

# Does the Tone and Content of Media Coverage of Mental Illness Vary by Disorder? A Comparison of Reporting Patterns of Different Mental Disorders in Canadian News Media

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## ABSTRACT

This study compares the coverage of different mental illnesses in the Canadian news media over a 3-month sample period. Articles were coded for tone and content characteristics, and variations across mental illness categories were assessed with frequency counts and chi-squared tests. Articles about common mental disorders (depression/anxiety) showed more positive elements than those about severe mental illness (bipolar/schizophrenia). Many articles also focused on PTSD, with mixed coverage. Future educational efforts with journalists should particularly focus on improving coverage of more severe mental illnesses such as schizophrenia, bipolar disorder, and PTSD.

**Keywords:** mental illness, media, schizophrenia, post-traumatic stress disorder, depression

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## RÉSUMÉ

Cette étude compare la représentation des maladies mentales dans les journaux canadiens au cours d'un échantillon de trois mois, selon le contenu et le ton. Les variations entre différentes catégories de maladies mentales ont été évaluées par fréquences et tests de chi-carré. Les articles sur les troubles mentaux courants (dépression/anxiété) présentaient plus d'éléments positifs que ceux sur les maladies mentales graves (bipolarité/schizophrénie). De nombreux articles ont également porté sur le SSPT, avec une couverture mixte. Les futurs efforts éducatifs auprès des journalistes devraient se concentrer sur les maladies mentales graves telles que la schizophrénie, le trouble bipolaire et le SSPT.

**Mots clés** : maladie mentale, média, schizophrénie, syndrome de stress post-traumatique, dépression

Stigma towards mental illness is a well-known issue leading to discrimination, social exclusion, and service under-utilization (Corrigan et al., 2004; Thornicroft, 2006). To address this, national agencies have launched anti-stigma campaigns, such as *Time to Change* in England, *Opening Minds* in Canada, and *Mindframe* in Australia (Everymind, 2014), which aim to reduce societal stigma towards mental illness. One focus of such campaigns is to improve the coverage of mental illness in the news media, which represents a major influence on public knowledge, beliefs, and attitudes (Wahl, 2003; Ross et al., 2020). This has involved educational interventions with journalists, newsrooms, and media organizations, and several studies have shown improvements following implementation of these interventions (Whitley & Wang, 2017; Hildersley et al., 2020; Li et al., 2021; Ross et al., 2019).

However, anti-stigma campaigns and related research have generally addressed mental illness as a singular concept or lacked comparisons between different types of disorder (Whitley & Wang, 2017). This is concerning, as the wider stigma literature indicates that different mental health conditions can be subject to varying types and degrees of social stigma (Krendl & Freeman, 2019). For instance, schizophrenia is often viewed more negatively than depression or anxiety, due to perceived dangerousness and permanence (Angermeyer & Matchinger, 2003; Marie & Miles, 2008; Norman et al., 2012; Wood et al., 2014). Moreover, other research has suggested that specific stigmas exist towards depression (Cummings & Konkle, 2016), post-traumatic stress disorder (PTSD; Arbanas et al., 2017), eating disorders (Ebnetter & Latner, 2013) and bipolar disorder (Hawke et al., 2013).

Interestingly, two recent studies from the UK (Hildersley et al., 2020; Li et al., 2021) compared news media coverage across different mental health conditions, finding that articles about severe mental illnesses such as schizophrenia are significantly more likely to be stigmatizing than articles about common mental disorders such as depression. To our knowledge, such a comparison has not yet been done in Canada. As such, the aim of this article is to compare the tone and content of news articles about mental illness in the Canadian media by different categories of mental illness.

## METHODS

Articles were collected over a 3-month period (1 January – 31 March 2020) which allowed for an exploration of general patterns over a meaningful period of time and has been regularly used in other exploratory

studies of mental health and media (e.g., Huang & Priebe, 2003 Coverdale et al., 2002). Articles were retrieved using Factiva, an online news database offering access to a range of Canadian print and online news. Articles were collected from 47 high-circulation sources comprising 3 national newspapers (e.g., *The Globe and Mail*), 6 online-only news sources (e.g., CBC.ca), and 38 regional newspapers (e.g., *Toronto Star*). The following keywords were used to retrieve relevant articles: mental illness, mentally ill, depression, anxiety disorder, schizophrenia, schizophrenic, bipolar, eating disorder, PTSD.

The study used the same validated codebook that has been used in previous studies of mental health coverage in the Canadian news media (Whitley & Berry, 2013; Whitley et al., 2014; Whitley & Wang, 2017). These consist of 10 core items assessing the presence or absence of key variables which are described in the first column of Table 1.

For this study, an additional variable was added to identify the primary focus of the piece, either (i) depression; (ii) anxiety; (iii) bipolar disorder; (iv) schizophrenia; (v) PTSD; (vi) eating disorders, or (vii) not specified/mental illness in general. These were initially categorical variables, but it became apparent in coding that many articles included a reference to more than one diagnosis, with certain combinations appearing more frequently than others. After discussion amongst the research team, depression and anxiety were combined into a single variable of “common mental disorder” (CMD), while bipolar disorder and schizophrenia were combined into a single category “severe mental illness” (SMI). This broad categorization is similar to the comparison in the aforementioned Li et al. (2021) study.

Articles were retrieved, screened, and coded by the first author who was trained and supervised by the last author. Interrater reliability scores were calculated following an extensive training period using samples of articles from 2019. Individual kappa scores ranged from 0.62 to 1, indicating substantial to perfect agreement for all variables, with a global kappa of 0.85. The authors discussed items with lower scores to clarify discrepancies and agree about future coding.

For the coding stage, new articles were collected on a monthly basis. First, each article was screened for inclusion. Articles which mentioned the keywords out of context (e.g., “economic anxiety”) or in passing were excluded, as were opinion pieces, letters to the editor, or articles focused on dementia/Alzheimer’s/autism/addictions. Next, each article was coded using the aforementioned codebook, with data entered into Excel. Duplicate articles (i.e., identical articles appearing more than once across different newspapers) were excluded prior to analysis.

Upon completion of the coding, frequency counts and percentages were calculated for each variable. Data was imported into R Statistical Software (Core R Team, 2014) to conduct  $\chi^2$  tests for each variable (with appropriate Bonferroni correction) to test for any significant differences in results across the different mental illness categories.

## RESULTS

A total of 2,894 articles were retrieved over the 3-month period. After applying the exclusion criteria, 2,445 articles were removed, leaving 449 usable articles. Of these, 154 duplicate articles were identified and removed, making 295 articles available for analysis. The most frequently covered mental illness was PTSD ( $n = 91$ , 31%), followed by “not specified” ( $n = 78$ , 26%), CMDs ( $n = 69$ , 23%), SMIs ( $n = 49$ , 17%), and

eating disorders ( $n = 8$ , 3%). Due to a small quantity of the latter, these were omitted from further analysis, leaving a final sample of 287 articles.

Table 1 outlines the proportions of article characteristics for each mental illness category, with the  $\chi^2$  calculations showing significant difference across the categories for 8 out of 10 variables. In sum, this analysis revealed that SMI articles typically contained the most stigmatizing and negative content, while CMD articles contained the most positive content. PTSD articles and “not specified” articles typically lay in the middle, with mixed coverage.

For example, 87% of CMD articles and 73% of PTSD articles had an optimistic or positive tone, which is significantly higher than the 49% figure for SMI articles. Similarly, 33% of SMI articles contained stigmatizing language, which was significantly higher than the 6% figure for CMD articles and 11% for PTSD articles. Interestingly, articles linking mental illness to danger, crime or violence were significantly higher for both SMI (65%) and PTSD (54%), compared to CMD (16%) and the “not specified” category (21%).

Similarly, CMD articles were much more likely to have recovery or rehabilitation as a theme (54%) compared to SMI articles (20%), with PTSD articles in the middle (30%). Moreover, experts were quoted in only 6% of SMI articles, which was significantly lower than CMD (39%) and PTSD (46%) articles. Likewise, 45% of CMD articles included a quote by a person with mental illness, which was double the figure for PTSD articles (22%) and considerably higher than SMI articles (27%).

## DISCUSSION

The key finding of this study is that Canadian news media articles about CMD tended to be the most positive and the least stigmatizing, while articles about SMI were the least positive and most stigmatizing. Articles about PTSD tended to lie in between the two.

These findings are consistent with two recent studies from the UK, which found that articles about severe mental illnesses such as schizophrenia were significantly more likely to include stigmatizing elements than articles about common mental disorders such as depression (Hildersley et al., 2020; Li et al., 2021). For instance, we found that 65% of articles about SMI focused on crime and violence, compared to 16% of articles about CMD. This somewhat overlaps with the UK research (Li et al., 2021) which found fewer links to danger but similar patterns in reporting across diagnoses, namely 15–23% for SMI articles (for broadsheets and tabloids respectively) and only 7–12% for CMD articles. Moreover, in the present study we found that 53% of articles about CMD focused on recovery compared to 20% for SMI. A similar difference was also seen in the UK, however a lower proportion of articles focused on recovery in both categories (14–17% for CMD and 7–9% for SMI).

A limitation of these two UK studies is that they did not consider PTSD as a distinct independent category in their analysis. This was overcome in the present study, which indicated that more than half of articles about PTSD were focused on crime or violence while less than one in three had recovery or rehabilitation as a theme. All of this implies that journalists are tending to write articles about CMD in a more holistic and balanced fashion, but there is room for improvement in the reporting of disorders such as schizophrenia, bipolar disorder, and PTSD.

**Table 1**  
**Comparing Tone/Content Characteristics of News Articles by Mental Illness Focus**

Item	CMD N = 69 n (%) yes	SMI N = 49 n (%) yes	PTSD N = 91 n (%) yes	Not specified N = 78 n (%) yes	$\chi^2$	p-value
Optimistic/positive tone?	60 (87.0)	24 (49.0)	66 (72.5)	56 (71.8)	20.445	0.0001*
Recovery/rehabilitation a theme?	37 (53.6)	10 (20.4)	27 (29.7)	22 (28.2)	17.906	0.0005*
Stigmatizing in tone/content?	4 (5.8)	16 (32.7)	10 (11.0)	15 (19.2)	18.033	0.0004*
Crime/ danger/violence linked to mental illness?	11 (15.9)	32 (65.3)	49 (53.8)	16 (20.5)	49.753	<0.0001*
Resource shortage a theme?	17 (24.6)	5 (10.2)	39 (42.9)	24 (30.8)	17.382	0.0006*
Expert quoted?	27 (39.1)	3 (6.1)	42 (46.2)	28 (35.9)	23.528	<0.0001*
Person with mental illness quoted?	31 (44.9)	13 (26.5)	20 (22.0)	15 (19.2)	14.592	0.0022*
Family member quoted?	14 (20.3)	11 (22.4)	11 (12.1)	12 (15.4)	3.2878	0.3493
Interventions discussed?	18 (26.1)	8 (16.3)	17 (18.7)	10 (12.8)	4.4644	0.2155
Aetiology discussed?	18 (26.1)	2 (4.1)	58 (63.7)	14 (17.9)	67.795	<0.0001*

Note. \* $p < 0.005$  after Bonferroni correction (adjusted  $p$  value cut-off = 0.05/10 outcomes = 0.005)

There are many plausible and evidence-supported reasons why CMDs are less stigmatized in media reports than SMIs. For one, while subject to their own stigmas, depression and anxiety are typically viewed more favourably compared to other conditions, such as having a high likelihood of recovery, and being a more “normal” response to psychosocial stressors (Angermeyer & Matschinger, 2003; Wood et al., 2014; Krendl & Freeman, 2019). Indeed, CMDs are much more prevalent in the population, and therefore have benefitted from greater public awareness, whether through personal exposure, social contact, or anti-stigma and educational campaigns which often use people with lived experience of depression as representatives (Marie & Miles, 2008; Stuart et al., 2014; Clement et al., 2010).

In contrast, SMIs are typically viewed as more dangerous and unpredictable than other mental health conditions and have lower prospects of recovery (Angermeyer & Matschinger, 2003; Marie & Miles, 2008; Wood et al., 2014). Moreover, since first-hand exposure to SMI in the general population is rarer due to its lower prevalence, the influence of the media is often a primary source of information about such conditions (Reavley et al., 2016). Of note, the over-representation of SMI in stories of violence and crime has been a long-standing pattern in media reporting, which may contribute to this entrenched view (Whitley & Berry, 2013; Ross et al., 2019). Moreover, schizophrenia and other SMIs are not typically the focus of anti-stigma and educational campaigns. When they are, SMIs are often presented as biogenetic in origin (e.g., frequent use of the term “brain disease”) which have been associated in several studies with greater stigma and stereotypes, when compared to psychosocial explanations (Angermeyer et al., 2011; Kvaale et al., 2013).

In light of this, educational initiatives targeted at journalists may need to be modified to better educate and inform about these disorders. This should include communication of research findings showing that SMI has several effective treatments including medication, talk therapies, and psychosocial interventions such as supported employment. It could also involve introducing journalists to the recovery paradigm, while presenting epidemiological evidence showing high rates of recovery in the presence of the right services and supports (Drake & Whitley, 2014). Moreover, any initiatives targeted at journalists should endeavour to include people in recovery from SMIs as presenters, as such social contact has been shown to reduce stigma and stereotypes (Stuart et al., 2014; Thornicroft, 2006; Reavley et al., 2016). Of note, tailored guidelines for reporting on severe mental illness in the context of violence and crime have been recently developed in Australia to target this priority area (Ross et al., 2020; 2021). These guidelines could be shared with Canadian journalists during any educational initiatives.

This study has some limitations. The 3-month study period is shorter than the UK studies and only provides a cross-sectional snapshot of typical coverage of mental health issues. In fact, it was our intention to conduct a longer study, but the Covid-19 situation led to a palpable shift in media coverage of health issues from April 2020 onwards, meaning that the first three months of 2020 are most representative of typical coverage. Due to software issues and resource constraints, it was not possible to extend the period through retrospective sampling; however, these results provide preliminary data for an understudied area.

Another limitation related to this short timeline is that certain one-off events were prominent in the news cycle which may have unduly affected results. For example, nearly half of the PTSD articles in the study were focused on the inquest into the 2017 murder-suicide of Lionel Desmond, a Canadian veteran with PTSD, which may have contributed to the finding that the most frequently covered mental illness was PTSD. This incident may have biased the findings, however other research studies indicate this highly anomalous

but newsworthy event has been omnipresent in the Canadian media from 2017 to the present, meaning it is somewhat representative of routine coverage in recent years (Whitley & Carmichael, 2022; Whitley & Saucier, 2022). Nevertheless, longer-term media monitoring could determine whether or not such coverage is typical of routine reporting of PTSD.

To conclude, the findings outlined here indicate significant variation in the reporting of different mental illnesses in Canada, particularly with room for improvement in coverage of schizophrenia, bipolar disorder, and PTSD. Implementation of the educational interventions with journalists may go some way to mitigating the stigmatizing portrayals of SMI observed in the present study.

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