# MentALLY*

# Project results III:
# How do media report on mental health issues?

Prof. Dr. Kris Rutten

Laura Van Beveren PhD

# 1. CONTEXT

- Mainstream media: mental health issues <u>negatively assiociated</u> to danger, violence and sensation
  - Social stigma, self-stigma, hinder help-seeking

- Solution: <u>mental health literacy</u>
  - Biomedical-scientific literacy, 'disease like any other'-approach

- Media: '<u>messengers</u>'
  - Inform the audience about (biomedical) scientific facts
  - Research: 'are they doing a good job?'

# 2. CRITICAL HEALTH COMMUNICATION STUDIES

- 1. Not just messengers

  - Media <u>actively construct</u> ideas about mental health/illness

- 2. Mental health news communicates:

  - A. Specific **<u>understandings of mental health/illness</u>**

  - B. Specific ideas about <u>what counts as legitimate knowledge</u> about mental health/illness (i.e. who produces, circulates, consumes it)

# 2. CRITICAL HEALTH COMMUNICATION STUDIES

- **3 models** in media's communication on what counts as legitimate 'mental health knowledge' (Briggs & Hallin, 2016)
  - The **biomedical authority** model
  - The **patient-consumer** model
  - The **public sphere** model

# 3. RESEARCH OBJECTIVES

- Not to check the scientific accuracy of mental health reporting

- Examine:
  - The dominant **understandings of mental health/illness** communicated in public mental health debates
  - The ideas about **what counts as legitimate mental health knowledge** communicated in the public debates (3 models)

# 4. DATA COLLECTION

- **6** European **countries**

- Time frame: **2 weeks** between September & October 2018

- Online content of '**mainstream media**'
  - Most read popular & quality newspapers
  - Most read magazines

- Wide range of key terms including 'mental wellbeing' and 'mental health issues'

# 5. DATA ANALYSIS

- **Descriptive** information
  - Title, author, date
  - Newspaper section, 'who speaks', specific target group, specific mental health issue

- Qualitative analysis with a focus on **language/terminology**

# 6. RESULTS

**4 dominant perspectives** in the reporting on 'mental health (issues)'

- A. Mental health/illness in terms of *danger* & *risk*
- B. Mental health/illness in terms of *lifestyle*
- C. Mental health/illness in terms of *a unique story & experience*
- D. Mental health/illness in *social* terms

# A. MENTAL HEALTH/ILLNESS IN TERMS OF 'DANGER' AND 'RISK'

**Terms:** danger, dangerous, crime, lose control, violent, risk, protect society, safety, threat, wild, aggressive, police, arrested

- Articles relating mental health issues with **crime**

- **Agency** & **determinism**

  - no intention to, no awareness, not willingly, no responsibility, cannot be held accountable, I wasn't myself, impulses, no motive

  - didn't seek psychological help, no critical self-evaluation, stopped medication, taking medication irregularly, feeling guilty, admit mistake

# A. MENTAL HEALTH/ILLNESS IN TERMS OF 'DANGER' AND 'RISK'

**Mental health literacy**

- **Biomedical authority model**
  - 'Disorders', 'psychiatric testing'

- **Patient-consumer model**
  - Responsibility to manage your own 'risk'

# B. MENTAL HEALTH/ILLNESS IN TERMS OF 'LIFESTYLE'

**Terms:** mental health, mental wellbeing, healthy societies, happiness, quality of life, self-care, self-improvement, lifestyle, way of life, change life attitudes, …

- Articles on **scientific findings**

- Articles with **'tips' & 'tricks'**
  - Educate, train, increasing knowledge

# B. MENTAL HEALTH/ILLNESS IN TERMS OF 'LIFESTYLE'

**Mental health literacy**

- <u>**Biomedical authority model**</u>
  - Neurological perspectives

- <u>**Patient-consumer model**</u>
  - Choice, right to information
  - Individualization & responsiblization
  - Link with economic perspective

# C. MENTAL HEALTH/ILLNESS IN TERMS OF 'UNIQUE STORIES AND EXPERIENCES'

**Terms:** testimonial, story, journey, search, everyone has a story, don't judge a book by its cover, sharing experiences in a book…

- **Breaking taboo & sharing knowledge**
  - talking openly, no shame, break silence, coming out, visibility… + knowledge through experience, experts by experience, information, insights, lessons, help and support others…

- **! Succes stories & critical stories**
  - start over, as new, strength, overcome, back on my feet, made it **vs.** never free from it, medication is no miracle cure, psychiatrist didn't help, hate-love relationship with medication, side effects, got wrong medication and treatment, government fails

- **! Normalization & othering**
  - like the others, the same, smalls vs big problems instead of disorders, everybody struggles, humans like us **vs.** not crazy, not like the stories in the news of crazy people yelling on the streets, normal weaknesses/just problems vs mental problems

# C. MENTAL HEALTH/ILLNESS IN TERMS OF 'UNIQUE STORIES AND EXPERIENCES'

**Mental health literacy**

- **Patient-consumer model**
    - 'New' voices, 'new knowledge'
    - 'It is possible if you try hard enough'

- **Public sphere model**
    - Critical perspectives on mental health care, science, professional help

# D. MENTAL HEALTH/ILLNESS IN 'SOCIAL' TERMS

**Terms**: from the individual to the social

- The organization of the **mental health care system**
  - Waiting lists, no availability, overprescription, quick fixes, bureaucracy...
- **Societal** trends impacting the population's wellbeing
  - Technology, social media, technostress, labour market, high expectations, pressure, burn-out tsunami
- **Social inequality**, social exclusion & mental health
  - Discrimination, violation of rights, citizens, advocacy, political awareness as therapy

# D. MENTAL HEALTH/ILLNESS IN 'SOCIAL' TERMS

**Mental health literacy**

- **Patient-consumer model**
  - Especially in relation to work and technology

- **Public sphere model**
  - Politicians, policy makers, professionals as targets of mental health literacy interventions
  - Challenging the assumptions of the patient-consumer model

# 7. CONCLUSION

- Still dominance of biomedical authority & patient-consumer models
  - ! However: also **dissonant voices**

- **Critical mental health literacy**
  - Different effects of specific disocurses: not exclusively 'empowering' or 'stigmatizing'
  - Mental health literacy: not one form of knowledge as 'right'
  - Being aware of different framings and their effects