Depictions of community care for the mentally ill in two English newspapers: a pilot, qualitative study

Descrizione dell’assistenza territoriale per le persone affette da malattia mentale in due quotidiani inglesi: uno studio qualitativo pilota

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Summary

Objectives
Depictions of mental illness in print media are predominantly negative, and concentrate disproportionately on bizarre behaviours. The present study explores depictions of community care for the mentally ill in print media in the UK.

Methods
By sampling two English newspapers, we retrospectively collected relevant items that were assessed by content and thematic analyses.

Results
The overwhelming proportion of items were related to negative, violent representations. More than half of all items depicted the care of the mentally ill within the community as dangerous. The thematic analysis identified four themes: risk of dangerousness and threat; vulnerability; human rights; mental illness/psychiatric patient. Three of these produced a stigmatizing depiction of the mentally ill.

Conclusions
Inappropriate language was the main concern as along with particular framing devices, they may contribute to the social stigma associated with mental illness.

Key words
Qualitative evaluation • Printed Media • Mentally ill persons • Community mental health services

Introduction
The public’s primary sources of information about mental illness are based on a range of media. Depictions of mental illness in print media are predominantly negative, and consistently link mental disorders with violence, failure and unpredictability. Furthermore, following the policy of deinstitutionalization of people with serious mental illness, the negative themes of disorder, crisis and risk were found to increasingly predominate in the reporting of mental health issues. Media portrayals of people living with mental illness in the community rely on ‘experts’ and other third parties who speak generically, and often unsympathetically, about mental disorders. However, depictions of mental illnesses and related community care are relatively common in the print media and often biased towards the more severe forms of mental illness, concentrating disproportionately on bizarre behaviours.

Aims and research questions
The present study was undertaken with a view to exploring depictions of community care for the mentally ill in print media in the UK. The following research question was addressed: How do the print media portray community care for the mentally ill in the UK? We set out to retrospectively collect a sample of newspapers that had depicted community care for the mentally ill. We deliberately chose a relatively remote time period as media coverage during financial crises is known to be biased. Primary goals were: (a) to search for any positive representations of community care for the mentally ill; (b) to search for neutral representations of community care for the mentally ill; (c) to search for negative representations of community care for the mentally ill; and (d) to analyze how community care for the mentally ill was depicted or represented within each item.

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Methods

Rationale
Qualitative research methods, i.e., combined content and thematic analyses\(^{11}\), are particularly suited for exploring media documents as a key to eliciting how newspaper articles depict community care for the mentally ill.

Sampling
A purposive sampling strategy was used, focusing on two English Newspapers with widely recognized but different audiences, namely the Guardian and the Daily Mail. The Guardian website (www.guardian.co.uk) and the Daily Mail website (www.dailymail.co.uk) were searched using the search phrase “community care” AND “mentally ill” on July 31\(^{st}\), 2005. Terms associated with mental illness (e.g. ‘mad’, ‘madness’, ‘insane’) were also included. The Guardian website archive yielded 132 items between January 6\(^{th}\), 1999 and July 14\(^{th}\), 2005, published on The Guardian (76), Guardian Unlimited (44) and The Observer (12). The Daily Mail website archive yielded 123 items between March 28\(^{th}\), 2001 and May 19\(^{th}\), 2005. The corpus of collected materials ran to 255 items ranging from brief ‘fillers’ to full-page newspaper articles. Each item was critically read, and items that were not relevant were discarded, resulting in 48 items. Each included item was firstly classified according to three variables. These were: (a) positive, (b) neutral and (c) negative representations of community care for the mentally ill. This assessment was subjectively but independently performed by the authors according to: a) the way items framed stories (whether the headline and the content directed the reader to what is in the frame and to ignore what is excluded); b) the use of inappropriate language and/or of psychiatric and medical terminology out of context; c) the presence of dramatic or sensationalist tone or the use of hype; d) the use of celebrity, to offer a role model (despite the presence of psychiatric and medical terminology). Inter-coder reliability was 87%.

Furthermore, particular themes, whether positive or negative, were identified and classified following recent findings in Australia\(^ {11}\). The particular emphasis in this work was to identify the patterns or themes (clusters of mutually consistent discursive resources; words, images and storylines) in the depiction of community care for the mentally ill. Furthermore, the thematic analysis reliability was preserved using two investigators to seek consensus through exhaustive discussion in interpretation. In reporting our analyses, each theme is outlined, followed by a description of its use in the news stories.

Results
Forty-eight items were included that depicted community care for the mentally ill and published in two newspapers: 37 from the Guardian archive and 11 from the Daily Mail archive. These most commonly consisted of news articles or editorial pieces (n = 42, 87.5%).

Content analysis
The depictions of community care for the mentally ill were predominantly negative 28 (58%), while positive and neutral depictions were both 10 (21% and 21%). The negative depictions from the Guardian Archive were 24 of 37, and 9 of 11 from the Daily Mail; the neutral were 8 of 37 for the Guardian and 2 of 11 for the Daily Mail; finally, the positive depictions were 5 of 37 for the Guardian and 1 of 11 for the Daily Mail.

Thematic analysis
Four themes were identified: a) risk of dangerousness and threat; b) human rights; c) vulnerability; d) mental illness/psychiatric patient.

Risk of dangerousness and threat
Within the items, dangerousness was represented by the notion of “a serious and imminent threat to public safety”. The concept occurred many times for a number of different cases.

Why was a dangerous schizophrenic free to kill?
A probe is to be launched into how a paranoid schizophrenic with a long history of mental illness was free to stab to death a brave police officer. (The Daily Mail, 19/05/05 – News section)

For instance, this news story included a one-paragraph report of the attack, and a long paragraph about responsibility and threat related to his/her treatment in the community: Prosecutor [...] questioned the wisdom of treating [...] in the community with robust and open criticism against the Trust involved: The defendant’s brother, who declined to give his first name, said he felt [...] should not have been released into the community [...] He said: “He has been let down by the system and that’s it. [...] “He has been ill for more than 10 years. There’s nobody done nothing for him. He should have been in care at the time.”

A similar theme was found in an earlier case:

Samaritan’s killing reveals flaws in care
Deficiencies in community services for the mentally ill were exposed yesterday by an independent inquiry into the killing of a Good Samaritan by the disturbed teenager she befriended (The Guardian, 19/09/2000) complemented by a description of supposed NHS failures: Lack of appropriate contingency plans for his aftercare “fell short of good clinical practice” and the service’s lack of resources made it “impotent to go in and assess his mental state in a time of emergency”.

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which can also become a frank blame against mental health services.

**Accident blackspots**

Many tragedies involving mentally ill people can be predicted and even prevented, but mental health services are not paying sufficient attention to the warning signs (The Guardian, 19/07/2004) and their practices:

As in many other cases, had his parents been listened to and his history known, the doctors would not have made an initially incorrect diagnosis, provided inadequate treatment and underestimated the risk that he posed.

The theme is replicated in a similar report, adding a sensationalist tone:

**Care and killing in the community**

... set out on an insane mission to kill when he walked unhindered out of a supposedly secure psychiatric clinic at [...] Hospital (The Daily Mail, 23/03/05)

Despite previous homicidal assaults and a deteriorating mental state, he wasn’t properly looked after.

With an explicit criticism for community care for mental health and amalgamating different conditions into the same statement:

the fact remains that there are more than 40 killings a year by patients who shouldn’t be on the streets - to say nothing of the hundreds of suicides by the mentally ill who would be better off in hospital.

Furthermore, the tone of sensationalism can be found also in a further item:

**Man jailed for life for killing stranger**

A schizophrenic who killed a stranger after being released from a secure mental hospital was sentenced to life imprisonment today (The Daily Mail, 30/10/03 – News section).

And the matching of the violent behaviour and schizophrenia:

the schizophrenic [...] stabbed retired accountant [...] more than 30 times in the head and neck, leaving him unrecognisable to his widow [...].

**Vulnerability**

Personal helplessness and an inability to control or cope with one’s life seem components of this theme. In some items, patients, by definition, are subject to the actions of others and this sense of vulnerability and passivity dominates the depiction of the (psychiatric) patient more vulnerable than the typical patient.

**Rough treatment of the mentally ill**

... was asked to leave [...] hospital shortly before her father helped her kill herself (The Guardian, 15/05/2001).

Or more generally

**Forgotten generation’ of mental illness sufferers**

The needs of 50,000 people with severe mental illness in the UK are still being ignored, campaigners have warned (The Daily Mail, 25/04/05 – Health section)

Emphasizing impairments and needs in daily life ... they want to be remembered, to be seen and heard [...] they want to take greater control over their lives.

**Human rights**

The only potentially positive theme, human rights, was partly limited by being fragmented in the source material. However, the human rights discourse assumes the existence of rights to which any person is entitled. Claiming these rights on behalf of an individual constitutes an implicit claim that the individual is an ordinary person.

Generic civil rights like discrimination are claimed as in the following item:

**When illness is ignored**

People with mental health problems face discrimination from financial providers and retailers, and have no protection under the law. (The Guardian, 25/06/2005).

And complaining that:

Neither retailers nor banks are obliged to take into account one’s mental state at the time when financial transactions are made. The Banking Code only promises that: “We will consider cases of financial difficulty sympathetically and positively.”

The right of a proper employment is also claimed:

**Service users call for real job opportunities**

Most mental health service users want to hold down demanding jobs but are only offered confidence-boosting training that ill equips them to return to a competitive job market (The Guardian, 14/02/2001).

Emphasizing the partnership with mental health staff:

Pioneering mental health professionals want the NHS to end this by promptly employing users in existing posts within trusts, rather than putting them in supervised workshops for weeks or even months. This will show other employers that users can hold down competitive jobs.

Mentally ill women special needs and rights are stressed:

**Double trouble**

The duty of services to recognise the link between domestic violence and mental health (The Guardian, 13/08/2003)

The failure to recognise that domestic violence and mental health problems are often inextricably linked is not iso-
There are concerns that mainstream mental health services are failing to pick up on the violence that lies behind some women presenting as mentally ill. Even ethnic minorities rights are claimed:

Report ‘details racism in NHS’
A report into the death of a schizophrenic man at a secure clinic [...] is expected to say that “institutional racism” is present across the NHS. (The Daily Mail-News section, 12/02/2004)

following the story of a: Jamaican-born [...] died in the [...] Clinic, [...] after being restrained by staff. [...]. The report branded the treatment of members of the ethnic minorities by NHS mental health services “a disgrace” saying that: institutional racism is present throughout the NHS and that: people from the black and minority ethnic communities who are involved in the mental health services are not getting the service they are entitled to.

Finally, dignity of clients of mental health services is defended in a number of items:

Watchdog condemns NHS trust over ‘threadbare’ services
Mentally ill patients and other local people were being put at risk due to its “failing” and “threadbare” mental health services (The Guardian, 16/03/2004) with special attention at compatibility with human dignity of clinical treatments and their appropriateness:

No holds barred
The use of straitjackets to control mental patients has long been discredited in Britain as inhumane and dangerous. (The Guardian, 02/02/2005)

Why has the NHS been examining whether to introduce controversial state-of-the-art mechanical restraints? and at age groups specific needs:

Teenager was wrongly held in adult psychiatric unit
A teenager with severe learning difficulties was heavily sedated, sometimes forcibly, and locked up in an adult psychiatric unit for 18 months because a local council failed to fund an appropriate place for him (The Guardian, 02/02/2005)

Mental illness/psychiatric patient
A number of undifferentiated depictions imply that mental illness is a unitary condition, and encourage similar responses to anyone who suffers from such a disorder. An example is the well-known case of the man who tried to kill the former Beatle member George Harrison, a case where celebrity of people involved implies further sensationalism and hype.

Beatele’s attacker is freed
George Harrison’s widow said she felt ‘dismayed and insulted’ last night after the schizophrenic who tried to kill her late husband was released from a secure psychiatric unit. (The Daily Mail-News section, 05/07/2002)

In this note, the person’s status as a patient was central, so that his mental illness was conveyed by systemic elements of the theme such as secure psychiatric unit, schizophrenic patient:

The schizophrenic patient who stabbed the Beatle ten times in the chest in a frenzied attack is now considered safe enough to be released even though he left the musician close to death.

Or mental health officials:
The decision by mental health officials to release [...] comes amid heightened concern about the failings of the system to cope with people who are dangerously mentally ill.

Such systemic elements cue readers to make sense of the events by drawing on commonsense understandings that those who suffer from this condition (mental illness) are dangerous and unpredictable.

Other irrelevant diagnostic labels were added, with more stigmatization:
Former heroin addict Michael Abram was freed less than two years after being told he would be locked up indefinitely.

Another similar example can be cited from the Guardian: Mentally ill stalkers get life for killing boy
A mentally ill man obsessed with child sacrifice was sentenced to life in prison yesterday for the murder of a boy of 12 in London (The Guardian, 02/02/2005), again by drawing on commonsense understandings that those mentally ill are dangerous and unpredictable.

Discussion
There are a number of methodological issues in relation to this study. The most important is the method of sample selection, including only a small non-representative sample of media items. Second, the sample was compiled retrospectively, from previously existing (which meant that it was impossible to operate with a specific definition of community care for the mentally ill) searchable databases that do not have a well-defined, and perhaps inaccurate, Boolean syntax. Thus, we may not have adequately search for positive elements in the depictions of community care for the mentally ill. This has important implications for the generalizability of findings.

Another important issue relates to the method of analysis used, content analysis procedures, to evaluate whether items were considered to be positive, neutral or negative, did not use any rating scale, and was purely subjective. However, the thematic analysis reliability was preserved...
using a second investigator to seek consensus through an exhaustive discussion in the interpretation process. We also tried to temper this limitation following the scheme of a classical relevant paper. On a whole, there is a need to use triangulated methods. It is therefore difficult to interpret these findings, and we acknowledge that conclusions are tentative.

However, with regards to content analysis, the assessment of frequency showed that the overwhelming majority of items related to negative, violent representations. More than half of all items depicted care of the mentally ill within the community as dangerous. These depictions were more frequent for items from the Daily Mail, while the Guardian archive provided a larger amount of items related to the research question.

The thematic analysis identified four themes: risk of dangerousness and threat, vulnerability, human rights and mental illness/psychiatric patient. Three of these produced a stigmatizing depiction of the mentally ill and of related community care, adding strong criticism for psychiatric services. Risk of dangerousness and threat was foregrounded in news stories, encouraging feelings of disgust, outrage or fear of the patient, and of the people and institutions responsible for his presence in the community. The human rights theme offered the possibility of a positive depiction, although it is questionable whether this is able to achieve a positive portrayal of community care for the mentally ill. Many items where the vulnerability of the mentally ill in the community was emphasized actually undermined his/her entitlement to privacy and ordinariness. The characterization of community care seems sketchy and generic, largely because it is dominated by systemic elements of the mental illness/psychiatric patient theme, encouraging readers to draw on commonsense about mental illness in understanding the story. The portrayal of community care for the mentally ill as dangerous seems designed to capture the interest of readers. It is essential that readers are supported in ways that authorize their challenge to generic, depersonalized stereotypes of mental illness. The general population believes that psychiatric patients are unpredictable, and this belief may be influenced by the media.

Inappropriate language was a central concern, as along with particular framing devices, they may together contribute to the stigma associated with mental illness. Other items reflected concerns, especially over government funding, government policies on mental health, and fears of funding cuts or shortages of services. The main concern is about printed media representations over a longer time frame. Such a choice is not an issue of accuracy or objectivity, but it does have serious ramifications for the ways in which audiences may interpret news and information about community care for the mentally ill, leading to accepting particular interpretations, such as, for example, seeing all people with a mental ill as violent and dangerous. If the right choices are made, they can help to destigmatize mental illness in the community and improve the lives of people with mental illnesses.

References