

THE PORTRAYAL OF SUICIDE AND MENTAL ILLNESS: A PROVINCE-WIDE SURVEY OF NOVA SCOTIA

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ABSTRACT

This study tested the feasibility of a surveillance system of the media's portrayal of suicide and mental illness in Nova Scotia. The general public was asked to monitor nonfiction media in the province using standardized checklists over 6 months. The checklists were available on the World Wide Web and various locations in the community, and participants could identify either appropriate or inappropriate coverage. The researchers received 414 submissions covering 366 media items (304 on mental illness and 62 on suicide) during the 6-month survey: 311 from print media and 55 from radio and television. Ratings showed good agreement. On most dimensions, the majority of media items were of good quality. However, details about getting appropriate help were included in only 8.5% of media reports. Items covering suicide were 3.5 times as likely to contain inappropriate content as those on mental illness (95% $CI = 1.5-8.0$). These results are guiding the development of media guidelines in Nova Scotia. The study also showed that the present methodology can be used to monitor any subsequent effect on the portrayal of mental illness and suicide in the media.

Most studies suggest that the media's depiction of both mental illness and suicide is largely inappropriate, inaccurate, and unhelpful (Allen & Nairn, 1997; Angermeyer & Matschinger, 1996; Australia Department of Health and Aged Care, 1999; Australia Department of Health and Ageing, 2002; Coverdale, Nairn, & Claasen, 2002; Day & Page, 1986; Francis, Pirkis, Dunt, & Warwick Blood, 2001; Matas, el-Guebaly, Harper, Green, & Peterkin, 1986; Nairn, 1999; Pirkis & Warwick Blood, 2001; Steadman & Coccozza, 1977; Thornton & Wahl, 1996; Wilson, Nairn, Coverdale, & Panapa, 1999). However, depiction can also be appropriate, with evidence of improvement over time, especially with respect to mental illness. Two recent studies of nonfiction media found that most items were of good quality; the only failing was the absence of information on appropriate services (Francis et al., 2004; Stuart, 2003).

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International research has shown that the reporting of suicide can have an impact on vulnerable people (Australia Department of Health and Ageing, 2004). Associations with “copycat” attempts have been noted with front-page coverage of celebrity suicides, and when particular methods such as burning or antifreeze poisoning have been highlighted. By contrast, responsible reporting can reduce suicide rates by emphasizing the waste and avoidable loss, as well as the effect on others. Avoidance of reporting certain methods, such as subway suicides, can also lead to a reduction of attempts in these locations (Australia Department of Health and Ageing, 2004).

Although the media’s reporting on mental illness has become more appropriate over time, issues remain. Inappropriate reporting of mental illnesses leads to inappropriate beliefs in the community about these conditions, and the presentation of positive images does not appear to balance the inappropriate portrayals. A German survey showed that the media was the most important source of information about mental illness, and that negative media reports were more commonly recalled than positive reports (Australia Department of Health and Ageing, 2004). In Britain, 75% of people receiving mental health services felt that media coverage was “unfair, unbalanced or very negative,” while 50% believed media portrayal of mental health issues had “a negative effect on their mental health” (Ferriman, 2000, p. 522).

Methodological problems with previous research include the representativeness of the samples, retrospective collection of data, and the use of secondary data rather than the researchers’ own evaluations (Coverdale et al., 2002). Few studies have used standardized instruments with explicit criteria, or considered more than one form of media (Pirkis & Warwick Blood, 2001; Stuart, 2003). These differences make it difficult to compare studies (Australia Department of Health and Ageing, 2002; Pirkis & Warwick Blood, 2001; Stuart, 2003). Most studies have looked for inappropriate reporting, and may not have paid sufficient attention to helpful or appropriate items. Finally, published reports have been concerned with discrete research projects rather than with a surveillance system that was sustainable over several years.

There has been only one study in Canada on the reporting of mental illness in the last 15 years, and it was restricted to a single newspaper in Calgary (Stuart, 2003). Although there have been studies on the effect of reporting on suicide, there has been little in the way of systematic collection of the extent, type, and quality of reporting on the issue (Pirkis & Warwick Blood, 2001). The only Canadian studies to examine the media portrayal of suicide were conducted 20 years ago (Pirkis & Warwick Blood, 2001): one was a survey of editors’ policies on the portrayal of suicide that showed that a story was most likely to be printed if it involved a prominent person, a public place, or an unusual method (Pell & Watters, 1982); the other compared the frequency of suicide reports in Toronto newspapers before and after suicides in “epidemic” and “non-epidemic” suicide years (Littmann, 1985). Neither study specifically examined the actual content of the news items.

Given these limitations, our objective was to test a surveillance methodology which could be used to measure both positive and inappropriate reporting on suicide and mental illness in a wide range of media, and across an entire jurisdiction. We also wished to identify any specific areas that should be the focus of locally developed guidelines. We undertook this work in collaboration with the Prevention, Advocacy, Promotion and Anti-Discrimination (PAPA) Network of the Nova Scotia Department

of Health. PAPA consists of representatives of the Department of Health, District Health Authorities, voluntary sector, and academia, as well as people who have had mental illness and their families. Membership was determined by the Department of Health in consultation with the other groups represented on the network. One member is a journalist who has also had a mental illness. Another journalist declined to participate following consultation with that person's editor. The network also has access to the expertise of the communications section within the provincial Department of Health.

We undertook a 6-month survey to monitor all nonfictional media items (newspaper, radio, and television) that referred to suicide, mental health and illness, using structured checklists. The checklists were completed by members of the general public, including people with psychiatric illness, their families, and caregivers. The project was jointly sponsored by the Nova Scotia Department of Health and the provincial office of the Canadian Mental Health Association.

Testing the feasibility of such a surveillance system formed part of an initiative to develop and disseminate guidelines for the portrayal of suicide and mental illness in collaboration with the media. By *surveillance* we mean ongoing scrutiny generally using methods distinguished by practicality, uniformity, and rapidity, rather than by complete accuracy. The main purpose was to detect changes in trends (Last, 1988). We also intended to use the results to identify any specific areas that should be addressed by locally developed guidelines, and we focused on provincial rather than national media as the literature suggests that the former are easier to influence at a local level (Stuart, 2003). If such a surveillance system were successful, it could then be used to track changes after the guidelines were implemented. This approach would have several advantages. The use of media monitors was too costly to be sustained over the 3 to 5 years of the media strategy. Furthermore, involvement of people who have had mental illness, and their families, can help foster a sense of collective empowerment in addressing a tangible example of discrimination in society. Finally, the study could include coverage of community newspapers and radio, in addition to province-wide media.

In terms of expected numbers, a contract between the Department of Health and a media-monitoring agency indicated that approximately 300 articles might be collected over a 6-month period from the six daily newspapers in Nova Scotia. This estimate did not include radio or television.

METHOD

The survey was open to all residents of Nova Scotia using two standardized checklists or forms available on the World Wide Web and in various community locations; one checklist covered suicide, the other mental illness. These forms were also distributed through the Canadian Mental Health Association and the Schizophrenia Society of Nova Scotia. Participants were asked to use the relevant checklist to indicate how the media reported on issues relating to mental illness and suicide (Appendix 1 and 2). Both forms were derived from previous research in Australia, particularly *Achieving the Balance*, a resource kit for media professionals developed as part of Australia's National Mental Health Strategy (Department of Health and Aged Care, 1999). Since 2000, the Australian work has been overseen by the National Media and Mental Health Group, which provides advice about appropriate initiatives and methods to encourage the media to report and portray suicide and mental illnesses in

ways that are least likely to cause harm, induce copycat behaviour, or contribute to the stigma experienced by people who have a mental illness. *Achieving the Balance* was recently updated following a literature review on the reporting of suicide and mental illness, and a 12-month evaluation of Australian media (Department of Health and Ageing, 2004). The media, mental health organizations, and people with mental illness provided input, and the materials were tested by media professionals. We used Australian materials, as the only relevant Canadian publication was the *Canadian Press Stylebook*, which makes only passing reference to these topics (Tasko, 2004).

The ratings in this study were based on criteria outlined in *Achieving the Balance*. Each dimension was phrased as a question, to which participants were asked to respond "yes" or "no" (Appendix 1 and 2). All nonfiction items were admissible: news items, editorials, opinion pieces, reports on research or mental health services. One question that was common to both forms was whether the media item contained information on how to get help for suicidal ideation or mental illness. The other eight questions each on mental illness and suicide covered headlines, location, content, and privacy. The forms provided a lay description of each item, and examples of appropriate and inappropriate language. Data were collected over a 6-month period from April to September 2004. Forms were submitted to the provincial office of the Canadian Mental Health Association (CMHA).

The survey was publicized through district health authorities, nongovernmental organizations, and day centres via newsletters, posters, and web sites. To improve participation rates, each entry was eligible for a cash prize if accompanied by contact details: a first prize of \$1,000 and two second prizes of \$500 each. Members of PAPA and employees or officers of the CMHA were not entered into the draw. Participants could identify both appropriate and inappropriate portrayals, and give details of where and when the item appeared. Forms on print media had to be accompanied by a copy of the article. Participants' names were not included in the database given to the authors for analysis. CMHA retained the hard copies of the forms, although the authors were provided with copies of submitted newspaper articles.

In the Australian research on which this paper is based, three trained coders extracted data from each item and entered it into a purpose-designed database. To ensure consistency between coders, formal meetings were held to cross-check responses and clarify the use of definitions (Pirkis et al., 2001). Domains covered by the checklists also appeared to be valid. For instance, multivariate analyses suggested that items of good quality were significantly associated with descriptions of the causes, symptoms, and treatment of mental illness, or with descriptions of policies, programs, and research initiatives (Pirkis et al., 2001). Media reports on murder-suicides, mass suicides, and coroners' inquests that did not consider these issues were less likely to be of high quality (Pirkis et al., 2001). In the current study, we further assessed reliability in two ways. We checked inter-rater reliability of participants' ratings for any item when there was more than one entry. We also checked the consistency of coding by assessing the agreement between ratings for submissions that were accompanied by a copy of the newspaper article and ratings made independently by both authors.

Research ethics approval was not required as our survey was a quality assurance project, rather than research as defined by the Tri-Council Policy Statement (Tri-Council, 1998). The results were to

be used to inform health promotion within Nova Scotia. We did not use controls, blinding or randomization, and we did not involve humans as “research subjects” but as participants in a survey of information in the public domain and related to public policy (i.e., media coverage of mental illness and suicide). There was therefore no change in normal clinical care, and the project had a reasonable expectation of success.

RESULTS

Characteristics of Submissions

We received 414 submissions that covered 366 media items. Of these, 304 discussed mental illness, and 62 discussed suicide. Three hundred and eleven submissions came from print media, of which nearly 60% ($n = 184$) were published in the *Halifax Chronicle Herald*, the province’s main daily newspaper. Other papers made up much smaller proportions including the *Cape Breton Post* ($n = 19$), and the *Halifax Daily News* ($n = 18$). National publications such as *Maclean’s*, the *National Post*, and the *Globe and Mail* featured in only 22 entries. Only five items were from weekly publications. The remaining 55 of the 366 items were from radio and television, of which 60% were from radio ($n = 33$). Tables 1 and 2 show the distribution of results from print, radio and television for mental illness and suicide respectively.

We used intraclass correlation coefficients (ICC) to assess the agreement between submissions when two or more covered the same item, and between ratings for newspaper submissions by the participants and both authors (SK and JD). We had 415 ratings covering 130 media items for mental illness, and 136 ratings for 42 items on suicide. Ratings showed good agreement: the ICC for the mental illness ratings was 0.93 for respondents and researchers, while that for respondents alone was 0.90 ($p = .001$). The corresponding coefficients for suicide were 0.95 and 0.87 ($p = .001$).

Table 1
Results on Mental Illness by Type of Media

	Print media		Radio and television	
	$n = 258$	(%)	$n = 46$	(%)
Inaccurate headline	56	21.7	11	23.9
Inappropriate medical terms	54	20.9	6	13.0
Outdated language	106	41.4	16	34.8
Inappropriate stereotype	103	39.9	14	30.4
Emphasis on illness rather than person	54	20.9	7	15.2
All illnesses the same	38	14.8	2	4.3
Disclosure of illness	77	29.8	8	17.4
No information on help	15	5.8	7	15.2

Table 2
Results on Suicide by Type of Media

	Print media		Radio and television	
	<i>n</i> = 53	(%)	<i>n</i> = 9	(%)
Inappropriate language	29	54.7	3	33.3
Suicide in headline	26	49.1	4	44.4
Photograph of location	11	21.2	0	0.0
Discussion of method	25	47.2	1	11.1
Celebrity suicide	8	15.1	0	0.0
Social phenomenon only	20	37.7	0	0.0
Interview with the bereaved	14	26.4	3	33.3
No information on help	9	17.0	0	0.0

Portrayal of Mental Illness (*n* = 304)

Headlines. Less than one third of items had headlines that were inaccurate or inconsistent with the focus of the item, or that were unnecessarily dramatic or sensationalized (Table 3). These dramatic and sensational headlines used words such as “victim,” “disturbed,” and “afflicted;” or phrases like “demons of mental health problems,” “punished by the torment in her head,” “lived a schizophrenic existence,” “stress taking its toll,” and “woman needs a babysitter who isn’t psycho.”

More extreme examples of sensational and dramatic language were less common, but included “dangerous schizophrenic,” “wacko standoff,” “psychotic killers,” and “unstable madman.”

Language. Both *Achieving the Balance* and the *Canadian Press Stylebook* highlight the importance of using clear, accurate, and sensitive language when describing a person with a disease or illness. For example, the phrase “afflicted with” implies pain and suffering, which may not be accurate. Both publications also state that people should not be defined by their disorders (e.g., labelled as schizophrenics or manic-depressives). However, over 40% of the media reports used outdated or inappropriate language (Table 3). Examples included “cracked up,” “nut job,” “head case,” “basket case,” “dimwits,” “deranged,” “mad as a hatter,” and “drive me nuts.” A similar proportion reinforced stereotypes about mental illness with frequent references to violence, crime, and unpredictability. Some items also made generalizations about people with mental illnesses, such as saying that “panhandling was the preserve of the mentally ill.” Approximately 20% used medical terminology inappropriately, such as the use of the term “psychotic” to mean personality disorder. Almost 14% implied that mental illnesses were all the same, using undifferentiated terms such as “the mentally ill,” or emphasizing the illness rather than the person. Examples of the latter included labelling individuals by their diagnoses (e.g., “chronic schizophrenic”).

Privacy. The majority of items did not disclose that a particular individual had a mental illness (Table 3). Of the remaining 28%, it was difficult to determine whether the individual’s consent had been given: these items were often court reports.

Table 3
Questionnaire Items

Mental illness (<i>n</i> = 304)	Yes	Suicide (<i>n</i> = 62)	Yes
Headline, location and content			
Headline inaccurate or inconsistent with the item's focus?	22.0%	Use of the word "suicide" in the headline?	48.4%
Headline or content that is unnecessarily dramatic or sensationalized?	32.6%	Item inappropriately located (e.g., on the front page)?	30.6%
Medical terminology used inaccurately/not in the correct context?	19.7%	Any reference to celebrity suicide?	12.9%
Use of language that is outdated, negative or inappropriate?	40.1%	Inappropriate language (e.g., frequent use of the term "committed suicide" or that suicide was a desirable outcome)?	51.6%
Reinforcement of negative stereotypes about mental illness?	38.5%	Is a photograph, diagram or footage depicting the suicide scene, precise location, or method used with the item?	19.4%
Does the item emphasize the illness rather than the person?	20.1%	Is there a detailed discussion of the method used?	41.9%
Does the item imply that all mental illnesses are the same?	13.5%	Is suicide portrayed as "merely a social phenomenon" as opposed to being related to mental disorder?	32.3%
Privacy			
Disclosure of mental illness, identifying the person by name?	28.0%	Are the bereaved interviewed?	27.4%
Information on getting help			
Absent	92.3%	Absent	87.3%

Portrayal of Suicide (*n* = 62)

Headlines and location. *Achieving the Balance* suggests that giving prominence to suicide items through location of the piece or headlines may sensationalize and/or normalize the act for those who are vulnerable, and distress bereaved families. These concerns especially apply to celebrity suicides because of the danger of imitation through glamorizing suicide. Although fewer than 13% of the reports covered celebrity suicide, nearly 50% of the items used the word "suicide" in the headline. Reporting was more appropriate in other areas; fewer than one third of the items were on the front page of a newspaper or were presented as the leading report in a broadcast.

Language. The rating form gave several examples of appropriate and inappropriate language concerning suicide. About half of the items used inappropriate language (Table 3). Examples included the use of sensationalist terminology to describe the prevalence of suicide in a community, as in the headline “Premiers reminded of suicide epidemic.” Other inappropriate phrases included “Leading the way to death’s welcome door” and “Flurry of Guantanamo prisoners attempt suicide.”

Method of self-harm. *Achieving the Balance* suggests that specific discussion of the method should be avoided to avert the danger of imitation by vulnerable individuals. Forty-two percent of the media reports discussed the method used in the attempt, such as jumping from one of the harbour bridges in Halifax (e.g., “Police think activist jumped off bridge” and “Ending it all by jumping into Halifax Harbour”). The latter report was accompanied by photographs of the Macdonald Bridge and of someone thought to have committed suicide in this way (Lightstone, 2004). However, in general, only one fifth of the items depicted the suicide scene, or photographs of the deceased or family members without permission (Table 3).

Interviewing the bereaved. *Achieving the Balance* suggests the bereaved should be treated with sensitivity and their privacy respected, particularly as they are at heightened risk of suicide themselves. The *Canadian Press Stylebook* says that when the cause of death is suspected to be suicide, the wishes of the family should be respected. In spite of this, one quarter of items included interviews with the bereaved (Table 3), which may be an indication that these guidelines were not fully respected.

Overall Quality ($N = 366$)

For the combined sample of mental illness and suicide ratings ($N = 366$), we assessed overall quality in two ways: the presence of information on obtaining help, and the absence of any inappropriate content. Only 31 items (8.5%) included information on getting appropriate help. There were no significant differences in this proportion between items on mental illness and suicide (Table 3). One example of good practice was a prominent text-box in one feature article quoting the Canadian Mental Health Association’s advice on identifying those at risk of committing suicide (Lightstone, 2004).

Only 28% of items ($n = 101$) were free of any inappropriate content as defined by the checklists for suicide and mental illness. Items covering suicide were 3.5 times as likely to contain inappropriate content (55/62 or 89%) as those on mental illness (210/304 or 69%), and reached statistical significance (95% $CI = 1.5-8.0$). Print media were twice as likely to contain inappropriate content (232/311 or 75%) compared to radio and television (33/55 or 60%), which also reached statistical significance (95% $CI = 1.1-3.6$). This finding was largely explained by the fact that coverage by the Canadian Broadcasting Corporation, an electronic media source, was less than half as likely to have inappropriate content (23/42 or 55%) than other media (242/324 or 75%), a statistically significant result (95% $CI = 0.2-0.8$).

DISCUSSION

The media is an important source of information on both suicide and mental illness; reporting can have a direct impact on community attitudes toward mental illness and suicide attempts (Day & Page,

1986; Pirkis & Warwick Blood, 2001). Our study was therefore designed to examine, in a standardized way across a whole jurisdiction, how suicide and mental illness are portrayed in the media. The issues around appropriate media coverage are closely linked, such as the importance of providing information on where to get help, the use of appropriate language, and respect for the wishes and privacy of individuals and their families. Furthermore, the stigma possibly consequent on inappropriate reporting can be a barrier to individuals and their families getting the help they need for either suicidal ideation or mental illness. To our knowledge, this study is the first to consider mental illness and suicide together.

Limitations

This study has several limitations. Firstly, we do not know how representative our submissions were of media coverage during the period of the study. For example, most of the items were from newspapers, rather than television and radio. Our data were also heavily skewed to provincial as opposed to national media, but this imbalance may be less important for our purpose, which was to establish the feasibility of using the methodology to inform guidelines for provincial as opposed to national media. Furthermore, there is the possibility that our sample was biased toward more sensational articles that were more likely to attract attention.

Secondly, we relied on submissions from the public, a process likely subject to information and selection bias; we could check the inter-rater reliability of submissions only on print media, or where we had duplicate entries on the same media item. Eligibility for entry into a prize draw may also have introduced bias. Our sample was also much smaller than that of a similar study in Australia (Francis et al., 2004), but comparable to those of most other studies (Francis et al., 2001; Stuart, 2003). Publicity surrounding the survey may have influenced the reporting of stories by highlighting the need for accuracy, clarity, and sensitivity when discussing mental illness and suicide.

Thirdly, the number of submissions meant that we had insufficient data to undertake statistical analyses of subsamples, particularly in the case of suicide (Table 2). We therefore relied largely on descriptive analyses, and restricted statistical analyses to overall quality of the combined sample.

In spite of these shortcomings, it is reassuring to note that our findings were very similar to those from Australia using the same standardized checklists, but rated by a media retrieval agency (Francis et al., 2004). This congruity suggests that our results may not be explained solely by observation bias.

Strengths

We have shown that it is possible to conduct a media survey using members of the public rather than media monitoring agencies, professional staff or research workers, who are all relatively expensive to employ. This methodology appears to meet the requirements of a surveillance system for measuring long-term trends, such as changes following the dissemination of media guidelines (Last, 1988). The use of the same standardized instruments over several years would make the biases of our methodology less important, given that the purpose is to measure changes in the quality of media items. This methodology is also cost-effective and sustainable. For \$2,000 a year, the cost of an annual draw, this approach would provide coverage of television, radio, and print media accessible to Nova

Scotians. A contract with a media monitoring service would cost twice as much and provide coverage of only six provincial newspapers. We were also able to make international comparisons as we used standardized checklists derived from Australia. Up to now, it was unknown whether any differences in the portrayal of mental illness between jurisdictions could be explained solely by the use of different instruments.

Comparisons With Other Studies

Our results on the portrayal of mental illness, which show that over 50% of media items are of good quality in eight out of the nine dimensions measured, are very similar to those from Australia that used similar checklists (Francis et al., 2004; Pirkis et al., 2002). These findings also mirror a survey of one of the two local newspapers in Calgary, using a different methodology from our own, where appropriate stories were found to outnumber inappropriate ones by a factor of two to one, even before an intervention to improve the quality of reporting (Stuart, 2003). These findings contrast with other, mostly earlier, research where media reporting of mental illness was found to be mainly inappropriate (Allen & Nairn, 1997; Angermeyer & Matschinger, 1996; Australia Department of Health and Ageing, 2002; Coverdale et al., 2002; Day & Page, 1986; Francis et al., 2001; Matas et al., 1986; Nairn, 1999; Steadman & Cocozza, 1977; Thornton & Wahl, 1996; Wilson et al., 1999). One explanation for this contrast might be different definitions of appropriateness; another might be improvement over time with respect to mental illness (Australia Department of Health and Ageing, 2004).

The results for suicide are less encouraging. This is consistent with the existing literature where—in contrast to the mixed findings for mental illness—media reporting of suicide is found to be uniformly poor (Pirkis & Warwick Blood, 2001). By using a similar methodology for both mental illness and suicide, we have shown that media reports on suicide are 3.5 times more likely to have inappropriate content. This finding reached statistical significance in spite of the relatively low number of items covering suicide, which is of particular concern given the relationship between reporting on suicide and subsequent attempts (Australia Department of Health and Ageing, 2004).

Another area of concern is the absence of information, in over 90% of the media reports, on where to get help; this finding is almost identical to that of the Australian study, suggesting that this problem is not restricted to Nova Scotia (Francis et al., 2004).

Implications and Next Steps

The results of this study will inform the development of guidelines in agreement with local media to cover both suicide and mental illness. Given the importance of developing guidelines in collaboration with the people who will use them (Davies et al., 1994), we are seeking to involve editors and opinion-makers in the media in the process. This is not always easy. Some media groups were hostile to the idea of even surveying existing practice. An editorial in the *National Post* entitled “Are these guys nuts?” described the initiative as a “witch hunt for witches that don’t exist instigated by a committee of overwrought activists who have convinced themselves that the lamp of wisdom has been only given to them” (2004).

In collaboration with the communications section of the Nova Scotia Department of Health, we have organized brief presentations highlighting examples of both good and bad practice as a prelude to discussion about additional steps. We have also sought input into the next revision of the *Canadian Press Stylebook*, which is the standard reference for journalists in this country.

A longer-term strategy is to influence the education of journalism students.

The results of this initial survey have been particularly helpful in determining priorities for intervention. Given our findings, we will initially focus on the inclusion of details about how to get help, and on the coverage of suicide, rather than trying to change overall media coverage of mental illness. We have also shown that we will be able to use the present methodology to monitor any effect on the portrayal of mental illness and suicide at relatively little cost.

RÉSUMÉ

Cet article rapporte les résultats d'une étude de faisabilité d'un système de surveillance des reportages médiatiques à propos de la maladie mentale et du suicide en Nouvelle-Écosse. On a demandé au grand public de surveiller les médias d'information dans la province pendant une durée de 6 mois en utilisant un aide-mémoire standardisé. Les aide-mémoire étaient disponibles soit sur le World Wide Web soit dans divers lieux dans la communauté. On a reçu 414 réponses concernant 366 reportages (304 à propos de la maladie mentale et 62 à propos du suicide): 311 articles et 55 émissions. L'accord inter-juges était satisfaisant. En ce qui concerne la plupart des dimensions, la majorité des reportages étaient de bonne qualité. Cependant, des renseignements à propos de l'accès aux services n'étaient présents qu'en 8,5% des reportages. On a trouvé du contenu non pertinent 3,5 fois plus souvent dans les reportages à propos du suicide que dans ceux à propos de la maladie mentale (IC de 95% = 1,5–8,0). On utilise ces résultats dans l'élaboration des lignes directrices pour les médias en Nouvelle-Écosse. L'étude a également montré qu'on peu utiliser cette méthode pour surveiller n'importe quel effet ultérieur sur le traitement médiatique de la maladie mentale et du suicide.

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APPENDIX 1

Media Portrayal of Mental Illness Checklist

Title _____ Newspaper/TV/Radio station _____
 Date _____ Page numbers (if applicable) _____

1. **Is the headline inaccurate or inconsistent with the focus of the item?** Yes ☐ No ☐
 e.g., headline asserts that an individual has a mental illness (either implicitly or explicitly) when this is
 - false
 - irrelevant to the story
 - being reported without the permission of the person
 - likely to increase the likelihood that the person will experience stigma and discrimination
2. **Is the headline or content unnecessarily dramatic or sensationalized?** Yes ☐ No ☐
 e.g., headlines and content that are exaggerated and sensational such as referring to someone as a
 - “victim of”
 - “suffering with” or
 - “afflicted by” a mental illness
3. **Does the item use language that is outdated, negative or inappropriate?** Yes ☐ No ☐
 e.g.,
 - use of terms such as “demented,” “madman,” “maniac,” “nutter,” “schizo,” “a nervous breakdown,” “cracked up,” “crazy lunatics,” “he went insane,” “lose their marbles,” “madness,” “lunatic asylum,” “mental hospital,” “nutcase,” “something wrong in the head,” “raving lunatics,” “a fruitcake,” “a psycho,” “kooky,” and “you’re off your head”
 Please give example _____
4. **Is medical terminology used inaccurately or not in the correct context?** Yes ☐ No ☐
 Inaccurate use of medical terms
 - labelling someone who is unhappy as clinically depressed
 - describing a city as schizophrenic
 - inappropriate use of “psychotic” other than as a specific description of the symptoms of psychosis
5. **Does the item reinforce negative stereotypes about mental illness?** Yes ☐ No ☐
 e.g., references to violence, crime, unemployment and mental illness as in
 - people with mental illnesses “should not be let loose in the community” or “allowed to walk the streets,” and using overinclusive terms such as “mentally ill offenders”
 - attribution of cause in the absence of evidence, such as implying that someone with schizophrenia who committed a crime did so because of the disorder, even though the condition is not relevant to the facts
 - perpetuating the theme of unpredictability with terms like “dangerous and unpredictable life”

(appendix continues)

APPENDIX 1 (continued)

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- giving the impression that mental illness equated to human failing such as implying that a person with posttraumatic stress disorder has some psychological defect
 - suggesting, implicitly or explicitly, that individuals with mental illnesses are unable to work
6. Does the item emphasize the illness rather than the person? Yes ☐ No ☐
- labelling the person rather than the illness (e.g., “Mr. Brown was a depressive” as opposed to “Mr. Brown was suffering from depression”); includes calling someone a schizophrenic, anorexic, manic-depressive
7. Does the item imply that all mental illnesses are the same? Yes ☐ No ☐
- e.g.,
- suggesting that all people with a mental illness are alike or share the same experiences
8. Does the item provide information on getting help or referral to appropriate services? Yes ☐ No ☐
9. Does the item disclose that a particular individual has a mental illness, identifying the person by name? Yes ☐ No ☐
-

Please attach article if applicable

APPENDIX 2

Media Portrayal of Suicide Checklist

Title _____ Newspaper/TV/Radio station _____
 Date _____ Page numbers (if applicable) _____

-
1. Does the item have any examples of inappropriate language? Yes ☐ No ☐
 e.g.,
 - frequent use of the term “committed suicide”
 - use of various phrases that suggested that completed suicide was a desirable outcome (for example, “unsuccessful suicide attempt,” “failed suicide attempt,” “botched suicide pact,” “successful suicide,” and “near-successful suicide bid”)
 - use of sensationalist terminology to describe the prevalence of suicide in the community (for example, “suicide epidemic,” “suicide rates are out of control,” “distressing new trend,” “suicide is at an all-time high,” “the top five nations with a major youth suicide problem,” and “youth suicide rates are frightening”)
 - frequent use of inappropriate terminology to describe the mental health status of those who completed or attempted suicide (for example, “a crazed Canadian tried to kill himself,” “basket case,” “crazy,” “a suicidal loner,” “is disturbed,” “lunacy,” “lunatic,” “insane,” and “he went mad and shot himself”)
 - labelling the person rather than the illness (for example “Mr. Brown was a depressive” as opposed to “Mr. Brown was suffering from depression at the time of his death”)
 Please give example _____
 2. Is the item inappropriately located? Yes ☐ No ☐
 e.g.,
 - newspaper items about suicide are on the front page rather than inside the paper
 - broadcast items about suicide are presented as the leading item
 3. Is the word “suicide” used in the headline? Yes ☐ No ☐
 e.g.,
 - the use of the word “suicide” in the headline
 4. Is a photograph, a diagram or footage depicting the suicide scene, precise location or method used with the item? Yes ☐ No ☐
 e.g.,
 - photographs featuring the suicide scene, precise location or method
 - photographs of the deceased and/or family members without permission
 5. Is there a detailed discussion of the method used? Yes ☐ No ☐
 e.g., discussing the method used in suicide or attempted suicide, rather than only by association, as in “a firearm was found beside the deceased”
 6. Is there reference to the fact that the person who died by suicide was a celebrity? Yes ☐ No ☐
-

(appendix continues)

APPENDIX 2
(continued)

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- 7. Is suicide portrayed as “merely a social phenomenon” as opposed to “being related to mental disorder”?** Yes ☐ No ☐
- e.g., no attempt to
- take the opportunity to reinforce the fact that suicide risk is related to mental disorders, and is not merely a social phenomenon
 - increase the public’s understanding that, although thoughts of suicide may be quite common, acting on them is not normal
- 8. Does the item provide information on getting help or referral to appropriate services?** Yes ☐ No ☐
- 9. Are the bereaved interviewed?** Yes ☐ No ☐
- e.g.,
- privacy is not respected even though the bereaved are at heightened risk of suicide themselves
-

Please attach article if applicable