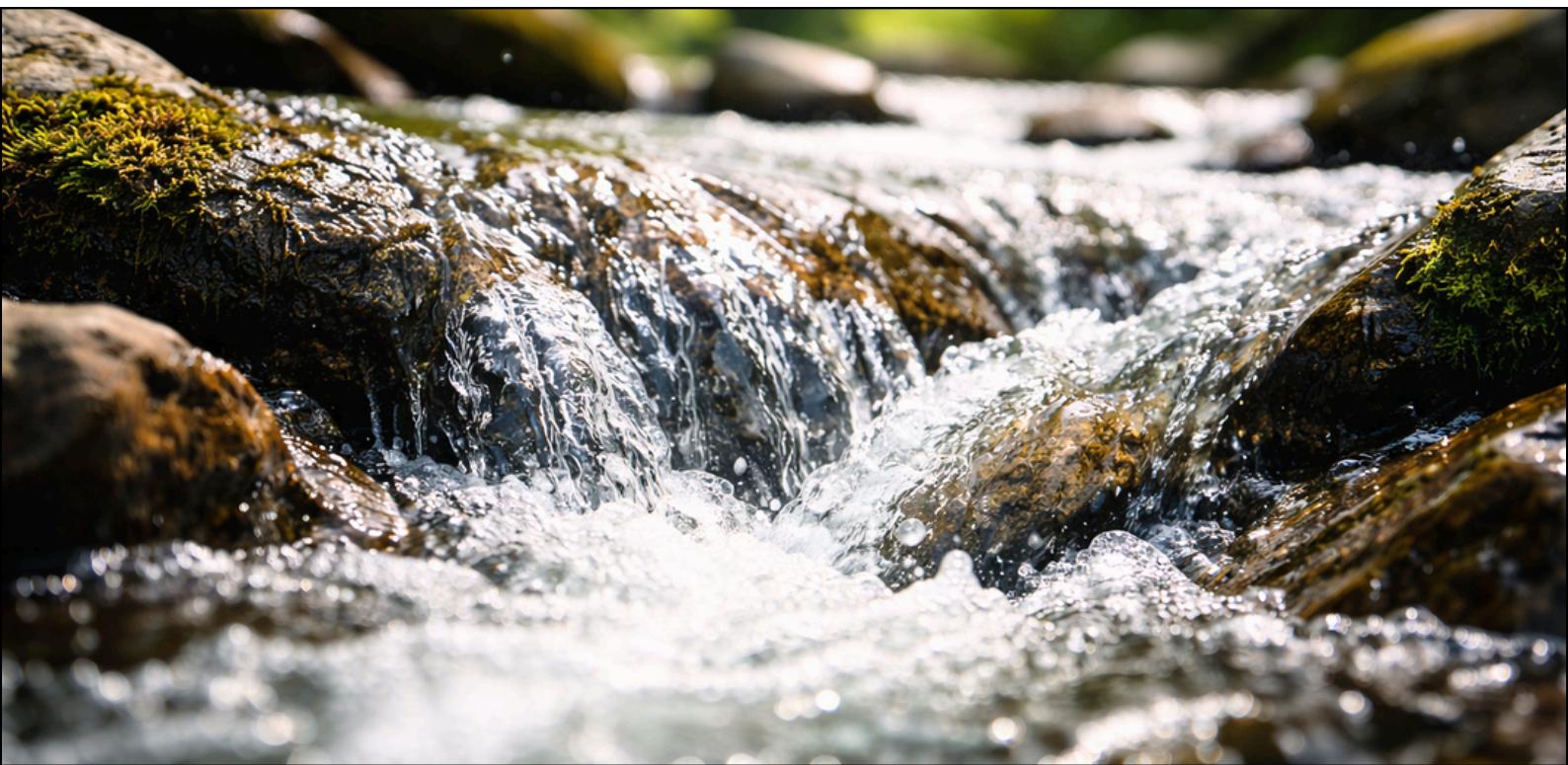


Mental Health Equity, Media, & Narrative Power: WHY STORIES ARE An Upstream Determinant of Well-Being



Mental health does not begin in a therapist's office, nor does it exist only inside individual minds. **Mental health is shaped long before a crisis appears**—by the conditions in which people live, learn, connect, and see themselves reflected in the world.

To advance mental health equity, we must look upstream at the forces that shape stress, belonging, and opportunity. One of the most powerful—and often overlooked—of these forces is media.

What Does "Upstream" Mean?

Public health uses the term **upstream determinants of well-being** to describe the root conditions that shape mental and physical health *before* individual behaviors or clinical needs emerge.

These include factors like **education, housing, economic stability, racism, community safety**, and increasingly, the media and narrative environments people are exposed to every day.

Instead of asking, "**Why is this person struggling?**" upstream thinking asks: "**What conditions made this struggle more likely in the first place?**"

An **upstream determinant of well-being** is something in your life or environment that affects how you feel **before** you even realize it.

If life were a river, upstream is **where the water starts flowing**. What happens upstream affects everything downstream.

Mental health is shaped by the conditions in which people are born, grow, live, work, and learn. Increasingly, those conditions are mediated by images—by the stories circulated **through film, television, news, advertising, and social media**.

To advance mental health equity, we must therefore **examine media** not only as culture, but as an **upstream determinant of health**.

Upstream Determinants of Well-Being:

Things like:

- Whether you feel **seen** or **invisible** in media
- Whether people who look like you are shown **positively** or **negatively**
- Whether social media makes you feel **connected** or **compared**
- Whether stories make you feel **hopeful** or constantly **stressed**

At the community level, these **narratives shape public attitudes** and **institutional responses**, influencing how resources are allocated and **whose needs are taken seriously**.



Research shows that **persistent misrepresentation** and invisibility are associated with lower self-esteem, heightened anxiety, and diminished sense of belonging.

At the community level, **harmful narratives influence public attitudes and policy decisions**, shaping which groups receive empathy, protection, and resources. In this way, media narratives function as **upstream drivers of mental health outcomes**

These experiences shape confidence, stress, and belonging long before anyone labels them as "mental health issues."

Mental health equity means that everyone has a fair and just opportunity to achieve optimal mental well-being.

This requires **addressing structural drivers** that shape exposure to stress, belonging, safety, and opportunity.

Narrative Power and Structural Racism

Structural racism operates not only through institutions and policies, but through **stories**. Media has historically framed inequities as **individual failures** rather than the result of **systemic conditions**.

Narratives that **pathologize communities while ignoring root causes**—such as under-resourced schools, environmental stressors, or economic exclusion—**shift responsibility away from systems and onto individuals**.

This narrative environment contributes to psychological harm by normalizing inequity and **limiting the range of stories considered valid or valuable**.

Mental health equity requires changing this environment—moving from deficit-based narratives to stories that contextualize **lived experience and affirm dignity**.



Why Media Matters Upstream

Media narratives operate as upstream forces that shape downstream mental health outcomes.

Narrative power and structural racism operate not only through institutions and policies, but through **stories**.

When media stories repeatedly **frame barriers as personal shortcomings** rather than the result of historical and institutional conditions, they normalize inequity, increase stress, and limit collective responsibility for change.

Narratives that **pathologize communities while ignoring root causes**—such as under-resourced schools, environmental stressors, or economic exclusion—**shift responsibility away from systems** and onto individuals.

Structural racism operates through narrative environments that **obscure systemic drivers of inequity**, reinforcing stress and unequal exposure to harm across communities.

Narrative power influences who gets blamed and who gets supported. When **systems are hidden**, and individuals are spotlighted, inequity feels personal instead of structural.

Reclaiming Stories as an Upstream Intervention

Mental health equity is not achieved solely through treatment—it is **built through conditions that support well-being**.

By transforming how stories are told, who tells them, and how they are understood, we address an upstream determinant of health.

When people—especially young people—understand how media works and how to use it intentionally, they **reclaim narrative power**.

And when communities reclaim narrative power, they **create the conditions** to thrive.

Film Media Literacy Education is a **research-to-action approach** that addresses these upstream conditions.

It shifts young people from **passive consumption** to **active creation**, challenging dominant narratives and contributing to collective healing.

By teaching people—especially young people—how images shape perception and emotion, **Film Media Literacy Education** reduces vulnerability to manipulation, stigma, and misinformation and makes the invisible, visible.

It supports agency, self-efficacy, and critical consciousness, all of which are **protective factors for mental health**.