Author's response to reviews

Title: Newspaper Coverage of Mental Illness in the UK, 1992-2008

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Dear BMC Public Health Editorial Board,

This letter outlines the changes made to the manuscript “Newspaper Coverage of Mental Illness in the UK, 1992-2008” in response to the referees’ reports. **Referees’ comments are in bold,** and our comments follow.

**Response to Referee 1 and Description of Changes Made**

**Minor Essential Revisions**
- **Background:** please add to the statement on the past 20 years that it relates to the UK
  - Added.
- Please describe Bonferroni adjustment under data analysis
  - Added.
- **Page 5, end of first paragraph under coding:** please describe whether one or two researchers were involved in deriving of thematic categories.
  - This was done by the lead author (RG), with the final codes discussed with other authors. Added to the text.
- **Table 1:** please present clearly how explaining and exploring mental illness are both subcategories of “good news”
  - Table 1 and appendix I amended.

**Major Compulsory Revisions**
- **Overall,** the information in the paper is interesting. However, the organization and structure of the paper needs improving.
  - It appears that not all the aims/hypotheses of the study are described in the background.
  - In the methods section, the it is not clearly stated how each of the hypotheses will be tested. As a result, the results section includes paragraphs that appear to have interesting content. However, the reader does not know why that result is being presented.
  - Also, in the methods section the reader cannot follow how the coding system would lead to the testing of the hypotheses.
  - In the discussion on page 15 (last paragraph before the conclusion) the aim to “give a broad overview of how diagnoses are covered” is firstly described. I suggest that the authors more clearly state (all of) their objective and organize the results section according to these objective.
  - Although the literature on mental health reporting is extensive, we know of no other papers explicitly stating and testing hypotheses as we have done here. Nevertheless, given the complex way in which meaning is conveyed by the media, we feel analysis should retain some exploratory nature, in addition to hypothesis testing. A sentence has been added to the end of the background paragraph to note that in addition to testing the specific hypotheses, the study had broader, more exploratory goals. The second paragraph of the ‘Coding’ sub-section within the Methods section has been expanded to more explicitly explain how the hypotheses are tested.
- Please elaborate on stigma in the background, what is defined as stigma-provoking content of papers? Although stigma is mentioned in the
background, a thorough description is lacking which makes it hard for the reader to understand the codes in Appendix I.

- The precise nature of mental health stigma is the subject of an extensive literature; the reference to Thornicroft (2006) in the first sentence points to one of the more comprehensive overviews in recent years. Operationalizing mental health stigma for media analysis has also been done extensively elsewhere; the reference to Corrigan et al and Wahl et al points to some of the more substantial efforts to this end, as do the references to large systematic reviews of mental health reporting (refs 6-9). To address this point, but keep the paper concise and focused, we have added a comment to the introduction referring to the range of theories on stigma, along with the key references: “The precise nature of mental illness stigma is subject to various definitions, though it is generally held to connote the tainting of affected individuals by an interrelated set of negative ideas (stereotypes) and/or behaviours (discrimination) [1-5]. Common stereotypes include that such individuals are dangerous, unpredictable, incapable, incurable or strange. The extensive literature on media coverage of mental illness points to its frequent use of such ideas [6-9].”

- Also, the paragraph on page 13 (discussion) on how a biological model of mental disorders can provoke stigma is hard to follow.
  - We have rewritten the point to clarify it: “The consistent and increasing preference for reporting on the psychosocial over the biomedical aspects of mental illness raises conflicting issues with regards to stigma. On the one hand, this is a positive change given that the biomedical model of mental disorders may be more likely to illicit stigmatising views from the public [24]. On the other hand, the marginalisation of the biomedical model might simply perpetuate the stigma of those seeking and receiving pharmacotherapy as opposed to psychotherapy.”

- Background: please be clear about the three time points and period or move it to the methods section
  - Time points have been added to background.

- Please describe the design of the study, including time points in the methods section.
  - See comments re. time points in response to referee 2.

- Please explain why a truncation was not used for mental disorder. Wouldn’t the papers have also used the plural?
  - Nexis, the database used, automatically searches for plurals of all search terms entered. Truncation is only required where word roots lead to variants beyond simply plurals e.g. psychiatr* = psychiatric, psychiatry, psychiatrist.

- Please explain more clearly how the input of Corrigan and Wahl lead to the codes that were used. I cannot see how they are related.
  - As noted in the first paragraph of the ‘Coding’ section (p5), the coding categories from these two studies were piloted on a sample of articles. This was in line with the desire to build on a mature literature, rather than devising an entirely new framework for analysing mental health reporting. Piloting these codes revealed some to be rare, ambiguous, or hard to reliably operationalize, and were therefore rejected; others were adjusted or combined. As noted in the text: “Thematic categories derived from
these studies were piloted with a small sample of articles including all three time points, and were accepted, rejected, or adjusted in light of considerations of reliability and validity.” Appendix 1 lists the codes from these 2 studies in columns alongside the codes used in the present study.

- Please explain what the authors mean by “the much smaller changes in the elements of reporting give some qualification to this meaning”
  - The paper notes that “the much smaller changes in the elements of reporting give some qualification to this finding”. This refers to the fact that the four-stigma related ‘elements’ – explained in the background and results – did not change significantly, in contrast to the positive changes in ‘themes’, thus leading us to qualify our claim that reporting improved.

- Discussion, page 11, last paragraph: pattern in all four publications: please explain.
  - We did not feel this point could be further clarified. The texts reads: “Nevertheless, it is significant that while ‘bad news’ stories about mental illness remain as prevalent in absolute terms as they did nearly 20 years ago, there is now a considerably higher proportion of coverage devoted to explaining mental illness and exploring the experiences of individuals affected by it. The presence of this pattern in all four publications suggests that the observed changes represent a general trend across the print media”.

RESPONSE TO REFEREE 2 AND DESCRIPTION OF CHANGES MADE:

Major points
1. The study is limited to 3 time points. Have the authors considered secular biases around each time point that might have influenced their findings? They refer to economic downturns in 1992 and 2008 as one example. They also discuss the introduction of a diagnosis of dangerous and severe personality disorder in 2000, one of their survey years. Furthermore, what about major incidents, e.g. killing of members of the public by patients? It is of note that one of the most publicised deaths of this sort in the UK (the murder of Jonathan Zito by Christopher Clunis) occurred at the end of 1992, their start year. Although very late in the year, is it possible that this biased findings in that year? Or conversely imagine the findings if they had chosen to start in 1993? My point is that such time points are very sensitive to sensational events.
2. In short, I am unsure why they chose only three time points and why they chose those years. Was 2000 chosen simply because it was midway between 1992 and 2008?
3. Thus, would more time points and less depth have been preferable? Given articles were selected randomly in each of their three years, could they not have sampled (with smaller sample sizes) across more years? There is a real danger here of spurious findings because of a small number of measurement points.
   The use of more time points would indeed have been desirable; this has now been added to the ‘Limitations of the study’ section. However, the following factors reassured us that 3 time points represented a reasonable choice:
   a) Articles were sampled from across the whole year (unlike most previous studies, which sampled a few weeks or months of reporting). Despite their impact at the time, even big cases like that of Zito and Clunis are not usually prominent in reporting for prolonged periods, due to the rapidity of the news
cycle. As it happens, no articles featuring the Zito case appeared in our sample. Every year has its share of sensational events e.g. 2008 saw several stories on Paul Gascoine’s unusual behaviour and subsequent detention under the Mental Health Act. However, neither the Gascoine story nor any other individual event appeared unduly prominent at any given time point.

b) It is also the case that one cannot say a priori that a specific sensational event necessarily skews the data one way or the other. For example, the Zito/Clunis case didn’t just involve reporting on the killing itself, but also gave rise to a lot of reporting on mental health services (particularly Care in the Community) which is not itself stigmatizing. The Gascoine case, which did appear in our sample, included some stigmatising stories (e.g. focusing on his strange behaviour), but other sympathetic stories about his situation.

c) More time points might have nevertheless minimized any risk of particular events skewing data, but at the cost of creating a substantial coding burden. Our sample size is already larger than most previous studies. Taking fewer articles from more time points might have alleviated the problem, but then the numbers of articles on individual diagnoses at each time point would have fallen so low as to reduce the ability to make statistical comparisons; this was already the case with some of the less commonly reported diagnoses (see some of the blank cells in Table 4).

d) 2000 was chosen as a midpoint between 1992 and 2008, so that there was the same interval between each time point.

4. It is unclear why they chose four fairly high standard newspapers. Although the Daily Mail and Evening Standard are considered “tabloid” they are not in the same league as the “Sun” and “News of the World”. The latter, which (to put it politely) are not known for their balanced approach to sensitive issues, have by far the largest circulations in the UK. Were their archives not available?

The rage of newspapers used (and the fact that it was only newspapers, and not TV) is perhaps the study’s greatest limitation, as noted in the relevant section: “While this study contributes new information, it has several limitations. Firstly, the variation in coverage across newspapers makes it clear that a more comprehensive sample of the national newspaper market would have been desirable. To this end, it is hoped that tabloid newspaper archives become more easily accessible in future. The study is limited to newspapers, neglecting what may be the more influential messages found in television and film, particularly dramatic fictional portrayals.”

The Sun and NOTW archives are not available through the Nexis database. Since completing the study, the Sun archives have become available through their own website, but only as far back as 1996. Ideally the study would have started with an earlier time point, and with all national newspapers, but before 1992 only the Guardian and Times are available. Thus 1992 was chosen as a compromise between the conflicting goals of going as far back as possible, but with a range of newspaper types; as the methods section notes: “The Nexis electronic newspaper archive was used to gather articles from a range of national, general audience dailies. The earliest year for which a broad selection of publications was available was 1992, comprising The Guardian (broadsheet, left-leaning), The Independent (broadsheet, left-leaning), The Times (broadsheet, right-leaning), and The Daily Mail (mid-market tabloid, right-leaning). Only The Guardian and The Times were available before this date, while other national newspapers were not available until the late 1990s”. 
5. The terms used in the main hypothesis are vague. ‘Improve’ is not defined. In terms of accuracy, empathy, balance or all three? ‘Bad’ also seems vague. Why is reporting suicide bad? Although ‘bad’ seems related to stigma and ‘good’ to explaining and exploring mental illness, does bad trump good as both could occur together?

6. The data are reduced to categories, a quantitative approach is used and statistical tests are applied to assess change. However, exactly how much change was expected and how much would meet criteria for improvement is not suggested in the Method.

7. As the authors say, rating these stories is very subjective. Many might have had “good” and “bad” elements within the same story (see my point 5). How was that handled? I see that the Kappas were only in the moderate range.

A clearer definition of how the codes relate to the hypotheses has been added to the methods section.

Fuller definitions of each code are given in the codebook. On the example of suicide, articles which focus on the act of suicide would be coded as suicide and hence bad news. But as the codebook notes: “if suicide is used as a measure of population-wide mental health, and the illnesses leading to suicide and their treatment/prevention are discussed more than the prevalence and acts themselves, it could come under another theme e.g. explaining [mental illness], [mental health] services.”

Themes often did occur together, and again the codebook had specific criteria to decide which was the main theme e.g. which theme was discussed more extensively in the article, which theme was discussed first in the article.

The kappa values were indeed moderate; this is noted in the results and has now also been added to the limitations section.

Along with the revised paper, we have now uploaded the codebook as an additional file, referred to in the Coding sub-section of Methods.

8. It is difficult to place these findings in the context of health reporting as a whole. Has the reporting of other health conditions become more accurate, balanced and informative over this time period as well? That is, is this change part of a general evolution as UK society becomes more educated about health issues or has something unique happened in mental health? If the former, then anti-stigma campaigns are probably irrelevant.

This is a fair point, and one we acknowledge in the ‘Relationship to campaigns and public opinion’ sub-section of the Discussion: “we can not make any specific claims in this area”. A sentence has been added to discuss the possibility that health reporting in general has improved, but a literature search suggest there are no studies looking at this question.

We would like to thank both reviewers for their detailed and thoughtful comments. We hope our revisions and responses have adequately addressed their concerns, and look forward to hearing from you.

Sincerely,
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