Monk who are often depicted humorously or stereotypically (Pavelko & Myrick, 2015). Using the Yale–Brown Obsessive Compulsive Scale as a framework and interviewing individuals with OCD, their loved ones, and therapists, they found that media tends to highlight visible compulsions like cleaning while ignoring distressing intrusive thoughts and rituals. These studies illuminate the prevalence of misusing OCD in media, contributing directly to stigma and decreasing help-seeking in struggling individuals.

Misrepresentation can also affect whether individuals disclose their diagnosis. A 2021 qualitative study examined adults with OCD and how they decide when or whether to disclose (Werner, 2021). Participants reported that media portrayals significantly influenced disclosure decisions. Some disclosed with the intention to correct misinformation; others avoided disclosure due to fear of belittlement or jokes centered on stereotypical "cleanliness" traits.

Across studies, OCD misconceptions appear deeply embedded in media portrayals, which often trivialize or distort the disorder. These portrayals encourage a culture that emphasizes benign stereotypes while overlooking the serious distress caused by intrusive thoughts and compulsions. Improving societal understanding is necessary to reduce stigma and support individuals seeking evaluation and treatment, especially for those in mental health professions, who play a critical role in this process.

A further instance of inaccurate mental-health terminology appears in the misuse of the term depression, frequently used to describe brief low moods instead of a diagnosable condition (Mental Health Foundation, 2023). A notable example from popular media comes from Tom Brady, who described himself as "depressed for a month" after a Super Bowl loss. Since this use of the word is intended to reflect disappointment rather than a clinical mental-health condition, this inappropriate use of the term can have detrimental consequences on the community that Tom Brady influences, reinforcing misunderstandings about what depression truly entails (Stollznow, 2023). This kind of casual phrasing illustrates how the term depression is often misapplied to temporary emotional states, reinforcing public misunderstanding of the disorder.

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It has been normalized to hear someone say "I'm so depressed" after a bad day or "that's depressing" to describe an upsetting situation. However, using the word "depressed" in this manner blurs the line between everyday sadness and clinical major depressive disorder. Language experts point out that this casual usage dilutes how serious conditions such as depression are, making them sound interchangeable with low moods (Doman, n.d.).When someone throws around "I'm depressed" lightly, it not only misrepresents what it means to live with depression, but it may reinforce the idea that depression is simply "feeling sad," which is misleading.

Beyond the misuse of depression terminology, this causes a ripple effect. Those who actually have depression may feel unseen or invalidated when their experience is treated as ordinary (Artemis Hospitals, 2023). One article argues that casual phrases like "I'm so depressed because my TV show ended" contribute to a wider pattern of "therapy-speak" or mental-health jargon used without full understanding (Stollznow, 2023). Worse yet, the misuse of these labels may discourage people from recognizing genuine symptoms in themselves. If "depression" is used to describe a rough afternoon, how do you know when it's something more serious? Experts emphasize that language matters not just for sounding respectful, but shaping how people view and support their own experiences (Doman, n.d.). Generally, when we use mental-health terms loosely, we risk watering down both the struggles of those who need help and the path to seeking help (MHFA, 2023). It's worth pausing before saying "I'm depressed" if what we mean is "I'm really bummed out."

Trivializing language surrounding mental health conditions desensitizes ourselves and those around us to genuine mental health concerns. This ultimately may prevent someone from seeking the care that they need. As future healthcare providers, we have a particularly crucial responsibility to educate ourselves and others not only on the pathophysiology and treatment approaches for these conditions to offer optimal care, but also on the impact of how we talk about these topics in our everyday lives.

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Mental Health First Aid (2022) highlights some shifts in language to person-first descriptions that can further destigmatization. For example, instead of "committed suicide," a phrase with undertones of illegality or blame, they encourage the use of "died by" or "lost to" suicide. For an individual describing their preferences for orderliness or cleanliness, they might use one of those descriptors in lieu of "I'm so OCD." If someone is communicating their low mood, instead of stating they are "depressed," they should consider alternative, more accurate language such as "sad" or "bummed out." Though these changes may appear subtle, their impact is far from it.

We must do better as future health professionals entrusted with vulnerable aspects of care such as mental health. Though misunderstanding and trivialization have been normalized across media platforms, we have the unique opportunity to take a step toward destigmatization and better understanding of people's experiences, beginning with the language we use.

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RESOURCES

Center for Student Counseling and Well-Being
954-424-6911 (available 24/7)
www.nova.edu/healthcare/stude
ntservices/student-
counseling.html

NSU Wellness (mental health services for NSU employees)
1-877-398-5816; TTY: 800-338-
2039
www.nova.edu/hr/index.html

NSU Public Safety
(954) 262-8999

NATIONAL RESOURCES:

National Suicide Prevention Lifeline
1-800-273-TALK (8255) or 1-800-
SUICIDE
www.suicidepreventionlifeline.orG
Veterans: Press "1" or Text
838255 Chat:
www.suicidepreventionlifeline.or
g/chat TTY: 1-800-799-4889

Crisis Text Line
 Text HOME' to 741741 or visit
www.crisistextline.org

Substance Abuse and Mental Health Services
Administration (SAMHSA)
Treatment Locators
www.samhsa.gov/find-help

The Jed Foundation (JED)
www.jedfoundation.org

Suicide Prevention Resource Center
www.sprc.org

Suicide Awareness Voices of Education
www.save.org

The Depression Center
www.depressioncenter.net

THe Steve Fund
https://stevefund.org/

Yellow Ribbon International
www.yellowribbon.org

Black Emotional and Mental Health
Collective (BEAM):
https://beam.community/

Black Mental Health Alliance:
https://blackmentalhealth.com/

Black Men Heal
https://blackmenheal.org/

Therapy for Black Girls:
https://therapyforblackgirls.com/

Black Mental Wellness
https://www.blackmentalwellness.
com/

Broward 2-1-1 Help Line
2-1-1 or 954-537-0211 211-
broward.org Chat:
https://secure5.revation.com/211F
irstCallforHe lp/contact.html

RESOURCES

Palm Beach 2-1-1 Help Line
2-1-1 or 561-383-1111 or
211Palmbeach.org

Jewish Community Services of South Florida
305-358-HELP (4357); 305-644-9449 (TTY)
www.jcsfl.org/programs/contact-center/

Mobile Crisis Response Teams [for on-site crisis assessment]
Broward (Henderson): 954-463-0911
Palm Beach: North: 561-383-5777
South: 561-637-2102
Miami-Dade (Miami Behavioral): 305-774-3627

The Forever Frosty Foundation
https://www.foreverfrosty.org

Lock-It Up! initiative [League of Women Voters Broward County]
https://www.lwvbroward.org/content.aspxpage_id=22&club_id=869563&module_id=4 53932
Free cable gun locks can be requested by email and at: gunsafety@lwvbroward.org

Speak on Suicide
https://speakonsuicide.com/

WARM LINE
Non-crisis Telephone SUPPORT service open to any person seeking a caring and supportive listener.
Phone #:(954) 578-5640
Hours: M–F, 6pm–10pm (ET)
Website: seth@mhasefl.org

Florida Initiative for Suicide Prevention
www.fisponline.org

Florida Department of Children and Families: Suicide Prevention
www.myflfamilies.com/service-programs/mentalhealth/suicide-prevention

Visit PsychologyToday to view a directory of Black mental health providers in Florida:
https://www.psychologytoday.com/us/therapists/florid a?
category=african-american