Reviewer's report

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

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Reviewer: Michael King

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This a content review of reporting on mental health issues in four daily newspapers in the UK from 1992 to 2008. The aim is to assess whether reporting has improved over this period. It is an important and interesting idea but I have some concerns about the method.

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.

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?

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.

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.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests