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## The public mental health debate:

An analysis of media resources in six European countries

**Authors:** Van Beveren, L., and the MentALLY team ‡

‡ The MentALLY project team consists of Malin Axelsson, Claudi Bockting, Marlies Brouwer, Ann Buysse, Mattias Desmet, Alexis Dewaele, Akis Giovazolias, Dewi Hannon, Gunnel Hensing, Konstantinos Kafetsios, Reitske Meganck, Spyridoula Ntani, Simon Øverland, Kris Rutten, Viktor Schønning, Sofia Triliva and Joke Vandamme.

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\*Pilot Projects is an initiative „of an experimental nature designed to test the feasibility of an action and its usefulness“ and permits appropriations for it to be entered in the EU budget for more than two consecutive financial years.

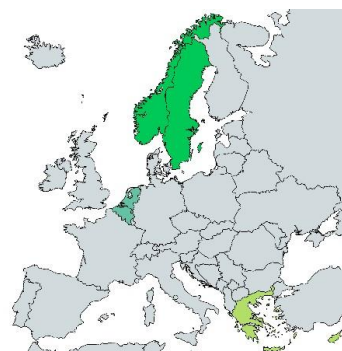
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## The European MentALLY project

Mental health problems in adults are of great concern, as they are highly prevalent and impact significantly on health, social welfare, and the economy. Various types of mental health treatment (psychotherapy, pharmaceutical treatment, etc.) have proven to be effective, but they have not been able to nullify the apparent disparities within mental healthcare. There is suboptimal or undertreatment of some adults and overtreatment of others. MentALLY's strategic aim is to gather the necessary empirical evidence to accelerate the evolution towards European mental healthcare that provides effective mental health treatment to all adults who are in need.

### Six countries

- Sweden & Norway
- Belgium & The Netherlands
- Greece & Cyprus



### The issue

We know very little about what the **general public** in Europe thinks, believes, and knows about mental health, mental health-related stigma and discrimination, and about what works for mental health problems.

### Research questions & objectives

**Research question 1** : Which mental health(care) issues dominate the public debate?

*Research objective a:* development of a corpora database that collects textual materials on the public mental healthcare debate.

*Research objective b:* descriptive coding and analysis of the textual materials.

**Research question 2** : What does the general public think, believe, and know about mental health-related stigma and discrimination, and about what works for mental health problems? How can the public debate on mental health(care) hinder or facilitate help-seeking for mental health problems?

*Research objective c:* interpretive rhetorical analysis of the textual materials.

This factsheet reports on **research objectives a & b**.

## Method

### Research objective a

An online Zotero database was developed to store textual sources on the public mental health(care) debate from each of the six European countries. Data collection was purposeful, iterative, and pragmatic rather than exhaustive. The following selection criteria were applied:

- Time frame: a period of two weeks between September and October 2018
- Sources: mainstream, online, textual media sources
  - Newspapers: the two most-read popular and quality newspapers in each country
  - Magazines: the most read seniors', men's, women's, lifestyle, sports, popular scientific, TV, opinion/news, and teen magazine in each country
- Search terms: a broad selection of search terms related to 'mental health/wellbeing' and 'mental health issues' that were scanned for in all text
  - 'Mental health', 'mental wellbeing', 'mental health problems', 'mental disorder', 'psychiatric problems', 'psychological issues', 'mental illness', 'psychosocial'...

Table 1. presents an overview of the collected data for each of the six countries:

Source	Sweden	Norway	Belgium	The Netherlands	Greece	Cyprus
<b>Newspapers</b>						
Popular newspapers	44	43	50	56	38	12
Quality newspapers	7	50	58	56	26	20
<b>Magazines</b>						
Seniors' magazine	/	/	/	4	/	/
Men's magazine	/	/	7	/	4	/
Women's magazine	23	2	4	1	5	4
Lifestyle magazine	/	/	1	/	2	/
Sports magazine	/	/	1	/	3	1
Popular scientific magazine	/	/	1	/	/	/
Tabloid / TV magazine	/	7	6	1	4	/
Opinion/news magazine	/	/	7	1	14	9
Teen magazine	1	/	/	/	5	/
<b>TOTAL</b>	<b>75</b>	<b>102</b>	<b>135</b>	<b>119</b>	<b>101</b>	<b>46</b>

### Research objective b

All newspaper and magazine articles were descriptively coded using the following tags:

- Title, date, language & abstract (= one-sentence summary) of the article
- Author (cf. ‘who speaks?’): e.g. academic scholar, person who experiences/d mental health issues, professional...
- Specific target group (if applicable): e.g. adolescents, LBGTQI community, women...
- Specific mental health issue (if applicable): e.g. depression, schizophrenia, burnout...
- Newspaper section: e.g. science, culture & media, opinion piece...
- Search terms: e.g. ‘mental wellbeing’, ‘mental illness’, ‘psychologist’, ‘therapy’, ‘depression’...

Based on the abstracts of the articles, the five main topics in the public debates on mental health(care) in each of the six countries were identified.

## Findings

*Table 2.* presents an overview of the five main topics in the public mental health debate for each of the six countries.

#### Greece

1. Celebrity narratives on mental health issues
2. Disseminating research findings on mental health
3. Crime and mental health
4. (Attempted) suicides
5. Drug addiction

#### Belgium

1. Celebrity and personal narratives on mental health issues
2. Crime and mental health
3. Discussing the cause of mental health issues
4. What counts as good mental healthcare?
5. Mental health issues in popular culture (e.g. TV series)

#### Sweden

1. Celebrity and personal narratives on mental health issues
2. Discussing the cause and treatment of mental health issues
3. Crime and mental health
4. Mental health issues in popular culture (e.g. TV series)
5. Advertisement and expert advice on mental health

#### Cyprus

1. Crime and mental health
2. Addiction as a multi-faceted problem
3. Disseminating research findings on mental health
4. Non-scientific discussion of mental health issues
5. Exclusion of people with disabilities

#### The Netherlands

1. Celebrity and personal narratives on mental health issues
2. Crime and mental health
3. Stress & burnout
4. The structural organization of mental healthcare
5. Mental health issues in specific target groups (e.g. refugees, LBGTQI, the elderly...)

#### Norway

1. Celebrity and personal narratives on mental health issues
2. Disseminating research findings on mental health
3. Politicians/political parties discussing mental health
4. Opinion pieces on mental health issues
5. National and international trends related to mental health issues

## A closer look at the public mental health(care) debate

### (1) Taboo-breaking narratives & stigmatizing reports on mental health and crime: a paradox?

#### Taboo-breaking narratives

Personal narratives from people who experience(d) mental health problems constitute one of the most common types of articles in the public mental health debates in the six European countries. Both public figures (mostly celebrities, but in some cases athletes, politicians, business leaders...) and non-public figures open up about their experiences with mental health problems and mental healthcare. The narratives often take a testimonial or confessional form and aim to **share experiential knowledge** and to **break taboos**, question stigma and open up a dialogue on the issues in question (mental health in general, or specific problems such as depression and suicide). The articles mostly appear in 'Lifestyle', 'Human interest' or 'Readers' Letters' sections. They are evident in both popular and quality newspapers and in magazines.

**“Jellis attempted suicide: I did not know how to talk about my suicidal thoughts. Now I help people with it”**  
(Belgian magazine)

**“Lisela's younger brother Alexander took his own life – now she wants to break the sense of shame and silence”**  
(Swedish newspaper)

Strikingly, in some cases the mental health problems of celebrities are discussed without letting the person involved speak for her/himself. Such articles tend to 'spectacularize' mental health problems and frame personal narratives as **sensational stories** that might attract attention and pique the curiosity of the readers.

**““Doctor, I am crazy and I am dying’: Greek singer shocks!”**  
(Greek magazine)

**“Ugglä reveals his secret diagnosis - for the first time”**  
(Swedish newspaper)

#### Mental health and (pseudo-)criminal activities

Despite the clear presence of taboo-breaking narratives, reports on 'mental health and (pseudo-)criminal activities' also take a prominent position in the public mental health debates in the six countries. The vast majority of these articles concern cases where people with mental health issues are considered the **perpetrator of (pseudo-)criminal activities**. These (pseudo-)criminal activities include: theft, sexual violence, kidnapping, murder, terrorism, aggression, assault, stalking, destruction of property, conning, lying, and public disturbance. In the articles, mental health issues and crime are related in various ways and by various persons, e.g. judges ordering psychiatric testing or therapy for certain crimes, lawyers and suspects invoking mental health issues as a mitigating factor, societal debates on the value of therapy versus imprisonment as a judicial measure for certain crimes...



**“Involuntary psychiatric hospitalization after aggressive attack”**  
(Dutch newspaper)

**“Borderline as an excuse for theft”**  
(Belgian newspaper)

**“The kidnapper of the 11-year-old boys was tested by a psychiatrist”**  
(Cypriot newspaper)

The clear presence of these two types of articles in all the public mental health debates illustrates that public discussions of mental health issues contain both stigmatizing and destigmatizing narratives. While personal testimonies from people experiencing mental health issues are often praised for their normalizing effects, mainstream media still associate mental health issues with danger, fear, and spectacle.

## **(2) Content & context: the importance of looking at ‘what is said’, but also ‘by whom’, ‘about whom’, and ‘where’ it is said**

### **Intersectionality: ‘about whom’ do we speak?**

We descriptively coded whether the articles talked about mental health issues in terms of specific target groups. In the public debates, it is recognized that mental health intersects with age (with articles focusing on the mental health issues of adolescents, but also the elderly), with gender (with articles focusing on the mental health issues of women and men in particular, often related to gender expectations and sexual violence), with displacement (with articles focusing on the mental health issues of refugees) and with sexual orientation (with articles focusing on mental health in the LGBTQI community). Interestingly, in Greece, a case of violence against a prominent member of the LGBTQI community in Athens led to an explicit debate on the need for a more intersectional approach in mental healthcare.

**“Something has to happen right now to prevent the burnout of young people”**  
(Dutch newspaper)

**“World Mental Health Day:  
the stigma is often extra big for women with mental illness”**  
(Norwegian newspaper)

**“Zak’s case and the lack of intersectionality in health services”**  
(Greek newspaper)

### **Mental health as a matter of lifestyle: ‘where’ do we speak about mental health?**

All of the articles were provided with a descriptive code to indicate in which ‘newspaper section’ they were published. Based on this descriptive code, we identified that mental health and associated issues are regularly discussed in the lifestyle sections of media sources. Such ‘lifestyle journalism’, which often focuses on ‘tips & tricks’ to stay mentally healthy or to recognize, prevent, and deal with mental health issues, risks framing mental health as mainly a question of individual lifestyle choices rather than as the result of a complex interplay between personal, social, political, cultural, and economic factors.



## Public debates and power: 'who' speaks about mental health?

Lastly, all of the articles were also coded for their 'author(s)'. 'Authors' could, for example, be: 'an academic scholar', 'a professional', 'a (relative of a) person who experiences/d mental health issues', 'a journalist', 'a politician' etc... As such, we could analyze who has the power to create and disseminate knowledge on mental health issues in public debates. At first sight, a variety of voices are included in the public mental health debates in all six countries. Personal narratives and the dissemination of published research were named among the five main topics in several countries. Various professionals (psychologists, psychiatrists, social workers, nurses...) are also evident as authors in the public debates. Remarkably, the voice of 'politicians' is quite absent from all public debates (except for Norway), which might indicate that 'mental health(care)' is not always high on the political agenda.

**“New study: new hope for pain patients”**  
(Norwegian newspaper)

**“We tend to minimize our problems:  
interview with psychiatrist and founding father of mindfulness in Belgium”**  
(Belgian magazine)

However, while the question of 'who is allowed to speak?' is relevant to a deeper understanding of public mental health debates, it is also necessary to take a closer look at 'what discourses are allowed to be spoken (and by whom)?'. This question will be the focus of the second, interpretive part of the analysis of the public mental health debates.

## Conclusion

- Mental health(care) seems to be a significant topic of interest in the public debate, as is evident from the extensive collection of data that was gathered within a limited time frame. However, this seemed to be less the case for Greece and Cyprus.
- The public debates in the six countries share similar trends, such as the presence of taboo-breaking personal testimonies, reports on mental health and criminal activities, and scientific discussions of mental health causes and treatment.
- Some of the topics in the public mental health debates are rather specific to the geographical context or the specific time frame that was used, such as the discussion on addiction in Greece and Cyprus, the discussion on mental healthcare waiting lists in Belgium, and the political discussion on mental healthcare in Norway.
- The public debate has an ambiguous relationship with mental health-related stigma and discrimination, as it features both stigmatizing and destigmatizing narratives. In some cases, this ambiguity is even reflected within the articles when, for example, a person with mental health issues is referred to as both a 'notorious troublemaker' and 'a vulnerable psychiatric patient'.
- More research is needed to a) gain better insight into what specific discourses are used in the public debate to make sense of mental health issues and of what counts as 'good' mental



healthcare and b) into how these discourses relate to stigma, discrimination, and help-seeking behaviour.

