

Media and political agenda setting: the case of mental health policy in Lithuania

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Abstract. *Media has a very specific role in forming agenda of mental health policy. In their reports, journalists directly question systemic issues, trajectories of the mental health policy and respective legislation. Media also acts as a mediator between citizens and politicians rendering understanding to the latter that their electorate is scared and supports increasing means of guardianship and control. Finally, media can ignore important outcomes of mental health policy.*

This strategy gives an account that mental health issues are of low importance and public scrutiny is not needed.

The data for the context and content analysis derived from two main sources: online news webpage (time frame covers year 2000–2011, 1353 cases) and Parliament records of official proceedings (year 1990–2010, 567 cases).

Media discourse proved to have a significant influence on political agenda, since in most cases political discussions on the topic of mental health were referred to media sources. Research data suggests that media coverage as well as the political debates on mental health are characterised by general stagnation, superficial understanding and stereotypical attitudes. This overall pattern was breached during the period of 2004–2006 which was marked by significant international events, namely the EU entrance and adoption of the Mental Health Declaration for Europe. During this period the policy of mental health received considerable attention in the media, decreased media articles related to criminalisation of mental health. The research identified major players that were able to break the vicious circle in the media and political discourse around the marginalised and stigmatised subject.

Key words: *media, political agenda, mental health policy.*

Introduction

The most common definitions of the mental health policy characterise it as an organised set of principles and objectives to improve mental health, to prevent and reduce the burden of mental disorders in a population. Nevertheless, the mental health policy also embodies hidden agenda which includes restrictions of rights and freedoms of individuals who have psychosocial disabilities and outlines situations when professionals have an ultimate right to decide on the method, duration and setting of treatment.

Most influential international documents, such as the Universal Declaration of Human Rights (1948), Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984), European Convention for Human Rights (2000) declare that human rights are afforded to all people on the basis of their humanity and consequently people with psychosocial disabilities too, are entitled to the enjoyment of the same human rights, in equal measure, as all other people. Especially important is Convention on the Rights of Persons with Disabilities (2006) which provides persons with disabilities with a wide range of fundamental rights guarantees covering all aspects of their lives. Last decades were marked with the growing international portfolio of treaties warranting rights of individuals who have disabilities, nevertheless alongside with these developments scholars, especially in the United Kingdom, notice the movement of mental health policy away from the protection of persons' rights towards "a position more concerned with minimising risk to others", as Cutcliffe and Hannigan (2001) put it. This trend is strongly influenced by news in the media: according to Paterson and Stark (2001), the introduction of means focused on surveillance of people who have psychosocial disabilities were rather consequences of negative media reporting than awareness of their actual needs.

Lithuanian mental health policy faces, to some extent, similar trajectories of development. Government ratifies international treaties, thus undertaking obligation to treat every citizen with fairness, equality, dignity and respect for human rights. Under pressure of interest groups and other national and international actors, Lithuanian government adjusts direction of mental health policy towards integration and community care. Simultaneously to these positive developments,

media reporting on dangerousness of individuals who have psychosocial disabilities spreads “moral panic” (Holloway 1996), which results in increasing pressure to keep existing restrictions, isolation and suspend integrative aspirations. Notwithstanding the abovementioned trends proceed in the context of highly institutionalised mental health care, vastly medicalised treatment, intolerant post-totalitarian society and other facets of Soviet heritage which still shape mental health reform in the post-Soviet countries.

Not surprisingly, the media’s reporting of violence attributed to individuals with psychosocial disabilities enjoys wider acceptance than international human rights treaties requiring equal rights and opportunities. Lithuanian society trusts mass media’s representation that emphasizes criminality and is rather sceptical about integration-oriented mental health reform (Mataitytė – Diržienė & Šumskienė 2011).

It is widely acknowledged that media is a powerful mean of forming political agenda. At least four levels of medias’ influence can be distinguished in the mental health field. In their reports, journalists directly question systemic issues, direction of the mental health policy and respective legislation. Furthermore, media influences politicians on equal grounds as the rest of society by creating a sense of looming danger and increasing concerns over their own safety. Thirdly, media acts as a mediator between citizens and politicians rendering understanding to the latter that their electorate is scared and supports increasing means of guardianship and control. And finally, media can also passingly picture or even ignore important outcomes of mental health policy. This strategy gives an account that mental health issues are of low importance and public scrutiny is not needed.

Authors of this article have analysed parliamentary discussions about mental health recorded in the official stenographs of plenary sessions of the Lithuanian Parliament as well as media messages concerning mental health in the top-ranked news portal. Research investigates the scope and content of expectations addressed to politicians in media articles about mental health and vice versa: references to media reporting during parliamentary discussions about topics concerning mental health.

The goal of this article is to identify links between the media and political agenda setting in the case of mental health policy in Lithuania.

The objectives are as follow: to discuss theoretical framework of media’s influence on mental health policy agenda; to outline general trends of the media articles as well as during parliamentary proceedings concerning mental health topics; to identify the frequency and importance of the criminal context of the media reporting or parliamentary discussions concerning mental health; to explore the long-term trends and possible influence of other players or political events.

Authors of this article have analysed parliamentary discussions about mental health recorded in the official stenographs of plenary sessions of the Lithuanian Parliament as well as media messages concerning mental health in the top-ranked news portal. Research investigates the scope and content of expectations addressed to politicians in media articles about mental health and vice versa: references to media reporting during parliamentary discussions about topics concerning mental health. Scientific novelty of research is defined, first of all, by a choice of its theme. For the first time, an in-depth analysis of media’s influence on mental health political agenda in Lithuania is offered. Besides, novelty of the present work consists of the selected methodology: combination of data obtained from the online news webpage and Parliament records of official proceedings. And finally, scientific findings are of practical utility at the current stage of stagnating reform of the mental health care system.

Theoretical approach

Based on the literature on media framing and political agenda setting, authors draw on the following theoretical framework for media's influence to mental health policy development:

First, the distinction between *holistic and fragmented coverage of the mental health issue*. Media is a vital actor in the framing process as introduced by Goffmann (1974). Media frames the complicated subject of mental health by narrowing it down to criminal facets, especially dramatic events (Philo et al. 1994, Thornton and Wahl 1996, Wahl et al. 2002), thus losing most of the important contextual information. Negative news drive more public concern and consequently, rapid political response emerges in the form of putting the issue on the top of the political agenda (Paterson & Stark 2001, Palfrey 2000, Holloway 1996, Cutcliffe & Hannigan 2001). The continuum between holistic and fragmented coverage of the mental health issue embraces several aspects of the anticipatory political response. Manheim (1986, cited in Walgrave & Aelst 2006) identifies the relevance of the institutional ownership of an issue: if the scapegoat is obvious, immediate political actions will begin. Nevertheless, if the subject is ambiguous most probably it will have only a moderate effect, moreover, ambiguously presented reports on recurring issues have the lowest potential of the political impact (Protest et al. 1987).

Second, the division between *rational and emotional mental health reporting* and its political consequences. Diržienė and Šumskienė (2011) maintain that in medias' reports on mental health focus is moved from the cognitive level (increase of knowledge) towards emotional level (increase of fear, sympathy, and manipulation of societies' feeling of insecurity). Recipients of this signal, based at the decision making level, perceive that society anticipates a certain reaction and most often react emotionally, or as Murray Edelman put it, pursue a symbolic agenda which is rousing from outside and hollow in content (1964, 1971). As a contrary, substantive agenda results in tangible and sustainable reforms that occur after the respective message appears in the media.

Media Influence on the Political Agenda and Mental Health Policy

Scholars became interested in the domination of mass media, the fourth estate, over the other three estates and also its impact on forming the opinion of the general public in the 1970s when McCombs and Shaw (1972) claimed, for the first time, that the media, although it has little influence on shaping opinions or their intensity, sets the agenda of every political campaign determining which political issues will be considered most important. The authors asserted that the greater attention devoted by media to a concrete issue, the more important it is considered by the general public. Links between politics and the media agenda attracted attention of representatives of politics, print media and experts in other social sciences and research in this field has been continued since then, sometimes demonstrating rather different results. Walgraave and Aelst (2006) of Belgium generalised the main research conclusions about the impact of the media on the political agenda since the 1970s. According to them, of the 19 studies, almost half established a strong media influence of the political agenda, in four it was great, three found only weak impact, while another four did not observe any influence (p. 91). In 2008, Walgraave examined two contradictory opinions about the impact of the media on politicians and vice versa – politicians' influence on the information in the media. Different methods applied in the research demonstrated different results: the method of time series analysis with quantitative examination of information in the

media and the political agenda on a definite issue suggested that the media attention in most cases preceded the politicians' attention and journalists made a great influence on the political agenda. Research that drew on qualitative interviews with representatives of the political elite who denied media effect on the political agenda suggested an opposite picture. In their opinion, the role of the media is more marginal, while policy insiders, such as political parties, interest groups and representatives of the executive or legislative power are much more important. Bielinis (2002) calls such a situation when politicians are made to coordinate their actions and decisions with the information in the media a competition between politicians and the media that determines what/who will set out conditions.

Authors distinguish two types of political reaction to the messages in the media: symbolic and substantive (Walgraave & Aelst 2006, Edelman 1964, 1971, Protesse et al. 1987). Political reaction is determined by the type of the message: typical or eternal (Walgrave & Aelst 2006) as well as ambiguous (Protesse et al. 1987) messages can be ignored by politicians; reporting without identifying clear institutional ownership (Manheim 1986, cited in Walgrave & Aelst 2006) can expect only modest reaction without any clear political decisions; messages with heavy emotional load raise equally turbulent and rather symbolic political response. Only new, unambiguous messages containing clear institutional ownership can lead to substantial political alterations.

Analysis of the media impact on mental health policy reveals that mental health reporting in the media is consistently negative, thus it evokes very uniform expectations to the mental health policy. There is a vast amount of data demonstrating that the media perpetuate negative coverage of people with psychosocial disabilities. The mass media often suppose that there is a link between people suffering from mental health problems and violence, dangerousness and criminality. There is also much evidence that such inappropriate coverage adds much to the public stigma, persecution and victimisation of people with psychosocial disabilities. There is one more outcome brought on by such negative portrayals and representations, which is that the media representing issues of mental health in a certain way has always had an effect on government policy and legislation. For instance, Holloway (1996) pays attention to the fact that in the UK the appearance of various mechanisms of control over people with psychosocial disabilities (supervised discharge, supervision registers of such people in the community etc.) in the mental health policy in the 1990s was caused at least partly by the media-fuelled "moral panic" after two homicides involving persons with such a disorder (Cutcliffe & Hannigan 2001).

Analysing Canadian newspapers, Olstead (2002) draws the conclusion that with the prevailing financial cuts for the health system, the conviction that people with psychosocial disabilities are inevitably violent determine that limited and costly resources should be allocated to protect the public, rather than to fill in the gaps in the psychiatric and community mental health services systems. Giving the problem over to the community and ignoring reality that the mental health services rendered were ineffective only for a few people with mental disorders serve only to reduce the public's trust in mental health experts and to contribute to stigmatising attitudes and beliefs (Hewitt 2008).

In 1996, the Department of Health of the United Kingdom carried out a study which suggested that there was a link between the negative images of people with *mental health problems* in the media coverage and the country's mental health policy (Rose 1998). If the prevailing public attitude is that people who were diagnosed with *a mental health problem* are either those who commit violence or are victims, and in any of such people cannot take care of themselves, the

government policy will reflect such conviction and attitude. Policy-makers are more inclined to restrict and control rather than to promote recovery and life in the community. If the public understanding of *mental disorders* is based on negative and false images in the media coverage, politicians react to the distorted reality, but not to the real needs of *people with mental disorders* (Edney 2004).

Besides, this public negative stereotype understanding of such people predetermines increased fear of them living in the community, which in turn leads to less support for community services and individual human rights. As a result of this, there is public support for legislation that allows mandatory treatment and hospitalisation and such legislation is drawn up. The police power is also being increased because the public is frightened and believes that *people with mental health problems* living in the community pose a threat (Rose 1998).

Suitably worded and consistently implemented mental health policy should minimise emotional and rash reactions of politicians to the information in the media as well as to assure that in the long-term perspective there are fewer causes for pieces of bad news on the topic of mental health.

Prior to research done by the authors of this article, there was no research of media influence on mental health policy in Lithuania. But comparative qualitative research done by Swedish, Lithuanian and Norwegian researchers in 2009 on how media represents homicides committed by *people with mental health problems* in these different countries reveals some aspects of this process.

The focus of attention in these three homicide stories was very different: the crime itself (in Lithuania), the political responsibility (in Norway) and the moral character of the perpetrator (in Sweden). Only the Norwegian media was discussing wider socio-political circumstances and responsibility of mental health system in this case. Lithuanian media has shown no interest what so ever in wider social circumstances of the homicide or in the gaps of mental health system or any other social support system. 44 articles from national and regional newspapers and from the most popular news websites were analysed and in just one of them a politician was interviewed (in fact, he was approached as a professional psychologist). The case was personalised to one person, the perpetrator and stereotyped (Ljuslinder, Morlandsto & Mataitytė 2011).

Research done on this case has confirmed that media is not participating in setting political agenda on mental health issues in Lithuania.

Change in mental health policy

In 2007, *The Lancet*, the world's leading general medical journal, focused on the issues of mental health and carried a series of articles on the topic. Generalising the discourse that went on for four years in the journal, Patel et al. (2011) wrote that there was a global mental health crisis caused by a great flaw in providing the services that appeared due, not to insufficient evidence about the mental health problems or their effective treatment, but to the barriers in the chain of the entire health care system, beginning with global policy and ending in health care in communities. Horton (2007) stated that forming mental health policy it would be salient to learn from the past successes and mistakes – setting priorities, political leadership, adequate financing, decentralisation of mental health services, integration of mental health care into primary health care, instructing health care system workers on some aspects of mental health.

Mental health experts, politicians, scholars and researchers live in the cultural milieu and are equally influenced by public opinion and trends. According to Hewitt (2008), one of such trends is the wish to foresee the threat posed by *people with mental health problems* and defend society from the citizens who allegedly pose a threat or from their dangerousness. This in turn leads to legislation being introduced that focuses on a strict monitoring and control of *people with mental health problems* who live in the community (Hewitt 2008). Cutcliffe and Hannigan (2001) analysed how the mental health policy and legislation changed in the UK in 1990s and noticed that the mental health policy had become more mandatory. They asserted that there was a link between the negative and false portrayals of mental health in the mass media and mental health system changes in the UK.

Comprehensive and efficient mental health care services are provided when a country has a suitable policy that formulates and shapes the system of mental health care with a developed network of services. The dissemination of mental health problems and the economic burden of psychic disorders make it necessary to develop and implement mental health care policy with the aim to improve public mental health care, provide services and carry out the prevention of mental disorders. A clearly defined mental health policy coordinates the provision of main services and prevents the fragmentation and ineffectiveness of the health care system. The absence of mental health care policy adds to the violations of personal rights of people with psychosocial disability, first of all their right to access to mental health care services provided in the community.

Frank Baumgartner and Bryan Jones (1993) studied various spheres of public policy in the USA over a forty-year period using media libraries and congress deliberations. The authors gave a punctuated equilibrium model, according to which long periods, when certain issues receive little attention, are followed by shorter periods of great interest connected with significant political and institutional change. It is possible to attribute mental health policy in Lithuania to the sphere of public policy that did not get to the top of the political agenda and did not undergo essential change, although the Soviet mental health care system did not adhere to the principles of the modern health care system and was criticised for the dominating medical model and human rights violations. With the demise of the Soviet Union and the reestablishment of Lithuania's independence, important systemic changes were expected to take place as it happened in other spheres of public, political and economic life. However, the mental health care system turned out to be inert and political discourse and institutional change did not start (Šumskienė 2014). There was one more chance to make changes in the fifteenth year of independence when Lithuania joined the EU and pledged to respect and foster its values, among them human rights. However, even this event did not change the course of mental health policy. Rather to the contrary – the existing policy received support for its continuation: Pūras et al. (2013) noticed a paradoxical phenomenon that mental health care institutions received huge financial support from EU funds to improve the facilities although with their ideas, activities and (un)achieved results they fundamentally opposed the values postulated by the EU. The system based on its main pillars – mental hospitals, which, according to Dowdall (1996, p. 15), proved to be difficult to manage, an unresponsive and almost unchangeable instrument in the hands of its founders and their successors – remained stable.

Goldman and Morrissey (1985) examining public mental health policy noted the cyclic nature of institutional reforms whose every cycle was marked by public support to a new attitude

to treatment and a new type of health care institutions. In their opinion, new cycles received public support because they promised a successful prevention of chronic mental disorders. As the promises were not fulfilled, a new cycle would start. They were sure that public opinion was one of the most important factors that influenced political solutions. Meanwhile, research carried out by Dowdall (1996) suggested that economic motives rather than public support determined institutional change in the mental health care system. Drawing on the case of Buffalo State Hospital, he noted that after the Second World War the hospital was allotted more finances, fewer patients were hospitalised and more patients were discharged to be treated in the community. Due to this, the mental institution responded to deinstitutionalising tendencies and was transformed into a psychiatric centre. Katz (1992) asserts that the change in the mental health care system was shaped by the achievements in the pharmaceutical industry that created conditions for a more effective control of disorders, for more recovery cases, as well as to continue treatment in the community, which in turn contributed to deinstitutionalisation.

Public indifference to mental health care institutions identified by Dowdall (1996) could be applied to the situation in Lithuania. The scholar studied the statistics of recovery cases at Buffalo State Asylum in 1881–1955 and noticed that their number during the period changed very little and was rather low with an average of 20%–22% (Dowdall 1996). There was no critique of the hospital's unsuccessful work in the local press. Two conclusions were drawn: either the public supported the facility's transformation into a largely custodial institution that limited the freedoms of its patients, or the mental health policy was developed in this direction capitalising on the fact that the public was not interested in its work.

In independent Lithuania, the mental health and human rights NGOs aim at achieving essential changes in the structure of the mental health care institutional system switching over from in-patient to community care. However, failing to enlist public support no respective decisions in the mental health policy have been made. Reforms initiated by the NGOs do not receive support from the public because, as surveys suggest, people mostly notice personal traits of persons with psychosocial disability that signal a potential threat to those around them – inability to take responsibility for their actions, and inclination to aggression and behaviour that is unpredictable (Mataitytė-Diržienė & Šumskienė 2011, Mataitytė-Diržienė 2011). This public attitude is more favourable for the support of the existing system and does not create a favourable microclimate for essential change in mental health policy. According to these researchers, in most cases information about people with mental disabilities is gathered from the media that pays most attention to reports about offences committed by such people.

Analysis of the trajectories in Lithuanian mental health policy shows patterns of development that are typical for inert systems which implement only the most necessary and inevitable elements of the reform.

Methodology: data and analysis

The data for the context and content analysis were derived from two main sources. The online news web page “Delfi” was selected as a principal source for media discourse analysis. “Delfi” is a leading Lithuanian Internet news channel which publishes information from multiple local and national sources. Time frame covers the period of 2002 to 2011. The political agenda context analysis is based on Parliament records of official proceedings during the period of 1990 to 2010.

Coding procedures consisted of several stages. At the first step, both data sources were indexed by using selected keyword which refined the total volume of records into two issue-related databases – 1353 total cases of media articles and 567 cases of Parliament official proceedings. Custom data mining procedure was applied for retrieving only relevant articles. The asterisk option retrieved words containing the letter string with all possible endings. In Lithuanian language specifically the search for word particle “psichi*” returned only semantic threads related to mental health or psychiatry issues (the specific search string excluded irrelevant general articles on psychology).

During the second coding stage, all cases were attributed into content related categories: violence, suicide, medicine / psychiatry, mental health policy, pop culture, and popular science related context.

For political agenda context analysis, the following categories were assigned to parliamentary hearings on mental health related legal acts: on general health, education, internal affairs, social care, finances; discussions related to EU matters, NGO’s, human rights issues, children health issues. Salient events (referred during parliamentary hearings) related to mental health issues and references to media sources also were coded into separate variables.

Results

General article character

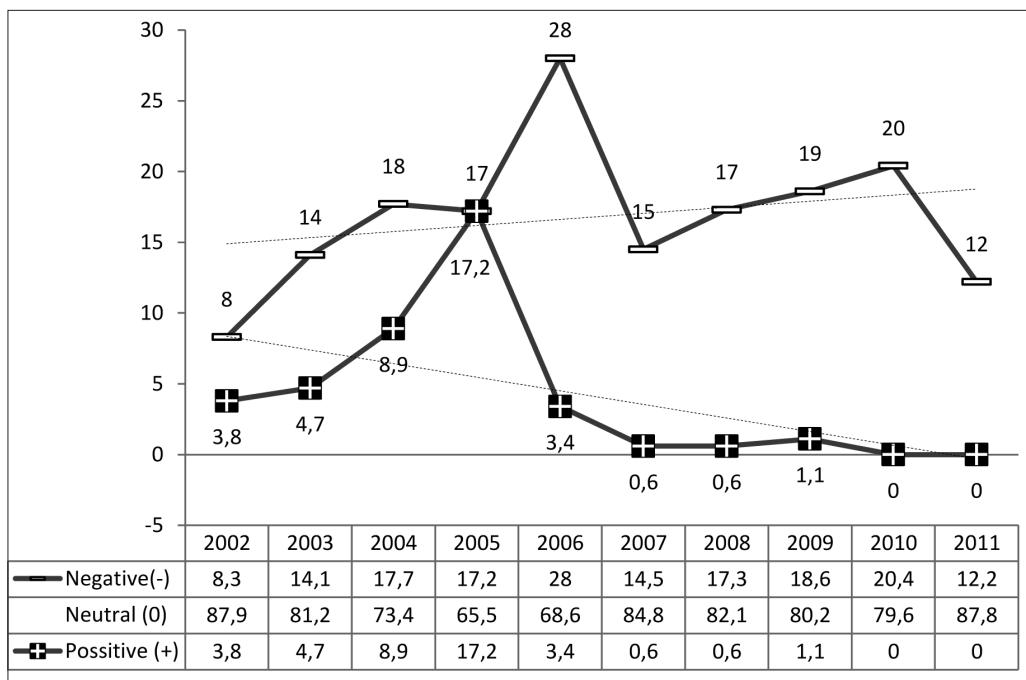
During the 2002–2011, the trend in the general article tone concerning the mental health topic changes very little. On average negative articles account for about 17% of total volume of mental health related articles, while in 2006, negative information peaked and amounted to 28% of total number of articles (Figure 1).

There are little articles with affirmative content (on average, 4% of the total volume of mental health related articles). During the period of 2007 to 2011, only in 2009 the proportion of positive texts exceeded 1%. Again, in 2004 and 2005, there was considerable growth of the number of positive articles (in 2005 there was an “equilibrium” between positive and negative information accounted for 17% each). As we will see later, during this period, less than usual information about mental health in criminal context appeared and there was more than usual news about the issues of mental health policy. The year of 2006 was a turning point, when after the 2005 balance, the part of negative articles almost doubled, while the number of positive ones decreased by five times (up to 3.4%).

The media usually depicts mental health as an issue with a negative shade and there is no indication of situation improvement. The balance between the number of adverse and affirmative tone is always negative (see Figure 1).

Coupled article contexts: mental health related issues.

The subsequent section analyses the incidence of mental health related connotation within the targeted topics: violence and aggression, mental health policy, popular culture, news about science, medicine and psychiatry as well as news about self-aggression and suicide cases. The categories are based on corresponding research (Stuart 2006, Wahl 1995, 2003, Mataitytė-Diržienė 2011, Olstead 2002, Philo 1999, etc.).



*Figure 1. General character of articles concerning mental health topics.
Comparison of affirmative and negative information*

*Percentages of positive, negative and neutral (see table above for detailed statistics). Dashed lines indicate general linear trend.

In the general topic map, the topics related with the context of mental health about violence, aggression, and suicide dominate. Violence/aggression and self-aggression topics include over 50% of subjects with mental health or psychiatry associated context (during the analysis period, mental health themes were most often coupled with aggression – 39%, self-aggression – 12%; Figure 2). Similar research conducted in Lithuania demonstrates analogous tendencies. Diržienė and Šumskienė's (2011) research suggests that media users most often pay attention to information about people with a mental disorder in social risk context: in articles about crimes they account for 41% (Figure 2).

A long-term downward trend of articles about violence and suicide with mental health context has been observed. The change of dynamics of articles about violence and attempts to commit suicide is more or less stable but the number of such articles in the context of mental health is constantly decreasing. The decrease of the number of articles about violence and aggression is especially noticeable in the period of 2004 to 2006.

Topics related to state policy towards mental health problems amount to one-fifth (22%), to psychiatry about one-sixth (15%) of the aggregate volume subjects analysed. During the period from 2004 to 2005, the policy of mental health received considerable attention, while since 2006, the curve of the number of such topics has been going down. In the period of 2006 to 2008, the number of articles on psychiatry peaked (more than double growth compared with a long-term average). The long-term growth trend related to articles on psychiatry is still continuously growing (Figure 2). The trend of the increasing interest (number of articles) on mental health

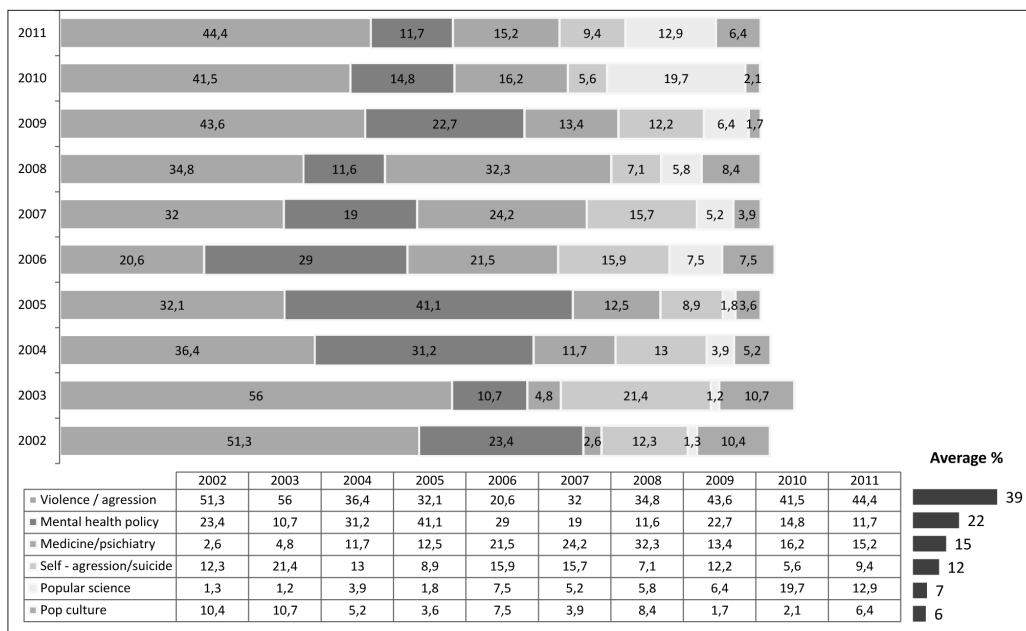


Figure 2. Main article topics concerning mental health, 2002–2011

policy is linked to several significant circumstances. First, 2004 was an accession to EU period. Accession process was related to convergence between the National and EU legislation which among many other fields included issues of health care system. The Second reason of increasing attention to mental health problems in the media is more personally related to the active position of former minister of health.¹

Comprehensiveness of mental health related messages

The variable of information exhaustiveness (length of articles) is equally important as the frequency of mental health related content in the print media. The volume of information related to mental health and psychiatry is rather stable with medium-length articles prevailing (3–6 paragraphs). Nevertheless, a long-term trend demonstrates information scope growth.

¹ After the 2004 election professor Žilvinas Padaiga became the Minister for Health care, and in January 2005 he headed the Lithuanian delegation at the ministerial conference on mental health “Facing the Challenges, Building Solutions” in Helsinki whose main organizers were WHO, the Council of Europe and the European Commission. At the conference a Mental Health Declaration for Europe and an action plan for Europe 2005–2010 were adopted; analysis of the situation of mental health in Europe was made and recommendations for mental health policy foreseen. The events Lithuanian society, health policy makers and the media devoted more attention to the issue of mental health. The Ministry for Health debated a possibility that our country could be a leader implementing the Helsinki conference declaration and action plan and urge other states to speed up the implementation of modern mental health principles. The main actions that Lithuania made in this direction was to work out a mental health strategy (it was approved by the Seimas of the Republic of Lithuania on 3 April 2007 by Resolution No X-1070); a political decision was made that mental health appears among the priorities of EU structural funds for 2007–2013 besides cardiology, oncology and traumatism, as well as the strategically important and supported by the EU project “Child and adolescent mental health in enlarged EU: development of effective policies and strategies” initiated by Lithuania. Its goal is to initiate concrete actions and practices in the sphere of child and teens’ mental health in EU member states and states candidates.

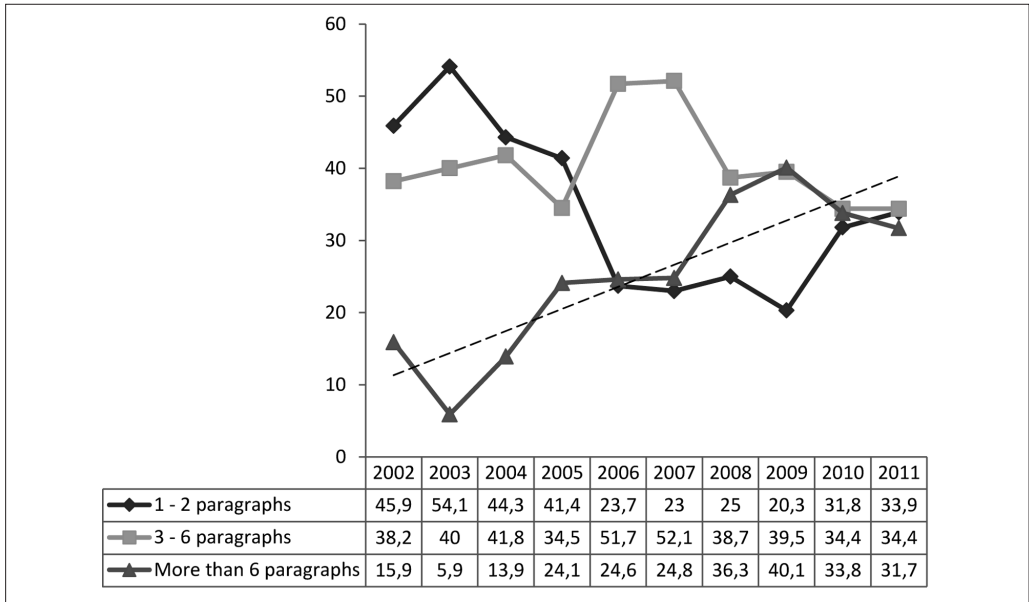


Figure 3. *Change of the size of articles on mental health, 2002–2011*

* Dashed lines indicate general linear trend.

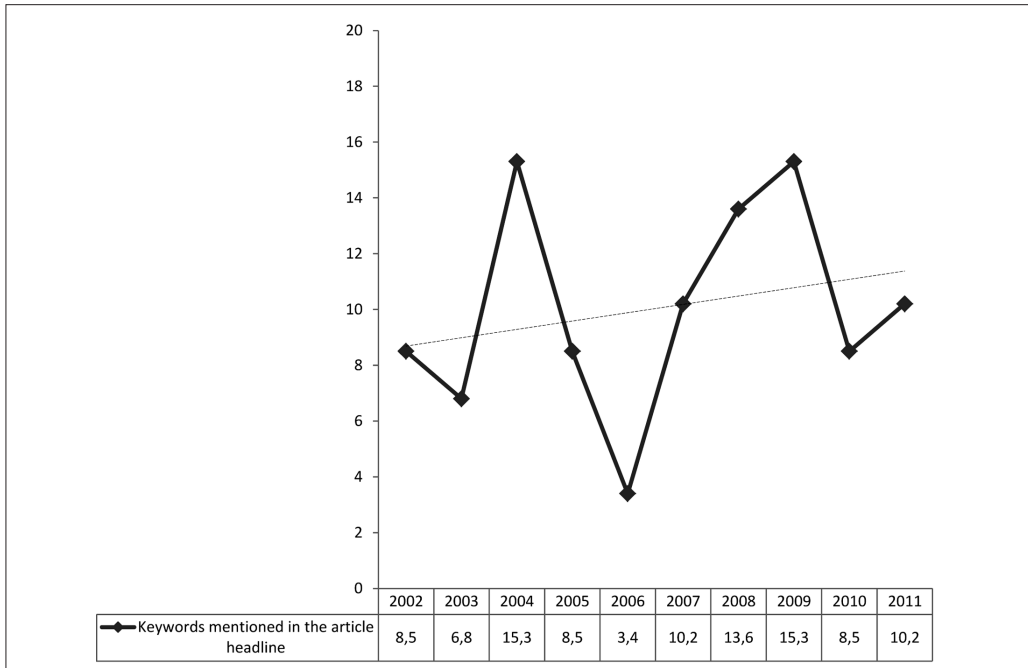


Figure 4. *Keywords linked to mental health in the titles of articles with criminal context, 2002–2011*

* Dashed lines indicate general linear trend.

Especially, the growth tendency is evident in the longest text category. During 2002–2004, long texts on mental health issues constituted less than 15% of total volume, during 2005–2007, the proportion of comprehensive articles grew up to 25%, after 2008, the percentage of long texts exceed one third (at least 33%) of total articles (Figure 3).

Headline references to mental health in criminal context

The headline of an article as the first (and thereafter the only if it is not read) carrier of news information reflects well the tendencies of opinion formation. In the print media article titles demonstrate what information can be expected in them (Blood & Holland 2004) and, attracting attention, prompt to read the entire article. A combination of a mental disorder and criminal offence in the title usually guarantees the readers' interest, however, as Thorton and Wahl (1996) argue it is the best example of the stigmatisation of people with psychosocial disability.

The frequency of keywords in the titles of articles on mental health related to violence and aggression is rather unstable. Crime – mental health coupling in the headlines is observed in up to 10% (average score) of all cases, although significant deviations are recorded in 2004 and 2009 (increase to 15%), and in 2006 (decrease to 3%).

Mental disorders as a declared cause for aggression and self-aggression

At the end of the research period, a psychic disorder as the main reason for describing a case of violence in an article was named a few times rarer than at the beginning (general trend is

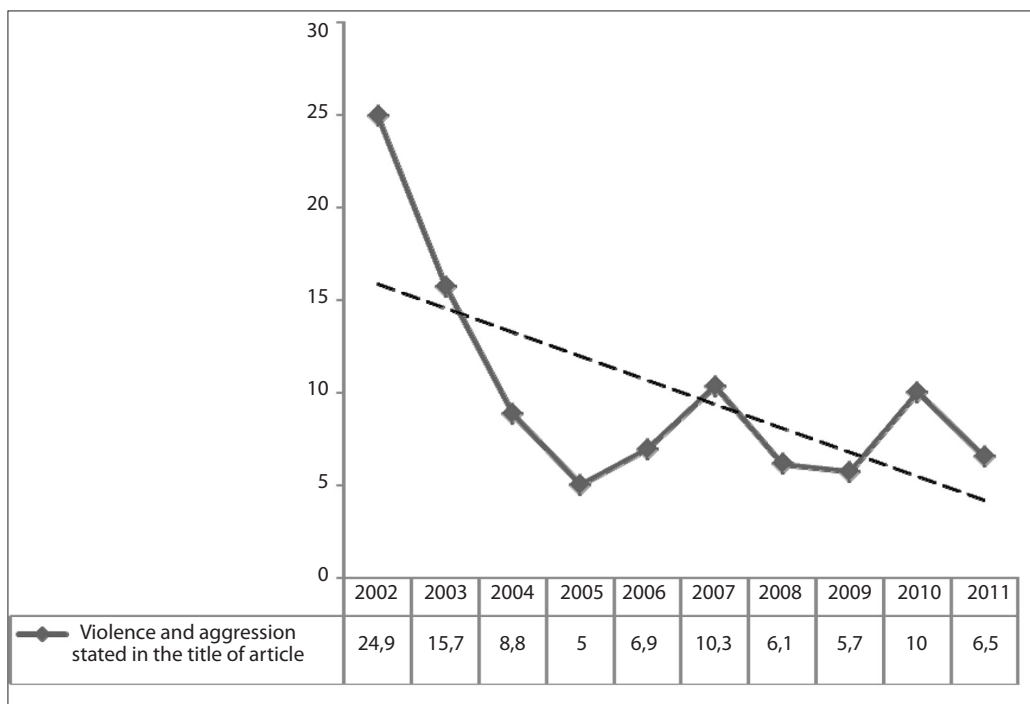


Figure 5. *Mental disorder indicated as the main reasons for explaining violence or aggression, 2002–2011*

* Dashed line indicate general linear trend.

decreasing from 16% to 4,5%). The critical point, just as many other changes identified in the research, was the years 2004 and 2005 when the number of such cases decreased from almost 25% (2002) to lower than a 10% limit. Since that period, there has been little change of the number of cases when a psychic disorder was pointed out as a cause for violence (Figure 5).

In media reports on suicide cases, a similar situation was observed, but the change is still more noticeable. At the beginning of the research period, such cases were rather frequent (31% in 2002), when mental disorders were named as a possible main reason for suicide; since 2007 such cases were not recorded – a psychic disorder can be mentioned in context as a circumstance but it *is not named as a cause* (Figure 6).

The explanation of these positive developments in media discourse needs further analysis, however, some contextual and institutions circumstances could have made an impact. The influence of NGOs that work in the sphere of emotional and psychological support should be mentioned. Organisations, such as Youth Hotline, Children Hotline, Psychologists Association, Youth Psychological Support Centre alongside with their efforts in the sphere of suicide prevention also influence media trying to promote a proper (non-explicit) depiction of suicidal cases in order to prevent their imitation. Article 49 of the Lithuanian Journalists and Publishers’ Ethical Code (2005) directs how to ethically give information about suicide. It urges to protect the personal information or other facts that would help to identify the person of a suicide or an attempted suicide. Releasing such information one should be very careful describing motives and circumstances.

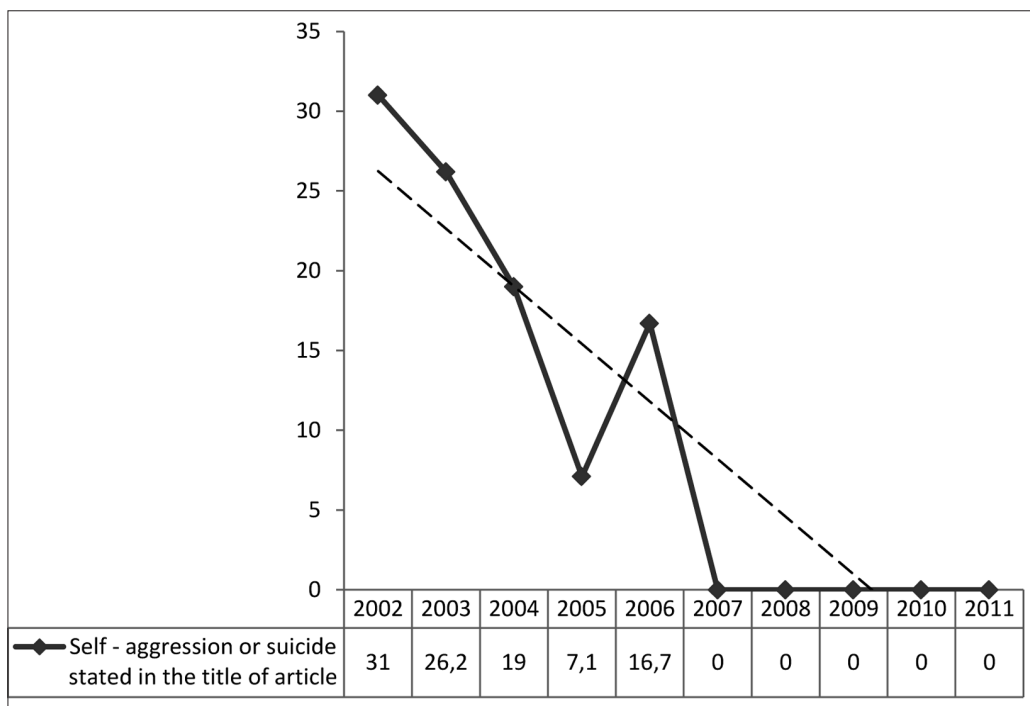


Figure 6. Naming a psychic disorder as the main reason for explaining self-aggression or suicide, 2002–2011

* Dashed line indicate general linear trend.

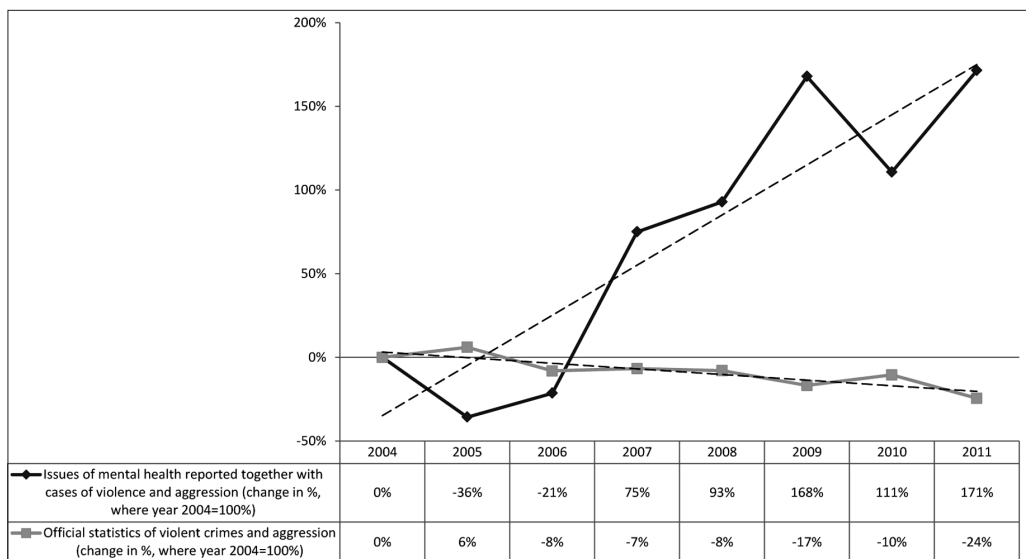


Figure 7. Coverage of psychic disorders in criminal context and official statistics of violent crime. Change compared with the previous period, 2004–2011

* Dashed lines indicate general linear trend.

Mentioning that a psychic disorder was an important circumstance that made a person commit suicide can encourage persons in similar situations to copy the suicidal act.

Cases of interpretations of mental health issues in criminal context

Officially recorded crime rate statistics is negatively correlated to the volume of articles on mental health issues depicted in criminal context (Pearson's $r = -0,87$, $p. < 0,01$). Despite improving official violent crime statistics, the number of texts about mental health in criminal context was increasing (Figure 7).

Research demonstrates that people with psychosocial disability are less inclined to commit a crime than the general population. For instance, research conducted in the US shows that only 3% to 5% of all violent crime was committed by people with mental disorders (Edney 2004), while in Australia, compared to all population, incidence of crime rate among people with a mental disorder accounts for 4% (Henderson 2005) (cit. cf. Diržienė & Šumskienė 2011). Taking into account the data, numerous media articles of such nature are not linked to a great number of crimes allegedly committed by sufferers of psychosocial disability, but rather by the growing public inclination to explain what is unpredictable and causes the feeling of insecurity (Šumskienė & Diržienė 2011).

Mental health issues in political discourse

Emerging salience of the mental health issues in political agenda adds some important arguments to the general discussion on the policy of mental health.

The archive of parliamentary proceedings records served as a reference source reflecting the importance of mental health matters in political discourse. Transcripts of plenary discussions in

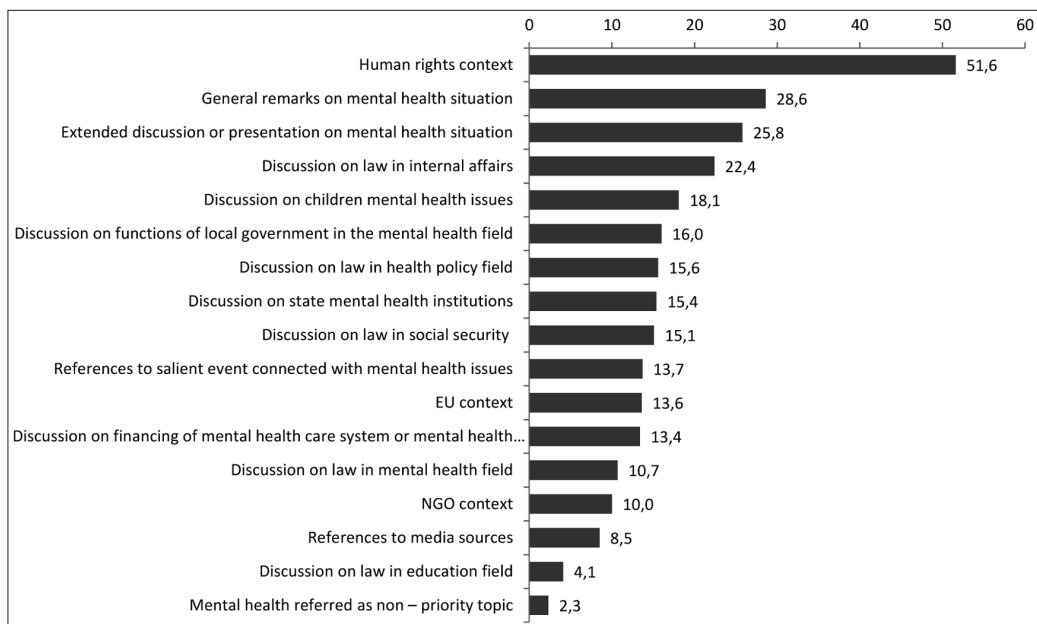


Figure 8. *Mental health issues and discussion context at Seimas plenary meetings, 1990–2010*

Lithuanian Seimas were screened and coded by selected keywords and analysed by quantitative parameters (frequency, the scope of information, and time). Transcripts and records encompass the period of 1990 to 2010. The information was collected using the focused website search technology², which enabled the effective and comprehensive analysis of text volume data.

During the period of 1990–2010, mental health subjects most frequently were discussed in relation with the human rights context (52% of all discussions on mental health topic). General remarks on population’s mental health constituted 29%; extensive discussions dedicated to specific mental health issues 26% of the total volume on mental health context. The latter enables us to assume that the matters of mental health are not a “routine” everyday topic but rather a “special” issue – as much as one-fourth of all cases of mentioning mental health are linked to comprehensive discussion on the topic (see Figure 8).

Interesting dynamics were observed analysing discussions on mental health issues from the time perspective. Mental health more frequently was discussed in debates on other spheres of health (increase from 2% in 1990 to 32% in 2008 of the total volume discussions on health issues).³ A similar upward trend was also observed in parliamentary discussions on child mental health, acts on social security, extensive discussions and cases of general mention of the topic of mental health. (see Table 1)

The most often the mental health issues were debated in human rights context and this ten-

² Technical solution by the Baltic Advanced Technologies Institute. The Institute commissioned by project managers designed and created programmed solutions for information collection used during research.

³ Duration of the term of office (and the absolute number of cases) has no impact on calculations as only the correlation between the subsidiary topic investigated and general mention of mental health during the period compared

gency is quite persistent over time (in all constituent parliaments every second debate on mental health issues was connected with human right context).

EU accession period is clearly reflected in debates on mental health issues. During the initial parliamentary terms (1990–1992 and 1992–1996) EU was barely mentioned while discussing mental health problems. In 2000–2004, EU context is echoed in 17% of cases of parliamentary debates on mental health. During 2004–2008, there’s considerable escalation (32%) of European Union context in parliamentary debates which is easily explained by integration and law harmonisation processes (see Table 1).

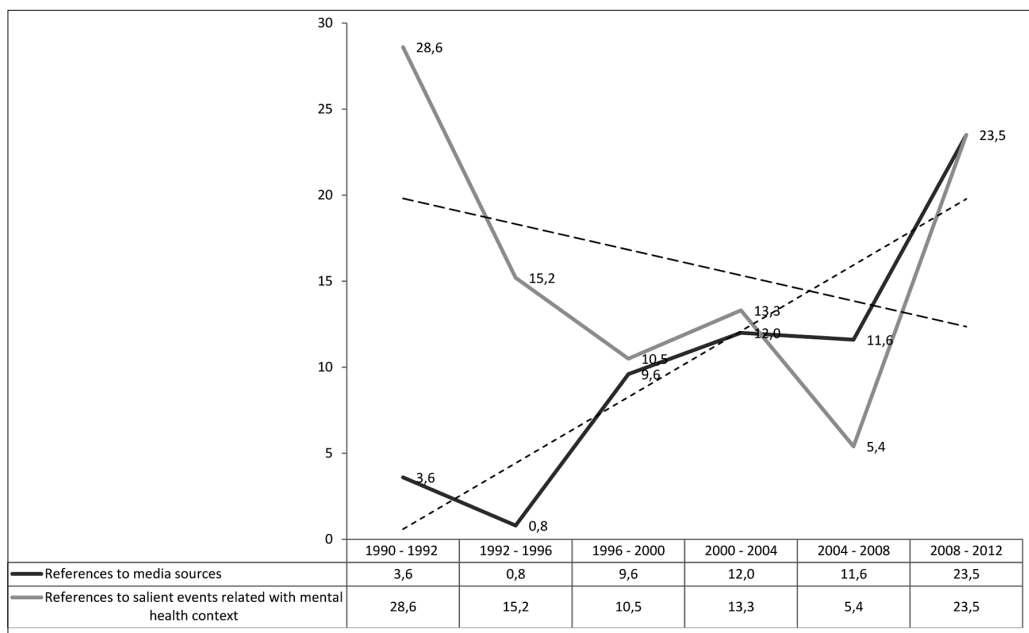
Table 1. Mental health sectors and context at Seimas plenary meetings by terms of office (percent of subsidiary topics in the general context of discussions on mental health)

Term of office	1990–1992	1992–1996	1996–2000	2000–2004	2004–2008	2008–2012
	%	%	%	%	%	%
Discussion on law in mental health field	0.0	9.8	15.8	8.4	13.4	11.8
Discussion on law in general health policy field	1.8	10.6	23.7	13.3	17.0	32.4
Discussion on law in education field	14.3	1.5	3.5	3.6	4.5	0.0
Discussion on law in social security	5.4	10.6	14.9	10.8	22.3	35.3
EU context	0.0	3.0	10.5	16.9	32.1	17.6
NGO context	1.8	3.8	10.5	13.3	17.0	14.7
Human rights context	62.5	44.7	53.5	41.0	57.1	61.8
Discussion on functions of local government in the mental health field	10.7	10.6	26.3	14.5	17.0	11.8
General remarks on mental health situation	23.2	25.8	23.7	24.1	38.4	44.1
Discussion on children mental health issues	12.5	8.3	14.9	24.1	25.0	38.2
Discussion on state mental health institutions	12.5	14.4	17.5	14.5	17.0	14.7
Discussion on financing of mental health care system or mental health institutions	1.8	6.1	21.1	15.7	15.2	23.5
General jokes about mental health topics	3.6	12.1	0.9	3.6	4.5	2.9
Bitter irony or jokes of Parliament members about mental health issues	7.1	16.7	0.9	6.0	6.3	11.8
Mental health referred as non – priority topic	0.0	3.8	1.8	2.4	0.9	5.9
Extended discussion or presentation on mental health situation	8.9	15.2	32.5	27.7	37.5	29.4
References to media sources	3.6	0.8	9.6	12.0	11.6	23.5
References to salient event connected with mental health issues	28.6	15.2	10.5	13.3	5.4	23.5

References to media sources and prominent events in parliamentary debates

Media discourse also proved to have a significant influence on political agenda. In many cases discussions on the topic of mental health were referred to prominent⁴ events. Substantial part

⁴ Mental health context related events which were extensively reflected in media and attracted attention of general public.



*Figure 9. Reference to the media High-profile event linked to mental health
Trend (high-profile event)*

of such cases also included references to media sources. (Figure 9). Analysing the dynamics of mentions to high-profile events, an interesting trend is observed: during the period of 1990–2004, there was a gradual decrease of references to resonance cases (from 29% of cases in 1990–1992 to 5% in 2004–2008), while during the 2008–2012 Seimas term, a “comeback” is detected (24% of cases high-profile events are also mentioned in this context).⁵ In the long-term perspective, the frequency of mentioning salient events in the context of discussions on mental health is downward meanwhile the dynamics of mentioning of the media is opposite – references to media sources are increasing (1992–1996 their ratio in mental health discourse was less than 1%; in 2008–2012 it went up to 24%; Figure 9).

Considering various public policy spheres reflected in media, mental health issues are most closely connected to the context of domestic affairs (criminal law, safety), education and human rights. (Table 2).

Another interesting trend is to observe – the main media topics related to political discourse are not articles on high-profile aggression or self-aggression cases, but rather neutral, even educational topics: psychiatry, popular science articles, and discussions on mental health. This phenomenon enables us to summarise that a ‘responsive reaction’ effect exists – discussions on violence or suicide may become a “catalyst” for political discourse, and political discussions at the Seimas finally find their way to the media in articles with a more neutral content.

⁵ The high-profile Darius Kedys’ case in the press and political discourse.

Table 2. Correlation between portrayals of various mental health topics in the media and mentioning in Seimas transcripts and records

	Discussion on law in internal affairs	Discussion on law in education field	Human rights context	General remarks on mental health situation	Discussion on functions of local government in the mental health field	NGO context	Discussion on law in health policy field	EU context	Discussion on state mental health institutions	Discussion on financing of mental health care system or mental health institutions	Discussion on law in mental health field
Topic – medicine/psychiatry	0.76	0.67	0.23	0.54	0.43	0.54	0.23	0.55	0.04	0.04	0.39
Topic – popular science	0.76	0.75	0.54	0.39	0.24	0.38	0.31	0.20	0.04	0.04	0.08
Topic – mental health mentions	0.31	0.49	0.67	0.30	0.11	0.24	0.15	-0.11	-0.11	0.26	0.00
Topic – self-aggression / suicide	0.23	0.42	0.22	0.37	0.19	0.24	0.00	0.11	-0.04	-0.11	0.07
Topic a – violence / aggression	0.23	0.11	0.30	0.00	-0.04	-0.16	0.37	-0.04	0.04	0.11	-0.30

* Correlation reflects links between the frequency of various mental health contexts in the media and political discourse

Debates on mental health issues and electoral cycles

Final solely data – driven illustration perfectly suits to summarise the discussion. Simple distribution analysis indicates that the frequency of mental health related context in parliamentary debates has an inverse relationship to electoral cycles. Despite the overall varying prominence of mental health issues in parliamentary discussion, the pattern remains stable from term to term – there’s a significant drop of attention to mental health issues during the election year. Again, this could be treated as indirect evidence that mental health issues are treated as controversial (hence potentially harmful to electoral communication) and are being periodically “hibernated” for election periods.

Conclusions

Media discourse proved to have a significant influence on political agenda, since in most cases, political discussions on the topic of mental health were referred to media sources. Policy makers

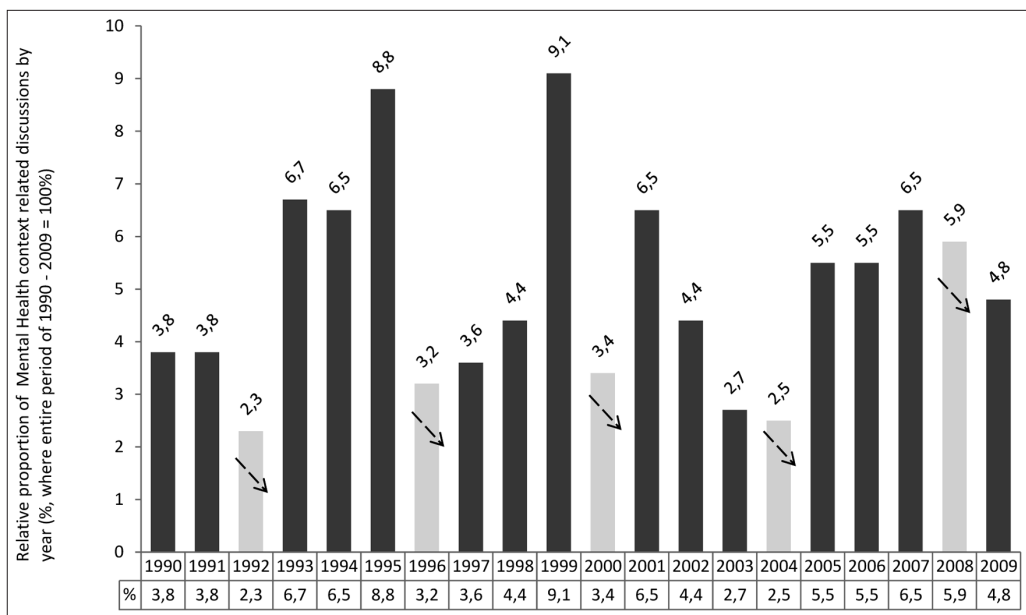


Figure 10. Relative proportion of mental health related discussions and electoral cycles

in their decisions tend to adapt to prevailing attitudes of the society, and thus, reinforce incentives to keep ineffective national mental health system without essential changes. Research data suggests that media coverage as well as the political debates on mental health are characterised by general stagnation, superficial understanding and stereotypical attitudes. Mass media does inform about modern mental health principles, however, to a large extent contributes to reinforcing the vicious cycle of supporting legacy of ineffective system and attitudes, through escalating myths about dangerousness and incapacity of users of mental health services.

This overall pattern was breached during the period of 2004–2006, which was marked by significant international events, namely the EU entrance in 2004 and adoption of the Mental Health Declaration for Europe in 2005. During this period the policy of mental health received considerable attention in the media, decreased media articles related to criminalisation of mental health. The research identified major players that were able to break the vicious circle in the media and political discourse around the marginalised and stigmatized subject.

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