

**BEST PRACTICES OF PRINT JOURNALISTS WHO HAVE WON AWARDS
FOR MENTAL-HEALTH REPORTING:
A QUALITATIVE INTERVIEW STUDY**

A Thesis

by

ROMA SUBRAMANIAN

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

December 2011

Major Subject: Science and Technology Journalism

Best Practices of Print Journalists Who Have Won Awards for Mental-Health Reporting:

A Qualitative Interview Study

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ABSTRACT

Best Practices of Print Journalists Who Have Won Awards for Mental-Health Reporting:

A Qualitative Interview Study. (December 2011)

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Chair of Advisory Committee: Dr. Barbara Gastel

Both in the United States and abroad, newspapers tend to portray people with mental illness negatively, making them vulnerable to social rejection, discrimination, and forced treatment. This portrayal also makes them hesitant to seek treatment for fear of being stigmatized. To help determine how reporting on mental illness can be improved, I interviewed in this study 11 U.S.-based print journalists who had won awards for stories on mental illness about how they covered their stories. The interviews, which were semi-structured, were conducted between October 2010 and February 2011 and were analyzed using a grounded-theory approach.

Eight themes were identified in the interview transcripts: determining story idea, evaluating newsworthiness, identifying and obtaining information from interview sources, identifying and obtaining information from non-interview sources, ensuring accuracy, building rapport with sources, writing the story, and factors facilitating reporting. Overall, respondents prepared their stories in accordance with journalistic

conventions. What helped them produce quality stories was a mixture of the following organizational and personal factors: editorial support, considerable journalism experience, personal exposure to mental illness, and empathy. Also noteworthy were respondents' opinions on suggestions in reporting guides about imitation or copy-cat suicides, sensitive language, and positive mental illness news. Whereas some agreed that reporting suicide details could lead to imitation suicides, others disagreed, explaining, for example, that the details were important to the story. Similarly, respondents expressed diverse views about the importance of using sensitive language to describe individuals with mental illness. Finally, respondents indicated that instead of calling for positive stories on mental illness, media guidelines should encourage thoughtful and balanced reporting on various aspects of mental illness.

In conclusion, the results suggest that it would be valuable to investigate in more detail how journalists' personal attitudes toward mental illness influence their reporting. Also, guidelines for mental-health reporting should be created with the collaboration of journalists and mental-health professionals. Further, there is a need to make journalists aware of the copy-cat suicide phenomenon. Finally, lessons gleaned from respondents' experiences in reporting their award-winning stories can be used to inform mental-health media guides.

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CHAPTER I

INTRODUCTION

“Psycho penned poison plays” (deKretser & Sheehy, 2007)

I came across this headline while preparing a case report on the Virginia Tech massacre for a *Risk and Crisis Communication* class I took in spring 2010. The Virginia Tech massacre was a mass shooting incident in which Seung Hui Cho, a Virginia Tech student, shot and killed 33 people, including himself, on the campus of Virginia Tech University (Davies, 2008). The university’s failure to recognize and treat Cho’s severe psychiatric illness was one of the factors that contributed to the massacre, according to the report of the Virginia Tech review panel (“Mass shootings at Virginia Tech,” 2007).

In my case report, I described the university’s crisis management response to and the news media’s coverage of the incident. I noted how media coverage of the tragedy was characterized by stigmatizing mental illness through the use of, for example, derogatory slang and inaccurate information (Miller, 2007). Working on the report piqued my interest in research on how mental illness is reported in the news and led me to conduct a literature review.

In the next section, I describe the findings of my literature review and in doing so illustrate how my research questions came to be defined. Then, in Chapter II, I discuss the methodology of my study and in Chapter III, the results. I conclude with Chapter IV,

This thesis follows the style of *Health Communication*.

where I provide an analysis of my results.

Literature Review

I begin this literature review by providing a brief overview of mental illness. I then discuss public attitudes toward mental illness, the concept of mental illness stigma, and media portrayals of mental illness. I conclude by discussing how the news media can be used to combat stigma and stating the research questions for this study.

Mental illness: an overview. Mental illness refers to diagnosable mental disorders (U.S. Department of Health and Human Services [USDHHS], 1999). These are disorders “characterized by abnormalities in cognition (organizing, processing and recalling information), emotion or mood, or the highest integrative aspects of behavior, such as social interactions or planning of future activities” (USDHHS, 1999). About 25% of adults in the United States have a mental illness, and nearly 50% will develop at least one mental illness during their life (Reeves et al., 2011).

People with mental illnesses have a variety of symptoms (USDHHS, 1999). Common symptoms include inappropriate *anxiety*; *psychosis* or disturbances in interpreting information (for example, hallucinations and delusions); disturbances in *mood* (for example, persistent sadness or elation); and disturbances in *cognition*, that is, in organizing, processing and recalling information (USDHHS, 1999). Patients may have more than one of these symptoms (USDHHS, 1999).

The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR) (American Psychiatric Association, 1994) is used to diagnose mental disorders (USDHHS, 1999). The manual organizes mental disorders into 16

major classes, and diagnostic criteria for each of these classes are provided (USDHHS, 1999). Anxiety and mood disorders are the most common mental disorders in adults (Reeves et al., 2011).

In developed countries, mental disorders cause more disability than any other group of disorders, including cancer and heart disease (Reeves et al., 2011). Mental illness is associated with chronic diseases such as cancer and increases the morbidity from these diseases (Reeves et al., 2011). The rates for both intentional and unintentional injuries (for example, suicide and traffic accidents, respectively) are 2–6 times higher in individuals with mental illness than in the overall population (Reeves et al., 2011). In 2002, the economic cost of mental illness in the United States was about \$300 billion (attributed to lost wages, disability benefits, and health care expenditure) (Insel, 2008).

The precise cause of most mental disorders is not known; however, it is believed that both genetic and environmental risk factors (for example, stressful life events) play a role in the development of a mental illness (USDHHS, 1999). Treatments are available for most mental disorders (USDHHS, 1999). These include the administration of psychological or pharmacological therapies or both (USDHHS, 1999). Despite the availability of therapies, most people with diagnosable mental disorders do not seek treatment (Rusch, Angermeyer, & Corrigan, 2005; USDHHS, 1999). Stigma has been found to be the major obstacle to treatment and recovery (Brown and Bradley, 2002; USDHHS, 1999).

In the next section, I discuss some definitions of stigma.

Defining stigma. Researchers define stigma in different ways; no universal definition has been agreed on (Link, Yang, Phelan, & Collins, 2004). For example, a commonly used definition, proposed by sociologist Erving Goffman, is “an attribute that is deeply discrediting” and that reduces the bearer “from a whole and usual person to a tainted, discounted one” (Link & Phelan, 2001; Link et al., 2004). Goffman also defines stigma as a relationship “between an attribute and a stereotype” (Link & Phelan, 2001; Link et al., 2004), and it is this definition that Jones et al. (1984) have built on to offer another popular definition of stigma: a “mark (attribute) that links a person to undesirable characteristics (stereotypes)” (Link & Phelan, 2001). Jones et al. also have enumerated six aspects of stigma (Link et al., 2004). These are concealability, course, disruptiveness, aesthetics, origin, and peril (Link et al., 2004). Concealability, course, and disruptiveness refer to the extent to which the stigmatizing condition is concealable, reversible, and disruptive of interpersonal interactions, respectively (Link et al., 2004). Aesthetics addresses to what extent the condition elicits disgust (Link et al., 2004). Origin refers to the source of the condition, particularly whether the individual is responsible for the condition, and peril, “feelings of danger or threat” induced by the condition (Link et al., 2004).

A criticism of such definitions of stigma is that they focus attention on the attributes of the stigmatized, not on the processes that lead to stigmatization (Link & Phelan, 2001; Link et al., 2004). To address this issue, Link and Phelan (2001) provided a definition of stigma that takes into account the discrimination that stigmatized individuals face as well as the power differences that lead to stigma. They explained that

the stigma process involves the following components (Link & Phelan, 2001; Link et al., 2004). First, is the *labeling* of human differences. This is followed by *stereotyping*, that is, linking the label to undesirable characteristics. This leads to *separating* “them” from “us,” that is, believing that the labeled persons (“them”) are fundamentally different from non-labeled persons (“us”). Then, there is the elicitation of *emotional reactions* in the stigmatizer (for example, anger, pity, and fear) and the stigmatized (for example, shame). A fifth component is the *status loss and discrimination* that the stigmatized individual faces. Finally, for the above components of the stigma process to occur, the individual or group that is stigmatized must have less social, cultural, economic, and political *power* than the stigmatizer.

In the next section, I discuss negative attitudes toward mental illness that underlie the stigmatizing process.

Public attitudes toward mental illness. Several surveys have been conducted over the past 60 years in the United States to assess the public’s attitude toward mental illness (USDHHS, 1999). In this section, I summarize the findings of some key surveys.

One of the first surveys was conducted in the early 1950s by Shirley Star, then senior study director of the National Opinion Research Center at the University of Chicago (Star, 1952). It involved semi-structured interviews with 3500 participants (Star, 1952). Star found that although participants’ attitudes toward psychiatric treatment and mental illness recovery were optimistic, their ideas about what constitutes as mental illness were confused (Star, 1952, 1955). For example, whereas most participants tended to associate mental illness with insanity, when asked if everyone who is mentally ill is

“insane,” they answered “no” (Star, 1952, 1955). Also, although participants were able to speak in generalizations about the mentally ill, describing them as “crazy” or “nuts,” when asked to identify individuals who were mentally ill, they were unable to do so (Star, 1952, 1955). Specifically, when participants were presented with short descriptions (vignettes) of individuals with different types of mental illness (for example, paranoia, simple schizophrenia, and alcoholism) and asked to determine whether anything was wrong with the individuals in the description, most participants (75%) recognized only the paranoid individual as mentally ill (Star, 1952, 1955).

Analysis of participants’ interview responses helped explain the findings: Participants associated mental illness with three conditions: loss of intellect, loss of self-control (usually involving violence), and irrational and unpredictable behavior (Star, 1955). Therefore, paranoia but not emotional or personality disturbances (neuroses) tended to be associated with mental illness (Star, 1955). Overall, the study found that participants were fearful of mental illness, equating it with the “loss of human qualities of rationality and free will” (Star, 1955).

Another oft-cited study about public information and attitude toward mental illness was conducted by psychologist Jum C. Nunnally in the early 1950s. Using a questionnaire approach, Nunnally found that the representative sample of the American public surveyed was not “grossly misinformed about mental illness,” their knowledge not differing markedly from expert knowledge (Nunnally, 1961). However, when it came to public *attitude* toward mental illness, assessed using several rating scales such as a semantic-differential scale, Nunnally found that regardless of age or educational

level, most study participants regarded “the mentally ill as relatively dangerous, dirty, unpredictable, and worthless” (Nunnally, 1961). Also, as in Star’s study, Nunnally found that participants tended to view psychoses and neuroses differently. (Whereas psychoses are characterized by an impaired understanding of reality, manifested through symptoms such as hallucinations and delusions, neuroses are characterized by symptoms of distress and anxiety.) Specifically, individuals with psychoses were considered more dangerous because of their unpredictable behavior.

To determine whether public ideas about mental illness had really changed since Star’s 1950 study, the “MacArthur Mental Health Module” of the 1996 General Social Survey (GSS) repeated a question Star had posed in her study (Phelan, Link, Stueve, Pescosolido, 2000). Specifically, participants were asked what the term “mentally ill” meant to them (Phelan et al., 2000). (The GSS is a national survey about social issues administered twice a year since 1972 in the United States. The MacArthur Mental Health Module aims to glean the public’s attitude toward individuals with mental illness through questions on topics such as stigma, treatment, and financial responsibility (Link, Phelan, Bresnahan, Stueve, Pescosolido, 1999; Pescosolido, Monhan, Link, Stueve, Kikuzawa, 1999).)

It was found that compared with those in Star’s study, respondents were less likely to define mental illness only in terms of psychosis (Phelan et al., 2000). However, the percentage of respondents who associated mental illness with anxiety or mood problems, common psychiatric disorders, did not increase (Phelan et al., 2000).

Also, as in Star's study, participants were presented with vignettes, each describing a fictitious individual with a specific psychiatric disorder: "alcohol dependence," "major depression," "schizophrenia," or "drug dependence." (The manifestations were based on the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (American Psychiatric Association, 1994).) A fifth vignette was of a "troubled person with subclinical problems and worries." Participants randomly received one of the 5 vignettes and were asked whether the individual in the vignette had a specific mental illness (that is, "Do you think [name of the individual] has schizophrenia?") (Link et al., 1999). Other questions included whether the participants thought the individual was violent and whether they were willing to interact with the individual.

Unlike in Star's study, it was found that most participants were able to identify the mental illness of the individual in the vignette. Also, when asked to choose from causes for the person's mental illness (for example, "the person's own bad character"), most attributed the person's illness to stress, while also acknowledging the role of genetics and chemical imbalances in the brain in causing the illness (Link et al., 1999). This belief in a multifactorial cause of mental illness was in accordance with the beliefs held by mental health professionals. However, as in Star's study, participants' responses indicated a "fear that symptoms of mental illness lead to violence" (Link et al., 1999). Participants said that they felt that individuals in each of the five vignettes posed an increased risk of violence, albeit in varying degrees, both to others and themselves (Pescosolido et al., 1999). For example, most participants indicated that they felt that

individuals with drug or alcohol problems were somewhat or very likely to be violent toward others when compared with those with major depression. Further, there was a correlation between a participant's perceived risk of violence posed by an individual with mental illness and the desire to maintain "social distance" from that individual (Link et al., 1999). Overall, the results of the 1996 survey, like Star's and Nunally's surveys, indicated a continuing negative attitude toward individuals with mental illness (Pescosolido et al., 1999).

Over the past decade, attempts to thwart this negative attitude have been directed at persuading the public that mental illnesses are neurobiological disorders over which individuals have no control (Pescosolido et al., 2010). To assess the effect of this educational effort, the 1996 MacArthur Mental Health Module, which used a vignette approach to determine participants' beliefs about mental illness, was conducted again as part of the 2006 GSS survey (Pescosolido et al., 2010). The results of the 1996 and 2006 surveys were compared statistically. One important finding was that a greater percentage of the public in 2006 than in 1996 accepted a neurobiological basis for mental illness (Pescosolido et al., 2010). However, surprisingly, this attitude did not affect stigma levels or "tended to increase the odds of a stigmatizing reaction" (Pescosolido et al., 2010).

Studies outside the United States have reported a mix of similar and conflicting findings. For example, a study conducted over an 11-year period in Germany on people's beliefs about what causes schizophrenia found that attributing schizophrenia to biological causes was positively related with the desire to maintain social distance from

these patients (Angermeyer & Matschinger, 2005). However, a survey of Australian adults found that respondents' negative attitudes toward persons with mental illness were influenced not by a belief in a biological basis of mental illness but by the person's behavior (Jorm & Griffiths, 2008).

In the next section, I describe some models that have been put forth to explain stigmatizing attitudes toward mental illness.

Origins of stigma. In their paper "From whence comes mental illness stigma," prominent researcher Patrick Corrigan and his colleagues (2003) offer a critical review of some concepts (theories and models) that have been put forth to explain the source of stigma.

One such concept is the *normal cognitive reaction* model. According to this model, stigmatizing reactions to individuals with mental illness are a normal response to the deviant or aberrant behavior of these individuals and are not caused by the labels attached to these individuals. However, studies have shown that both aberrant behavior and mental illness labels play a role in stigmatizing reactions (for example, Link, Cullen, Frank, & Wozniak, 1987), weakening the validity of this model.

Another model proposed to explain mental illness stigma is the *kernel of truth* model. According to this model, Corrigan et al. explain, stereotypes about mental illness have a kernel of truth and are derived from the belief that "if people with mental illness are in fact more bizarre, dangerous, incompetent, and irresponsible than the general population, it is reasonable that these traits are attributed to the category of mental illness." However, stereotypes associated with all individuals with mental illness, such

as an increased risk of violent behavior, have been shown to be inaccurate. For example, studies have shown that only individuals with “specific psychiatric diagnoses and symptom constellations” have an increased risk of violence (Eronen, Angermeyer, & Schulze, 1998).

Corrigan et al. also discuss the *ego- and group-justification theories* to explain stigma. According to these theories, individuals and groups stigmatize individuals with mental illness as a way to safeguard social status. One problem with these theories, Corrigan et al. note, is that they do not explain why certain stereotypes about mental illness, for example, dangerousness, predominate over others, for example, laziness.

To address this issue and other questions that models and theories proposed thus far have been unable to address, Corrigan et al. propose their own model of the origin of mental illness stigma, namely, the *system justification model*.

According to this model, stereotypes develop to uphold the status quo and therefore, stereotyping is informed by “knowledge of past history.” For example, a history of confining the mentally ill to prisons or asylums has promoted the popular opinion that individuals with mental illness are dangerous or incompetent. Also, the authors explain, even in people who lack historical knowledge, system justification results from “contemporary social phenomena that reflect past history,” for example, the existence of institutions such as state hospitals, which suggest that persons with mental illness need to be controlled. The authors go on to hold the “news media and entertainment industry” as responsible for “informing the public about the status quo.”

In the next section, I discuss how individuals with mental illness are represented in the news media, particularly newspapers.

New media portrayals of mental illness. The news media are an important source of information on psychiatric disorders (Corrigan et al., 2005; Wahl, 2003). Studies have shown that both in the United States and abroad, newspapers portray individuals with mental illness inaccurately or negatively (Wahl, 2003). One way in which this is achieved is through incorrect or inappropriate language. For example, a recent study compared 5 daily national newspapers in the United Kingdom for the years 1995 and 2005 with regard to the quality of reporting on schizophrenia (Clement & Foster, 2008). A study finding was that as in 1995, articles in 2005 used “stigmatizing descriptors” to describe individuals with schizophrenia, for example, “madman” and “maniac,” and used the term “release(d)” (generally used for prisoners, not patients) in articles about patients being discharged from psychiatric hospitals.

Further, in his 1995 book, “Media madness: Public images of mental illness,” psychologist Otto Wahl discusses the media’s incorrect use of psychiatric terms. For example, he describes how newspapers interchange the terms “psychotic” and “psychopathic” (the first characterized by delusions and hallucinations; the second, by antisocial actions). He also notes the incorrect interchange of the terms “mental illness” (marked by psychological disability) and “mental retardation” (marked by diminished intellect). Wahl also discusses the misuse of the terms “schizophrenic.” He explains that although schizophrenia literally translates to “split personality,” the disorder is characterized by inappropriate affect (Duckworth, Halpern, Schutt, & Gillespie, 2003),

not by splitting of the personality into multiple, alternate personalities. However, the mass media frequently confuse the term “schizophrenia” and its derivatives to mean split personality. For example, in news reports, these terms are used to metaphorically describe events characterized by contradictions or contrasts. Examples of this usage include “the weather turns schizophrenic—81 degrees one weekend, sleet the next” and “the schizophrenia of a public that wants less government spending, more government services and lower taxes” (Duckworth et al., 2003).

In addition to using inaccurate and inappropriate terminology, newspapers have promoted mental illness stigma through negative news content. Studies of mental illness representations in stories in newspapers in the United States and abroad have found dangerousness (for example, violent crime or suicide) to be the most common theme (Corrigan et al., 2005; Coverdale, Nairn, & Claasen, 2002; Olstead, 2002; Wahl, Wood, & Richards, 2002). For example, in their analysis of mental illness articles that were published during a 9-month period in 1997 in the German tabloid BILD-Zeitung, Angermeyer and Schulze (2001) found that more than half of the stories on mental illness were about crime. These stories established a link between mental illness and violence in various ways. These included assuming that mental illness is the cause of a suspect’s criminal behavior; linking mental illness to violence in story headlines before describing the incident; and in stories about court cases, expressing anger that mental illness is a “criterion for diminished responsibility.”

Another theme identified by Angermeyer and Schulze (2001) in the mental illness articles in the BILD-Zeitung was suicide or attempted suicide. Further, they found

that in most of these stories, suicide was attributed to depression. However, other studies on suicide reportage have found different results. For example, a study by Jamieson, Jamieson, and Romer (2003) on The New York Times's coverage of suicide in 1990, 1995, and 1999 found that most stories (about 60%) cited a sudden negative life event, not depression (a common risk factor for suicide), as the cause of the suicide. (These contrasting results might be due at least in part to differences in the suicide reporting policies of newspapers.)

With regard to suicide portryal, Angermeyer and Schulze (2001) also found that some stories emphasized "bizarre suicide methods." This finding is similar to that of a study by Pirkis, Burgess, Blood, and Francis (2007), who analyzed the Australian news media (including newspapers) over a 1-year period (2000-2001). They found that "suicides by violent or dramatic methods were considered particularly newsworthy." A study that compared newspaper coverage of violent deaths in Utah for 2005 with medical examiner data on these deaths found that although homicide-suicides accounted for only a small proportion of violent deaths in the state, they received considerable newspaper coverage (Genovesi, Donaldson, Morrison, & Olson, 2010).

The studies by both Pirkis et al. and Genovesi et al. indicate that by presenting an unrealistic picture of suicide, such newspaper stories promote inaccurate impressions of suicide risk among the general public. Further, by their sensationalistic coverage of suicide, such stories may promote copycat suicide behavior.

Consequences of stigma. Negative portrayals of individuals with mental illness make them vulnerable to social rejection, discrimination, and forced treatment (Wahl,

2003). It also makes them hesitant to seek treatment for fear of being stigmatized (Rusch et al., 2005; Wahl, 1995). Further, insufficient stories on recovery may promote the belief that mental illness is not treatable (Wahl, 2003).

News media and combating stigma. In “News media portrayal of mental illness: Implications for public policy,” Otto Wahl (2003) gives examples of how stories on mental illness can positively change the public’s attitude toward these diseases. For example, he explains how journalist Jack Nelson’s reports on the poor treatment of psychiatric patients at Milledgeville State Hospital in Georgia spurred efforts to improve the condition of these patients. Strategies suggested to encourage stories that help combat the stigma surrounding mental illness include providing journalists with practical reporting guidelines and issuing awards for excellence in mental-health coverage (Clement & Foster, 2008).

To improve reporting on mental illness, various online media guides have been created. Some examples are listed below:

- “Background information and a guide for reporting on mental illness” (n.d.), produced by the University of Washington and Harris and Smith Public Affairs
- “Open Minds Open Doors. Reporting to Prevent Stigma of Mental Illnesses and Suicide. A Guide for Reporting” (2008), produced by Wisconsin United for Mental Health, a coalition to increase awareness about mental illnesses

The online guides typically discuss how to use language in a sensitive and de-stigmatizing manner. They also provide fact sheets and statistics on mental illnesses and

links to stories that exemplify good reporting on mental illness. Some guides also discuss practical aspects of covering a story on mental illness, for example, how to interview patients with mental illness.

However, few studies have been conducted on whether these guides are used, and if so, whether they are effective (Skehan, Greenhalgh, Hazell, & Pirkis, 2006). Indeed, little research has been done on the occupational practices of health reporters (Viswanath et al., 2008), for example, what resources health reporters use in covering a story and how health reporters select, frame, and develop stories (Wallington, Blake, Taylor-Clark, & Viswanath, 2010). Further, there is not much information on how journalists overcome barriers to quality health reporting, for example, lack of time, lack of space, and commercialism (Larsson, Oxman, Carling, & Herrin, 2003).

It has been suggested that health reporters use award-winning health articles as models to improve their skills (Gastel, 2005). Interviewing journalists who have won awards for articles on mental illness about how they covered the story could not only provide tips on how mental illness can best be reported but help add to the limited information available on how health news is constructed.

Research Questions

- How did print journalists who won awards for stories on mental illness prepare their stories?
- From their responses, what suggestions can we glean for reporting well on mental illness?

CHAPTER II

METHOD

Between October 2010 and February 2011, I conducted semi-structured qualitative interviews (Kvale & Brinkmann, 2009) with 12 print journalists affiliated with U.S.-based news organizations. The journalists had won national awards for stories on mental illness.¹ I chose semi-structured qualitative interviews (which are characterized by asking open-ended questions in a flexible manner (Kvale & Brinkmann, 2009)) to answer my research questions because I wanted to obtain detailed accounts of how the respondents cover mental illness.

In this section, I describe how the study participants were identified and recruited and how the interviews were conducted and analyzed.

Defining the Sample

I decided to restrict the study sample to include only *U.S.-based award-winning print* journalists for the following reasons. I felt that since I would be in the United States during the course of the study, it would be easier to gain access to award-winning journalists in the United States than to those in other countries. I chose to focus on print journalists because articles by these journalists can generally be accessed free of cost

¹ These were defined as stories with “mental health,” “mental illness,” or a synonym thereof in their titles or those described by the award-issuing organization as being about “mental health,” “mental illness,” or a specific type of mental illness (as defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (American Psychiatric Association, 1994)).

through the Internet, and also because the considerable literature available on depictions of mental illness in the print news media would provide a frame of reference for the study.

The year 2009 was selected as the starting point for sampling because when I began the study, it was the most recent full year. (However, I made an exception for the winner of the “Mental health reporting journalism award” administered by the Washington State Coalition to Improve Mental Health Reporting because the award, presented for the first time in 2010, is issued by an organization whose goal is to improve mental-health reporting.)

Sample size was determined by theoretical saturation, that is, the point when new interviews yield no or very little new information (Rubin & Rubin, 2005). To enhance the credibility of the findings, I aimed to select journalists such that interviews would reflect various perspectives on reporting on mental illness. I aimed to do this by including in the sample journalists from small and large newspapers and magazines, from different parts of the country, and whose award-winning stories on mental illness reflected different aspects of mental illness.

Choosing Sampling Sources

I used several sources to identify relevant awards and award winners, the main one being the *Editor & Publisher 2010 Journalism Awards & Fellowships Directory* (2010). As the name suggests, the directory is published by the trade magazine Editor & Publisher, which is considered a credible source of information on the newspaper industry (Singer, Tharp, & Haruta, 1998). The 2010 directory has four categories of awards: national and

international journalism competitions; regional contests for all media; honorary awards and citations; and fellowships, grants, and scholarships. Within this directory, I considered only national awards in the sections “Disabled/Disadvantaged,” “Health/Medical,” and “Science” because award-winning articles on mental illness are likely to be in these categories.

I also identified relevant awards by typing the search term *mental health journalism awards* (without quotes) in www.google.com and examining the awards listed in the first 10 pages. (This was done on August 8, 2010.) Finally, the lists of journalism awards in the chapter “Award winners and awards” in the *Health Writer’s Handbook* (Gastel, 2005) was considered as another sampling source.

Selecting Potential Interviewees

For each potentially relevant award in the sampling sources (described in the previous section), I identified winning articles and their corresponding authors between 2009 and 2005, generally through the Web site of the program or organization administering the award. (Relevant awards were those that could be given for stories on mental illness. Award relevance was judged by the name of the award. For example, I did not consider the “American Society of Colon and Rectal Surgeons National Media Awards,” as it is highly unlikely that the winning story would be about mental illness.)

To determine whether the award-winning article was about mental illness, I read the title of the article. If it was not clear from the article’s title or description whether it had a mental illness theme, I read at least part of the article to decide whether to consider including its author or authors in my potential interviewees list. If for a particular year,

there was more than one winning print article for a given award (for example, winners in newspaper and magazine categories), authors of all winning print articles about mental illness were included.

Awards given to a journalist for a body of work and those given to a newsroom staff were excluded. Also excluded were autobiographical accounts of mental illness, books, and articles in trade publications and scientific journals. Further, if there already existed a detailed published account of how an award-winning story was done, it was not considered (for example, “Growing up Bipolar” (Carmichael, M, 2008)).

The list of potential interviewees comprised 41 journalists who had won awards between 2005 and 2010. (For the names of these journalists and information on their awards, see Appendix A.)

Preparing for the Interview

I created an interview guide with topics such as story development, conducting interviews, and media guides (See Appendix B). The guide was pretested with seven current and past master’s and doctoral students in the science and technology journalism and communications programs at Texas A&M University, College Station, Texas. Based on feedback received, some questions were restructured for clarity and new questions were added. To test the interview guide and recording apparatus and estimate interview duration, a pilot phone interview was conducted with a graduate of the science and technology journalism program, now a professional journalist, who had written stories on mental illness.

Recruiting Participants

Journalists in the potential interviewee pool were recruited by phone and e-mail. Specifically, journalists were first sent an e-mail describing the study purpose, interview focus and duration, and informed consent procedures (see Appendix C for this e-mail). (However, I contacted one journalist by phone first and then sent her an e-mail, since I could not determine her e-mail address (see Appendix D for phone script).) If journalists did not respond to this e-mail within about two to three weeks, I attempted to contact them at their work phone number, which I usually obtained through the Web site of the news organization with which they were affiliated. Other ways of follow-up were sending a message to the journalist's Facebook account (see Appendix E for Facebook message) and sending an e-mail to the journalist's other e-mail accounts. If journalists expressed interest in participating in the study, I e-mailed or posted them a consent form (see Appendix F for consent form).

As described earlier, the list of potential interviewees consisted of 41 journalists. Between themselves, these journalists had won 10 different journalism awards (see Appendix A for information on potential interviewees). For each of these 10 awards, I attempted to first contact the journalist or journalists who had won the award most recently and treated winners in preceding years as backups. For example, I first contacted the 2009 winners of the Casey Medal for Meritorious Journalism and the 2007 winners of the James S. Hogg Award for Mental Health Reporting. Journalists who won these awards in years prior to 2009 and 2007, respectively, were treated as backups.

Also, if two journalists had written articles on the same theme, I attempted to first contact the journalist who had won an award most recently. (The article that won the 2008 Health Care Journalism Award and the article that won the 2006 Heywood Broun Award were both about mental illness among soldiers. Therefore, I contacted the winner of the former award first.) Also, if two journalists had written articles on the same theme and won awards in the same year, the journalist or journalists who had won the more prominent award were contacted first. (I contacted winners of the Association of Health Care Journalists Award first and considered the winner of the Unity Awards in Media as a backup.) Also, while contacting backup journalists, I did not select journalists if the theme of their award-winning story was the same as that of a journalist already contacted. (I did not contact David France and Diane Salvatore, the “national magazine” winners of the 2008 Mental Health America Media Awards, as their story “Broken Promise” about teen suicide appeared to be similar to that of “Suicide Mission,” whose author, Chandra Thomas, had already been contacted. Similarly, I did not contact Joshua Kors, winner of the 2008 Casey Medals for Meritorious Journalism, as the theme of his story, mental-health issues among soldiers, was similar to that of “VA Mental Health Crisis,” whose author, Chris Adams, had already been contacted.) Also, while I attempted to contact both authors of an award-winning story, sometimes I ended up first contacting the author for whom contact information was readily available. (For example, I was able to contact Jenny Davis but not Shelley Hawes Pate, authors of “Diagnosing Joey.”)

Taken together, these selection criteria resulted in a total of 19 journalists being contacted first.

Of the 19 journalists contacted, 12 consented to participate. Most of these 12 journalists agreed to participate after reading my initial e-mail or after an initial conversation. However, because of their unpredictable work schedules, setting up interviews often involved considerable follow-up. Weeks or months passed between securing participation and conducting the interview. Theoretical saturation was achieved after 12 interviews, making it unnecessary to contact additional journalists.

Of the 7 journalists contacted who did not participate in the study, 1 said that she did not want to participate because she did not feel she had enough experience reporting on mental illness. Another journalist said he would be willing to participate; however, my attempt to set up an e-mail interview with this reporter was not successful. I was unable to track down another journalist—it appeared that she no longer worked with the news organization where she had published her award-winning story, and no forwarding contact information for her appeared to be available. Two journalists did not respond to follow-up messages by Facebook or e-mail. Two did not respond to my initial e-mail. I did not find the need to follow up with these journalists because I had already reached the point of theoretical saturation in the study.

See pages 28 and 29 for names and affiliations of the participating journalists, titles of their award-winning stories, and names of their awards.

Conducting Interviews

All interviews were conducted by phone (because interviewees were dispersed over a wide geographical range), recorded, and transcribed. Interviews lasted an average of an hour. Participants were called at either their work place or home.

Although by the time of the interview, participants had been sent the consent form, I began the interviews by repeating the purpose of the study, interview duration, and confidentiality procedures. This was because, as mentioned earlier, sometimes considerable time would pass between the point when a journalist agreed to participate in the study and the day of the interview. I wanted to repeat orally information in the consent form to ensure that participants understood the purpose of the study and their role in it, to give them an opportunity to ask questions, and to ask them whether they were willing to be identified in the study.

Interviews were semi-structured, that is, although interviews were conducted with the aid of an interview guide, the guide did not dictate the sequence or wording of questions (Lindlof & Taylor, 2011). Also, not all the questions in the guide were asked, sometimes because of time constraints and other times because of lack of relevance. Further, questions were tailored to each journalist's award-winning story. To do this, before each interview, I read the participant's award-winning story several times so that I could incorporate characters and events from the story in my questions (for example, "How did you get Pam's medical records?"). Asking such specific questions was a way to elicit detailed responses by enhancing respondents' recollection of events.

My first question was generally about the origin of the story idea. This was followed by questions on story development, conducting interviews, working with editors and co-reporters, media guides, and barriers and facilitators to mental-health reporting. I generally concluded interviews by asking journalists for advice on reporting on mental health, for additional comments on reporting the story, and for permission to follow up with additional questions or clarifications.

Analyzing the Data

Data were analyzed using grounded-theory techniques (Lindlof & Taylor, 2011), as described below.

Coding. Coding, that is, the process of labeling and analyzing the interview data, was done in two phases (Charmaz, 2006). In the first phase, I read each interview transcript and coded segments of text (Charmaz, 2006). The length of these segments ranged from a sentence to a paragraph. Below are some examples of text from the interview transcripts and the codes attached to them.

“You know, I think it just took time. At the beginning, they weren’t really telling me much.”

Code: Taking time to uncover information

“Well, I probably spoke to about 30 or 40 people.”

Code: Conducting many interviews

“So I try to invite people to become involved in the process and not just necessarily become a source but be like look, you can help change the way people think and I can do it by words and you can do it by helping me with correct information.”

Code: Treating sources as collaborators

“Before, you actually start the fellowship, you spend like 3 or 4 days in Atlanta—I think it’s about 3 days in Atlanta-- going through orientation, listening to different speakers, and they tell you a lot about mental health topics and mental health issues. And you also get some exposure to things like how to interview someone with a mental illness and kind of being respectful.”

Code: Describing journalism fellowship

In phase 2, I grouped similar codes into categories by comparing answers to similar questions, thereby following Glaser & Straus’s constant-comparative method (Lindlof & Taylor, 2011). (See pages 76 and 77 for a detailed list of categories (or themes) and codes.) Both phase 1 and 2 were conducted repeatedly to facilitate “constant questioning and reinterpretation of findings,” as described in another study on qualitative research (Collings & Kemp, 2010). A graduate-committee member also reviewed the transcripts, which helped ensure code reliability.

CHAPTER III

RESULTS

In this section, I describe the study respondents' award-winning stories and the themes identified in my interviews with them.

Although I interviewed 12 journalists, I decided to consider only 11 as participants in this study, as one journalist was the editor and not the main reporter on the story. Also each interview was based on the journalist's award-winning story. However, a total of 9 and not 11 stories are described here, as two journalists worked as co-reporters on the same story and one journalist requested anonymity. (See Table 1 below for names and affiliations of the participating journalists, titles of their award-winning stories, and names of their awards.)

TABLE 1

Names and Affiliations of Interviewees, Titles of Their Award-winning Articles, and Name of the Award Won

<i>No.</i>	<i>Journalist^a</i>	<i>Newspaper/Magazine</i>	<i>Story Title</i>	<i>Award</i>
1	Chandra Thomas	Atlanta Magazine, Georgia	Suicide Mission	2009 Mental Health America Media Award
2	Rosette Royale	Real Change News, Washington	The Man Who Stood on the Bridge	2008 Sigma Delta Chi Award
3	Patti Epler ^b	The Arizona Guardian, Arizona	Pam's Story	2008 Mental Health America Media Award
4	Scott Hewitt	The Columbian, Washington	Sufferer, Survivor, Advocate	2010 Mental Health Reporting Journalism Award
5	Jennifer Egan	The New York Times, New York	The Bipolar Puzzle	2009 National Alliance on Mental Illness (NAMI) Outstanding Media Award for Science and Health Reporting
6	Amy Upshaw	Arkansas Democrat-Gazette, Arkansas	The Long Way Home	2009 Mental Health America Media Award
7	Sharon Salyer ^c	The Herald and La Raza Del Noroeste, Washington	Alone Among Us	2009 Mental Health America Media Award
8	Journalist 7 ^d	-	-	-
9	Mary K Reinhart	The Arizona Guardian, Arizona	Pam's Story	2008 Mental Health America Media Award
10	Andy Miller ^e	The Atlanta Journal-Constitution, Georgia	A Hidden Shame: Danger and Death in Georgia's Mental Hospitals	2008 Association of Health Care Journalists Award

TABLE 1 Continued

<i>No.</i>	<i>Journalist^a</i>	<i>Newspaper/Magazine</i>	<i>Story Title</i>	<i>Award</i>
11	James Carlson	The Topeka Capital-Journal, Kansas	The Bob Owen Story	2009 Mental Health America Media Award
12	Alan Judd ^e	The Atlanta Journal-Constitution, Georgia	A Hidden Shame: Danger and Death in Georgia's Mental Hospitals	2008 Association of Health Care Journalists Award

a: Journalists are listed in the order in which they were interviewed.

b: Editor for "Pam's story," reported by Mary K Reinhart.

c: I was unable to interview Sharon Salyer's coreporter, Alejandro Dominguez, for this study.

d: This journalist requested anonymity. Therefore, identifying information has not been provided.

e: Co-reporters.

Award-Winning Stories

- Story: Suicide mission
- Journalist: Chandra R. Thomas
- Publication: Atlanta Magazine (Atlanta, Georgia)
- Length: About 4500 words
- Publication date: November 2008

"Suicide Mission" (Thomas, CR, 2008) brings to light the public health crisis of suicide in Georgia through personal stories of suicide loss and statistics.

The story begins with Gina Smallwood learning of the death of her almost-20-year-old son Kelvin from a self-inflicted gunshot wound. Thomas explains that while Kelvin's death is "unfortunate," it is not "rare." Drawing on statistics on suicide, she presents the daunting scale of this health problem in Georgia and the rest of the United States. For example, she explains that in 2005 in Georgia, more people died by suicide than from homicide and that nationally, suicide is the third most common cause of death among 10- to 24-year-olds.

Thomas also describes suicide prevention efforts in Georgia. These include a state suicide prevention program, and the placement of suicide prevention coordinators in Veterans Affairs medical centers in various cities across the state (to combat the risk of suicide in veterans with post-traumatic stress disorder).

Much of the story focuses on personal experiences of parents who have lost children to suicide. Through these experiences, Thomas discusses the causes of suicide (generally, an underlying mental illness) and how survivors (which Thomas explains is the term for loved ones of suicide victims) cope with their loss. For example, she explains how denial and lack of information about the symptoms of mental illness prevented the Weyrauches from saving their daughter and how 17-year-old Lisa Petro had been "battling depression" for years. Thomas describes how parents use "activism" as an outlet for their grief, for example, Gina Smallwood instituting a suicide awareness campaign in her son's name and Doris Smith cofounding the National Organization for People of Color Against Suicide (NOPCAS).

The story is accompanied by photographic portraits of some of the parents Thomas interviewed, for example, Gina Smallwood surrounded by memorabilia from her son's life and Diane Petro standing in front of the "Georgia Lifekeeper Memory Quilt" (created in memory of individuals who have completed suicide). I was drawn to these simple still photographs, as I felt that they were able to capture the parents' anguish in a respectful, poignant, and, most importantly, non-sensational manner.

The story won the 2009 Mental Health America Media Awards. Winning stories were selected for their "educational value, outstanding quality, comprehensiveness and creativity in addressing timely issues in mental health" (Vetzner, 2009).

- Story: The Man who Stood on the Bridge
- Journalist: Rosette Royale
- Publication: Real Change News² (Seattle, Washington)
- Length: About 16,500 words
- Publication date: June 25, July 2, July 9, 2008

"The Man who Stood on the Bridge" (Royale, R, 2008) is about the life of Bret Hugh Winch, which was "marked by abuse, mental illness, and a major felony conviction," and his suicide at the age of 24 from the Aurora Bridge in Seattle, Washington.

² A weekly newspaper, Real Change News is one of the programs of the Real Change Organization in Seattle, Washington (Real Change, n.d.). The organization aims to "provide opportunity and a voice for low-income and homeless people while taking action for economic justice" (Real Change, n.d.). The paper is sold by homeless vendors and focuses on social issues ranging from poverty to public health (Real Change, n.d.).

The story begins with 24-year-old Bret standing on the Aurora Bridge, contemplating suicide. Royale then moves backward in time, tracing Bret's journey to that moment on the bridge. He begins by describing Bret's early life. Bret's childhood and youth involve special education classes, admissions to psychiatric hospitals, a dysfunctional home life, and juvenile detention. By November 2000, Bret has stopped taking his psychiatric medications. That same month, he is charged with child molestation. Although he is found to function in the "low average range of adult intelligence," according to a psychiatric evaluation, he is ordered to stand trial. On pleading guilty, he is sentenced to the Special Sex Offender Sentencing Alternative (SSOSA) program and set free. However, to avoid incarceration, he must complete three years of outpatient sex offender treatment and six years of community supervision. He must also maintain offender-specific conditions.

On release from jail, Bret begins to break the conditions of the SSOSA program, which include maintaining a job and avoiding interaction with minors. During this time, Bret becomes close to Clint and Nancy Erckenbrack, a pastor and his wife, who offer Bret love and support. Nancy finds Bret to be "like a child," and both notice his compassion for troubled individuals. Also, during this time, Bret struggles to adhere to his regimen of psychiatric medications for his schizophrenia and bipolar disorder as well as to attend appointments at an outpatient mental health clinic. In February 2002, Bret's violation of the conditions of the SSOSA program are discovered. His admittance to the program is revoked and in March 2002, he is sentenced to 66 months in the Washington Corrections Center.

Because of threats to his safety at the corrections center, Bret is placed on “administrative segregation,” which involves being alone for 23 hours a day in a cell. Ten months later, because of his “vulnerability” and “mental health struggles,” Bret is transferred to another prison, the Monroe Correctional Complex, and placed in the Special Offender Unit, which houses mentally ill criminals. Key events during his time in this facility include being placed on administrative segregation and a suicide watch and filing a sexual assault allegation. In January 2005, Bret leaves the Special Offender Unit and enters the sex offender treatment program at Twin Rivers, another facility at the Monroe Correctional Complex. Despite recurrent suicidal thoughts, on the whole, Bret has a positive experience at Twin Rivers: he does well in his treatment group, develops a close friendship with another inmate, and endears himself to the program staff. In November 2006, he is released from the facility for good behavior, almost a year before his scheduled departure.

Bret enters a state program for released seriously mentally ill offenders. The program places him in an apartment complex, which turns out to be a “54 room no-tell hotel that rented by the week.” Bret continues to be troubled by symptoms of his mental illness and attends Sound Mental Health for medication and meetings. He is also troubled by the hotel’s seedy atmosphere, and in May 2007, he leaves for an apartment in the University District house. However, in August 2007, when he violates house rules, he is evicted, and then because he no longer has a legal address, is arrested. Bret spends twelve days in jail without medication and then returns to the hotel. However, an incident with a hotel manager results in his being asked to leave.

In the last couple of pages of the story, Royale traces the events of the morning of October 17, 2007, leading up to the moment when Bret jumps off the Aurora Bridge. The story ends with Royale describing the reaction to Bret's death: for example, prisoners at Twin Rivers gathering to remember Bret, a memorial at Sound Mental Health, and Bret's parole officer reflecting on his last interaction with him.

I like the way the story is organized. Although much of the story is a chronological narrative of Bret's life, from time to time, Royale interrupts this chronology with another narrative—a description, in vivid active voice, of Bret's last moments on the Aurora bridge. Royale completes this second narrative only at the end of the story by describing Bret completing suicide by jumping off the bridge. This juxtaposition of narratives infuses drama and suspense into the story.

Another strength of the story is the information it provides on mental illness and the mental health system. Through Bret's life readers learn about the symptoms of schizophrenia and bipolar disorder, the side effects of psychiatric medication, and the sex-offender treatment program for mentally ill criminals. As in some of the other award-winning stories reviewed here, this information is woven into the narrative, making it easy for readers to understand and remember.

The story won the 2008 Society of Professional Journalists Sigma Delta Chi award for excellence in journalism (“2008 Sigma Delta Chi Award Honorees,” *n.d.*).

- Story: Sufferer, Survivor, Advocate
- Journalist: Scott Hewitt
- Publication: The Columbian (Vancouver, Washington)
- Length: About 2600 words
- Publication date: Sunday, April 18, 2010

In “Sufferer, Survivor, Advocate” (Hewitt, S, 2010), journalist Scott Hewitt describes how Melanie Green, a mental health recovery coordinator in Clark County, Washington, developed and recovered from a mental illness.

Despite a “great childhood,” Green becomes increasingly overcome by “run-of-the-mill difficulties” in her late teens. She tries to “snap out of” her depression but is unsuccessful. She begins a downward spiral, involving dropping grades and self-mutilation, which culminates in her crashing her car into a ditch. Then begins a trial-and-error journey toward finding treatment, which turns out to be the “right blend of therapy, medication, emotional support, and time.” Green begins to volunteer at a support group for the mentally ill and eventually becomes mental health recovery coordinator for Clark County.

I feel that a main strength of the story is that it educates readers about mental illness using a human-interest approach. For example, through Melanie’s story, readers learn that it is not possible to “shake off” a mental illness, that a mental illness is not always triggered by a “history of abuse,” that finding the right treatment takes time and persistence, and that recovery is possible but does not necessarily mean being “symptom-free.” Further, simple, unadorned prose makes the story easy to read. Finally,

a sidebar on local resources for individuals with mental illness, for example, information on the mental-health organization “Consumer Voices Are Born,” and a link to videos of “Washingtonians who live and work with mental illness” provide readers with more information.

The story won the 2010 Mental Health Reporting Journalism Award, issued by The Washington State Coalition to Improve Mental Health Reporting (Washington State Department of Social and Health Services, 2010). The award aims to “reward journalism that seeks to improve the public’s understanding of mental illnesses and reflects even-handed and unsensationalized reporting about mental illnesses” (Washington State Department of Social and Health Services, 2010). According to one of the judges of the contest, the story “gives a realistic account of recovery that is moving and informative” (Washington State Department of Social and Health Services, 2010).

- Story: The Bipolar Puzzle
- Journalist: Jennifer Egan
- Publication: The New York Times (New York)
- Length: About 9500 words
- Publication date: September 14, 2008

“The Bipolar Puzzle” (Egan, J, 2008) is about the unknowns surrounding bipolar disorder in young children, for example, how it manifests, how it is diagnosed and treated, how prevalent it is, and how it differs from bipolar disorder in adults. Egan

investigates these unknowns through the experiences of families with children with the disorder and interviews with scientists and psychiatrists.

The story begins with a glimpse into the life of 10-year-old James and his family. Through conversations with his mother, Mary, and descriptions of James' interaction with family members, Egan discusses various aspects of bipolar disorder, for example, how the symptoms of bipolar disorder manifest. Quoting Mary, Egan describes how James would "scream and cry and rant and rage" even as a baby, would "kick and punch" his younger sister, and would struggle to "stay on tasks" in preschool. She also describes the difficulty in diagnosing James' condition—James is diagnosed with oppositional defiant disorder and then attention deficit hyperactivity disorder before being diagnosed with bipolar disorder at 8. Egan also addresses the family's challenge in finding effective drugs for James' condition. After being prescribed a number of different types and combination of drugs, James is given lithium, "one of the oldest and most reliable mood stabilizers." Finally, Egan describes the effect of having a child with bipolar disorder on everyday family life.

Egan also addresses the "sudden frenzy of pediatric bipolar diagnoses." She writes that according to most clinicians she interviewed, bipolar disorder is being overdiagnosed in children. Reasons for this include a popular book called the "The bipolar child" with inaccurate diagnostic criteria for bipolar disorder and "a critical shortage of child psychiatrists," which results in children being evaluated by adult psychiatrists or family doctors who may not have expertise in child psychiatry.

Through descriptions of meetings between psychiatrists and parents and their children at a psychiatric clinic at the University of Pittsburgh Medical Center, Egan explains how bipolar disorder is diagnosed. For example, she describes how psychiatrist David Axelson, director of the clinic, looks for presence of mania along with at least three of seven symptoms—distractability, indiscretion, grandiosity, flight of ideas, activity increase, sleep deficit, and talkativeness—in seven-year-old Joe. Challenges in the diagnosis of the disorder include overlap between the diagnostic criteria for bipolar disorder with those for attention deficit hyperactivity disorder and disagreement between clinicians on how mania manifests in children.

Like James and his family at the start of the story, Egan describes Phia and Lucas, siblings with bipolar disorder, and their family. In doing so, she gives readers a tangible sense of the symptoms of bipolar disorder as well as the challenges that families with children with this disorder face. For example, she writes about Lucas's lack of inhibition, causing him to "run up to people on the street or in stores. . . and start talking to them"; Phia's "extreme behavior," such as repeatedly falling down the stairs and physically abusing Lucas; Phia and Lucas's parents both having bipolar disorder; and Marie, the children's mother, worrying about their diagnosis and medication.

Other topics addressed in the story include whether children with bipolar disorder will have the disorder as adults, the search for biological markers for the disorder, and how early intervention can prevent the disorder from worsening.

A main strength of the story is that it provides an intimate look into the lives of families having children with bipolar disorder. For example, interviews with

parents with children with bipolar disorder describing their children's behavior give readers a vivid sense of symptoms of the disorder. (For example, Egan quotes Mary, mother of 10-year-old James, who has bipolar disorder: “. . . when I would pick him up from school, he would scream and cry and rant and rage, sometimes remove his clothes, it would take me half an hour to get him out of the vestibule. I'd have to literally tie him in the stroller. He was 3. People were absolutely horrified.”) Also, dialogue between parents and their children help readers understand how having a child with this disorder strains everyday family life. Although Egan also explains in depth the science of the disorder, for example, its diagnosis and treatment, it is the story's human-interest element that makes it riveting and the scientific information presented understandable and relevant.

“The Bipolar Puzzle” won a 2009 NAMI (National Alliance on Mental Illness) Outstanding Media Award for Science and Health Reporting.

- Story: The Long Way Home: A Four-Part Series
- Journalist: Amy Upshaw
- Publication: Arkansas Democrat-Gazette (Little Rock, Arkansas)
- Length: About 9000 words
- Publication date: March 23–26, 2008

In “The Long Way Home” (Upshaw, A, 2008), journalist Amy Upshaw traces Carl Jackson's journey through the criminal justice system.

After sexual abuse and parental divorce, 12-year-old Carl develops depression. He finds “solace” in high school, graduates “in the upper third of his class,” and in the fall of 1986, leaves for the University of Arkansas. However, when his friends find out he is gay, he drops out of college and moves to Dallas to “live a more anonymous life.” Initially, he finds happiness in a job and in the city. But in 1991, he has an encounter with the law: He is charged with credit card theft. Wanting to redeem himself, Carl moves to Atlanta in 1992 for a fresh start. Initially, he does well in Atlanta, “working into jobs with greater responsibility.” However, at this time, symptoms of Carl’s bipolar disorder manifest: Carl cycles between mania and depression and experiences “prophetic dreams and visions.” He begins to move from one job to another, and in 2004, he leaves the city to return to his home in Little Rock, Arkansas, at the urging of a voice in his head to “Leave Atlanta Now.”

In Little Rock, Carl’s mental health worsens. (He is also found to be HIV positive.) In September 2005, under the influence of delusions, Carl smashes the window of a car and is “charged with breaking and entering and public intoxication.” Carl is acquitted in September 2006 and placed in the state’s Conditional Release Program, which is “designed to treat and monitor mentally ill people who are acquitted of crimes.” (The program involves treatment at the state psychiatric hospital and then release under conditions, which include meeting regularly with a state monitor and attending therapy. Failing to meet program conditions results in a revocation of conditional release, which means starting the program from scratch, and a return to the hospital.)

After acquittal, Carl is slated to undergo a mental evaluation at the state psychiatric hospital. However, a shortage of hospital beds keeps him in jail for two weeks. In October 2006, after being found to pose “no risk of harm to himself or others” at the hospital, Carl is allowed to go home and begin the Conditional Release Program. He does well in the program and in June 2007, after informing his caseworker, leaves for a vacation to California.

However, the Little Rock Community Mental Health Center, which administers Carl’s therapy, accuses him of leaving without its permission, and when he returns to Little Rock, he is faced with an arrest warrant and a motion to revoke his conditional release. Carl’s conditional release is not revoked—a judge dismisses the case, finding it an “overreaction”—but the Little Rock center files a motion for Carl’s treatment provider to be changed to GAIN Inc. Another judge (Mary McGowan) approves this motion and orders GAIN to control Carl’s social security disability check and Carl to be monitored electronically via an ankle bracelet “because he had gone to California without permission.”

Carl refuses to abide by Judge McGowan’s orders, upset at the rehashing of the “California issue,” the \$9-a-day electronic monitoring fee, and the physically taxing 5-day-a-week therapy scheduled by GAIN. In September 2007, he is arrested again and is taken to the state psychiatric hospital, where he waits for his court date. On December 14, after hearing from Carl’s psychiatrist, Carl’s lawyer, and Carl himself, Judge McGowan approves Carl’s release, without imposing the conditions she had previously

added. The series closes with an epilogue that describes Carl's progress since his release—work on a book and music projects and participation in therapy.

A strength of the story is that by using human interest, Upshaw illustrates, in a compelling manner, the problems individuals with mental illness encounter when they come in contact with the criminal justice system. We feel for Carl when symptoms of his mental illness cause him to get arrested, when he is forced to wait in jail for a bed in the state psychiatric hospital, when he is exposed to “volatile” hospital conditions, when he faces problems with his mental-health therapy provider, and when he struggles to stay in the Conditional Release Program. Carl's story humanizes these issues, evoking reader empathy and sustaining engagement.

Another strength of the story is that Upshaw provides information on the sources used to cover the story, for example, court records, interviews, photographs, and newspaper archives, as well as additional information on the topics addressed in the story (for example, statistics on the number of public hospital beds in different states). (This information is not incorporated within the series but provided in separate sections at the ends of the parts of the series.) The online version of the story even gives readers access to some of the sources. For example, readers can listen to audio clips of interview excerpts and read PDF files of police reports and court transcripts. Besides serving as a point of entry, this information indicates the exhaustive research conducted to tell the story, thereby establishing its credibility.

The story won a 2009 Mental Health America Media Award. Winning stories were selected for their “educational value, outstanding quality, comprehensiveness and creativity in addressing timely issues in mental health” (Vetzner, 2009).

- Story: Alone Among Us
- Journalists: Sharon Salyer and Alejandro Dominguez
- Publication: The Herald and La Raza Del Noroeste
- Publication date: December 7, 8, and 9, 2008
- Length: About 12,000 words

“Along Among Us” (Salyer, S & Dominguez, A, 2008) is a four-part series, mainly about mental-health issues among Hispanics in America.

The series begins with a brief description of the factors that are contributing to mental-health problems in the Hispanic community—low rate of seeking treatment for mental illness for fear of being stigmatized, inadequate mental-health insurance coverage, and strict immigration enforcement. The last factor is the focus of the first part of the series. The authors discuss the impact of immigration arrests and the threat of deportation on the mental health of illegal immigrants. For example, they explain how sudden immigration arrests can split up families, causing severe mental stress. They also discuss the mental-health care provided by Immigration and Customs Enforcement at detention centers, for example, a mental-health screening on arrival, psychotherapy sessions, medication for conditions such as depression, and suicide monitoring. The authors illustrate some of the abovementioned points through the story of illegal

immigrant Cristina Mendez-Diaz, who is arrested for driving with a suspended license, detained in an immigration center without her children, and subsequently denied asylum. Also, in the first part of the series, the authors discuss the support offered by community health treatment centers, like Sea Mar, to Hispanics, for example, counseling for help with drug or domestic abuse problems. They also look at how school districts are helping Spanish-speaking parents integrate into the community and forge better relationships with their children.

The second part of the series is about mental-health problems among Hispanic youth. Conflicts with parents over “values, beliefs, and customs”; disintegrating families; feelings of alienation; and worry about immigration status are some reasons for these mental-health issues. Challenges faced by Hispanic youth are exemplified through the story of Jordan Torres. Young Jordan’s life is marked by abuse and parental separation, several suicide attempts, a diagnosis of depression, drug abuse, and gang involvement. The authors describe Jordan’s admittance to Sea Mar’s youth treatment center, his graduation from the center, and his struggle to discard old behaviors. Also discussed in this part is the stigma surrounding mental illness in Hispanic culture and how symptoms of mental illness are manifested in Hispanic men, women, and youth.

The third part of the series focuses on traditional healers in the Hispanic community called curanderos. The authors describe how Jorge Ruiz Chacon, a family counselor and curandero, combines Western medicine and traditional healing practices to treat his patients’ “spiritual and psychological needs.” The authors discuss the advantages of this holistic approach to treatment, such as a better understanding of

patients' culture and deeper patient trust. Disadvantages of natural healers are also discussed, for example, failure to treat psychiatric symptoms in the early stages of the illness.

The importance of cultural sensitivity in treating patients effectively is reiterated in the last part of the series, which is about treating mental illness in the Asian community. Points discussed include stigma about mental illness in Asian cultures, how mental illness symptoms are described differently in Asian cultures, and the integration of Western and Eastern approaches to treatment.

I think the series works well for various reasons. For example, the authors address mental-health issues among immigrants from various perspectives such as those of illegal immigrants, traditional healers, and second-generation youth. This comprehensive examination of the subject makes for interesting, informative reading. Also, I like that the authors place the series in context, explaining why it is important. They write, "Mental health problems among both legal and illegal immigrants can create social problems that can spill over and affect the rest of the community. One person's untreated clinical depression can cost everyone when police get more calls on domestic disturbances or when people show up in emergency rooms as a result of alcohol or drug abuse." This clear explanation of the relevance of the series serves to engage reader interest.

I also notice the different ways in which the authors present information. For example, audio slide shows, videos, and photographs complement the text and provide a human face to the issues discussed. Sidebars and graphs provide statistics on mental

illness in an accessible format. A section on mental-health resources at the end of the series gives readers access to more information. Also, all these elements serve as points of entry, drawing readers into the story.

The story won a 2009 Mental Health America Media Award. Winning stories were selected for their “educational value, outstanding quality, comprehensiveness and creativity in addressing timely issues in mental health” (Vetzner, 2009).

- Article: Pam’s Story
- Journalists: Mary K. Reinhart (Reporter) and Patti Epler (Editor)
- Publication: East Valley Tribune (Phoenix, Arizona)
- Length: 6-part series; about 6400 words
- Publication date: December 23—28, 2007

Like “Sufferer, Survivor, Advocate,” “Pam’s Story” (Reinhart, MK & Epler, P, 2007) is about recovering from mental illness. The story begins with Pam and her 12-year-old son Zack, who both have a mental illness, attempting to kill themselves. The attempt is unsuccessful—Pam’s husband and other son manage to intervene in time.

Pam and Zack undergo treatment at a behavioral center. Doctors find that Zack’s medication has been making him suicidal. He is weaned off this “wrong medication” and administered a new antipsychotic drug that proves to be effective.

Pam’s road to recovery is harder. During her stay at the behavioral center, Pam learns that she has become “obsessed with Zack’s care.” She makes a “recovery plan,”

which involves focusing on herself. At discharge, Pam finds herself accused of child abuse for aiding Zack's suicide attempt. To avoid a 30-year or more prison sentence, she accepts a plea agreement and is placed on probation for 10 years.

Although Pam is able to go "through the motions" of her life, she feels "ashamed and defeated" by her criminal record. With help from a mental health case manager, she is able to move her case to the county's mental health court. (Mental-health courts are staffed by law enforcement personnel with mental health training and are designed to help individuals with mental illness stay out of jail and move toward treatment and recovery.) She begins to take classes at the National Alliance for the Mentally Ill and becomes a support group facilitator. She finds a fulfilling job at the East Valley Clubhouse helping people with serious mental illness. However, she fails to pass a background check because of her criminal record and is at risk of losing her job.

The story ends with Pam appealing to the mental health court to have her probation terminated and her record wiped clean. She is granted unsupervised probation and is allowed to continue to work at the East Valley Clubhouse. At home, Pam finds happiness by balancing time for herself with spending time with her family. The story concludes with its take-home message: "Mental illness isn't this black hole that people fall in and never get out of. You can recover and move forward. It's not a death sentence."

In my view, the story's main strength is its riveting narrative. Each part of the series ends on a suspense-filled note, keeping readers hooked, for example, "But in early October 2003, while her son's life was changing for the better, she was about to go

through hell.” Vivid descriptions bring scenes to life—for example, Pam’s “neat-as-a-pin-house”; Kevin, Pam’s husband, knocking repeatedly on a locked bedroom door; “white foam dribbling” from Pam’s mouth. Dialogue also makes scenes immediate. Further, by revealing characters’ emotions, these dialogues can help elicit reader empathy. For example, the line ““I know you don’t want to be here,” Kevin said [to Zack], tears rolling down his cheeks. “But we want you here.”” brings home to readers the family’s desperation in an immediate, tangible way.

In addition to providing readers with an engaging read, the story educates them about different aspects of mental illness. For example, through Pam and Zack’s behavior, readers learn about the symptoms of bipolar disorder; through Zack’s treatment, readers learn that wrongly administered psychiatric medication can be “deadly”; and through Pam’s felony conviction, readers learn about mental health courts for mentally ill criminals. Wrapped in the framework of the narrative, this information is accessible and memorable.

The story won a 2008 Mental Health America Media Award. According to a press release on the Mental Health America Web site, 2008 winners were selected for their “educational value, outstanding quality, comprehensiveness, and creativity in addressing timely issues in mental health” (Halal, 2008).

- Story: A Hidden Shame: Danger and Death in Georgia's Mental Hospitals
- Journalists: Alan Judd and Andy Miller
- Publication: The Atlanta Journal-Constitution
- Publication date: January to December 2007
- Length: About 22,000 words

“A Hidden Shame: Danger and Death in Georgia's Mental Hospitals” (Judd, A, & Miller, A, 2007) is a multipart series that reveals that from 2002 to 2006, at least 115 patients in seven state psychiatric hospitals in Georgia died because of neglect and abuse.

The first story in the series mainly chronicles the events leading up to the death of 14-year-old Sarah Crider in Georgia Regional State Psychiatric Hospital. Sarah dies from lethal constipation, causes for which include the administration of excessive doses of psychiatric drugs and failure to monitor her intake and output. Through Sarah's story, Judd and Miller discuss problems at the psychiatric hospital, for example, high patient-to-staff ratios and inadequate investigation of patient deaths.

The second part of the series is about the suicides of patients admitted to and discharged from state psychiatric hospitals in Georgia. Issues discussed include failure to constantly supervise suicidal patients and failure to adequately evaluate suicide risk. These issues are illustrated mainly through describing the circumstances surrounding the suicide of Mark Miller at West Central Georgia Regional Hospital.

In the third part of the series, through the story of Rickey Dean Wingo, Judd and Miller discuss how patients are abused by employees in state psychiatric hospitals in Georgia; how the hospitals themselves, not outside authorities, investigate such abuse; and how employees involved in patient abuse are rarely criminally charged.

The theme of part four is the “matter-of-fact regularity” with which patients escaped from Georgia’s state psychiatric hospitals between 2002 and 2006. Again, through personal stories of patients (particularly that of Thomas Madden-Jones), the authors examine the problems associated with these escapes. These include the threat these escapes pose to both the involved patients and the public, poor hospital security, and how hospitals respond to patient escapes.

Part five traces Michael Webb’s descent into mental illness and the events leading up to his death from intestinal blockage three weeks after being admitted to Georgia Regional Hospital. Like Sarah Crider (the focus of part one of the series), failure to treat Webb’s severe constipation, brought on by the multiple and chronic administration of psychiatric drugs, is found to be the cause of his intestinal blockage.

The focus of part six is “Inadequate discharge planning.” The authors discuss how Georgia psychiatric hospitals lower standards for discharging patients to cope with their overcrowded and understaffed conditions. Discharged to places where they have little chance of recovery, for example, homeless shelters, the patients eventually return to the hospitals. This vicious cycle is explored through the story of Dendrell Willis.

Through the stories of Joshua Hazelton and Hoyt Jenkins, part seven focuses on problems in the management of forensic units in state psychiatric hospitals in Georgia.

These units are designed to treat mentally ill criminals so that they are competent for trial. However, because of a shortage of forensic beds, criminals are forced to wait indefinitely in jails till a bed opens up, making jails unsafe and turning them into “de facto psychiatric facilities.” The forensic theme continues in part eight, which examines the problems that arise when adolescent units in psychiatric hospitals in Georgia house very young children along with adolescents charged with violent crimes.

Part nine focuses on the problem of overcrowding in state psychiatric hospitals in Georgia and how it has resulted in patients having to wait in emergency rooms before being admitted.

The series concludes with the authors summarizing the findings of their investigation and discussing the impact of their stories. Also, by discussing the preventable deaths that have occurred at the hospitals since the launch of their investigation, the authors explain that poor medical care continues to be meted out to patients at the hospitals.

I feel that a strength of the series is its comprehensive examination of the problems at state psychiatric hospitals in Georgia. The range of problems the series addresses—from patient overcrowding to high hospital staff turnover to physical abuse against patients—reflects exhaustive research and reporting. Also notable about the series are the stories of patients through which the issues at the hospitals are explored. The stories provide a human face to the issues discussed, and in doing so, underline their gravity. Finally, quotes from hospital administrators, responding to criticism of hospital

conditions, reflect the journalists' intent to present different sides of the story, which in turn enhances the credibility of the series.

The series won the 2007 Association of Health Care Journalists Award for Excellence in Health Care Journalism (Association of Health Care Journalists, *n.d.*). The following are judges' comments on the series: "The two reporters take a hard look at Georgia's mental hospitals, where some of the state's most vulnerable residents are dying from causes that are wholly preventable. They burrowed deep into public records the family stories to share the tragedies of those who died. Their work prompted an inquiry by the U.S. Justice Department and the appointment of a special gubernatorial commission" (Association of Health Care Journalists, *n.d.*).

- Story: The Bob Owen Story
- Journalist: James Carlson
- Publication: The Topeka Capital-Journal (Topeka, Kansas)
- Length: About 9000 words
- Publication date: July 2–6, 2008

In "The Bob Owen Story" (Carlson, J, 2008), journalist James Carlson traces the life of Bob Owen, an Olympic hockey gold medalist, who died mysteriously in a car fire in 2007. The story focuses on Owen's struggle with the disease that shadowed him all his adult life—schizophrenia.

The story begins in 1966: 26-year-old Owen is at the Menninger Clinic, a psychiatric hospital, “curs[ing] the new limits on his once-golden life.” Carlson flashes back to this life. He describes Owen’s achievement-filled years as an undergraduate at Harvard, where his passion for hockey is rivaled only by his passion for books; his heady Olympic win at 21; and his entry to graduate school at Stanford. However, even in this happy period, there are signs of Owen’s impending mental illness—a trip to the Soviet Union and events at his father’s high-altitude balloon company, where he works for a while, trigger a paranoia about the Cold War and classified government experiments. In 1963, while at Stanford, Owen has his first psychiatric breakdown. The breakdowns continue over the next couple of years, and in 1966, Owen goes to the Menninger Clinic, where he is diagnosed with paranoid schizophrenia.

With medication, Owen stabilizes. He leaves Menninger in 1969 and in 1973 begins to teach business at a university. However, he does not take his medication, which results in painful consequences—his symptoms re-emerge; he loses his job; and his marriage ends. Over the next 20 years, a close, stable relationship with girlfriend Connie Hanson, a psychiatric nurse, keeps Owen “grounded.” However, the relationship ends because Owen does not commit.

Without Connie, Owen attempts to “tether himself to reality” and looks for activities to keep himself engaged. He joins the Vietnam Veterans of America, helps establish the Northeast Kansas Korean War Memorial Association, keeps regular social appointments, and sustains his passion for hockey. However, for unknown reasons, Owen’s behavior abruptly begins to worsen and his “carefully spun social web

collaps[es].” The story ends with the events leading up to Owen’s accidental death in a car fire.

In addition to a life history of Bob Owen, the story provides an intimate profile of the hockey legend. Carlson paints a portrait of a man with “crystal blue eyes” and a “carefree grin,” who loved hockey as much as he loved the pursuit of knowledge, who cared about his friends but allowed “few deep inside,” and who fought all his life to get a handle on his disease.

What strikes me most about the story is its beautiful writing. Vivid words pepper the narrative, making scenes and characters spring to life. For example, we can see Owen “cut[ting] powerfully across the ice, USA emblazoned across his chest”; “the rising sun glimmering in the smooth waters of the Charles River”; Owen’s “face crack[ing] into a hundred laugh lines.” Carlson uses other literary devices. Personification provides dramatic effect (for example, “the chemicals in Owen’s brain . . . forming ranks for years, plotting a mutiny.”). Alliteration infuses poetry into the prose (for example, “The winter wind whipped snow against the hotel room windows.”). Metaphors and similes make emotions tangible (for example, “With the urgency of a soldier facing battle, Owen shot questions at Heard.”). Short and long sentences are juxtaposed, adding rhythm to the prose.

Another strength of the story is the use of human interest to help readers understand what it is like to live with a mental illness. Using Bob Owen’s struggle with schizophrenia as an example, Carlson explains the origin, symptoms, and treatment of the disease. For example, through Owen’s experiences, readers learn how delusions in

schizophrenia can feel and about the side effects of certain psychiatric drugs. Presented by itself, such information could be abstract and hard to understand.

The story won a 2009 Mental Health America Media Award. Winning stories were selected for their “educational value, outstanding quality, comprehensiveness and creativity in addressing timely issues in mental health” (Vetzner, 2009).

Interview Themes

I identified eight themes in the transcripts of the interviews with the participants. They were as follows: determining story idea, evaluating newsworthiness, identifying and obtaining information from interview sources, identifying and obtaining information from non-interview sources, ensuring accuracy, building rapport with sources, writing the story, and factors facilitating reporting.

In the sections below, I describe these themes in more detail.

Determining story idea. Respondents reported conceiving story ideas in various ways. For half the stories, the story idea was suggested by a source (someone who provided information to the journalists). Employees of a state psychiatric hospital in Georgia contacted Alan Judd and Andy Miller to complain about “suspicious” deaths at the hospital. Amy Upshaw said that the starting point for her story was Carl Jackson’s mother telephoning the paper to complain about the conditions at the state psychiatric hospital her son was admitted to. (Jackson was the subject of Upshaw’s story “A long way home.”) A source complimented Mary K Reinhart on a mental-health story she had written and then suggested her personal experience with mental illness as a story idea. Similarly, a source contacted journalist seven, expressing interest in a series of stories on

the mental-health system she had written and then volunteered to share her experiences about the system. In Scott Hewitt's case, a story he had written on a clubhouse program for people recovering from mental illness caught the attention of a member of the local chapter of the National Alliance for the Mentally Ill. This individual subsequently invited Hewitt to "brainstorm other story ideas" about mental-health issues.

In the case of three stories, story ideas grew out of news reports. Referring to news about Bob Owen's death in a car fire, James Carlson said:

There were just a few hints in the stories that seemed to say there was something else beyond just the car fire and that this guy was in it. There were comments from neighbors saying that they had seen him outside his house looking up into the trees at odd hours, just this odd behavior that people who knew him and were interviewed relayed to our reporter. And I thought, "Well, I wonder what that's about."

Similarly, news about "how the number of bipolar children had skyrocketed" and the controversy surrounding this diagnosis prompted Jennifer Egan's editors to ask her to investigate the issue in more detail. In Rosette Royale's case as well, his editor's suggestion to look into a news item, specifically, about a man who was homeless and a sex offender and who had completed suicide by jumping off a bridge in Seattle, was the starting point for his feature story.

Some story ideas grew out of a combination of personal interest in mental-health issues and journalism fellowships. Sharon Salyer said:

I had had a long-standing interest in doing some sort of take on a mental-health issue, and when the fellowship presented itself—the nature of the fellowship was to report on minority health issues—[it] nudged [the story] obviously in that direction, [that is], a firm take on minority health issues. And because I had a bilingual colleague I could work with, we chose Hispanic mental-health issues as a major part of [the story] [as well as] Asian [mental-health issues] because there is a large Asian community here.

Chandra Thomas's interest in mental-health issues led her to apply for the Rosalynn Carter Mental Health Journalism Fellowship, through which she covered "Suicide Mission."

Evaluating newsworthiness. Initial story ideas were considered newsworthy (that is, of interest to the public) for various reasons. One reason was novelty or unusualness. For example, Chandra Thomas said that she was surprised to learn that "more Georgians kill themselves than are victims of murder." She added that this is a little-known fact, as "suicide doesn't always get covered unless it's a spectacle type of thing." Similarly, Rosette Royale explained that the story offered him a chance to address taboo issues in a compassionate manner. He said, "It was a great way to talk about suicide, mental health, and even a sex offender. These are things we don't really talk about, but these issues touch people in our communities all the time."

For Mary K Reinhart and Scott Hewitt as well, it was the uncommon theme of recovery that made their subject's story interesting. For example, Reinhart said:

. . . she [Pam] had this amazing story to tell about her journey through the criminal justice system, through the behavioral health system, and then, emerging, at the other end of it in relatively good shape. And so I thought that was [such a perfect story]. There are very few stories of recovery on behavioral health patients. We usually read about [them] killing somebody or killing themselves or doing something that the police [reporters] might be writing about. This was a really a very different story.

Similarly, journalist seven explained that her story's unusual theme made it worth pursuing. She said:

It wasn't a story where people were frustrated because they didn't have money or access to power or powerful players or access to the best medical care. This family had all of that, and they were sophisticated medical consumers. They knew how to ask questions, they knew how to push to try and get help, and they

were still so incredibly frustrated by their inability to help their son. So you can sort of by extrapolation imagine what it would be like if you were a family that didn't have money and were easily intimidated by medical professionals and that kind of thing.

Other factors that made story ideas appealing were controversy and importance. Jennifer Egan's editors were drawn to news reports about the "controversial diagnosis" of bipolar disorder in young children. For Alan Judd, the story idea's appeal was its relevance and importance: "In this case, clearly a 14-year-old child had died for lack of medical attention, essentially, and it was clearly a pretty relevant story [by] what it would say about the state's performance of the duty they had."

Finally, all respondents directly or indirectly mentioned the importance of the human-interest aspect of their stories. For example, journalist seven said:

I think, at the end of the day, people like to read stories that they can connect a human face with, a human experience with, rather than sort of writing in general, in abstract terms, about "issues," and I think the way to bring statistics and abstract information to life is through the experience of individuals, and so I think that was the big advantage that this story had.

Identifying and obtaining information from interview sources. Respondents used various interview sources. These sources were contacted in different ways for different kinds of information.

Interview sources were mainly healthcare providers (for example, psychiatrists) as well as individuals who had mental illness or had a family member or friend who did so. Other interview sources included scientists, judges, lawyers, members of mental-health advocacy groups, and prison and police officials.

Mental-health experts (defined as healthcare providers and scientists in this study) were used as sources for various purposes. Sometimes they were the starting point

for story research. Thomas described how she would brainstorm with mental-health experts made accessible to her through the Rosalynn Carter Mental Health Journalism Fellowship for story ideas. For Sharon Salyer and Jennifer Egan, in addition to story angles, mental-health experts were useful for identifying individuals or families with mental illness. Salyer said:

It's very difficult to get people to talk about mental-health issues no matter what their background is and then for some subgroups like Hispanics, like Asians, and I've heard from people in the African-American community as well, there's increased stigma. And so . . . I thought of it [identifying sources] almost as a spider's web . . . where you go to the sources first that can talk in depth about the [specific issues] in the mental health and the Hispanic community, the people who are in a position to talk—counselors, psychiatrists, physicians—and then asking them, “What angles might you take?” “What do you think are the messages that really need to get out to the community . . . ?” And then further, “Do you know anyone who might be willing to talk to us?”

Mental-health experts were also interviewed for information on particular mental illnesses and to verify information. For example, to learn more about schizophrenia, James Carlson spoke with two psychiatrists, attended a university lecture, and spoke with a nurse at The Menninger Clinic. For Alan Judd and Andy Miller, psychiatrists played an important role in confirming that there were a large number of suspicious deaths in state psychiatric hospitals in Georgia.

Journalists interviewed individuals with mental illness to understand a particular mental illness and to give readers a tangible sense of symptoms of that illness. For example, Amy Upshaw explained:

I wanted people to really . . . understand what Carl was experiencing because for a lot of us, we can't just wrap our minds around the delusions and visions [and] thoughts he was having. So one of the things I asked Carl to do was to sit down with me and describe them.

Parents of individuals with mental illness were another important source of information. Jennifer Egan explained that these parents could provide a lot of detail about their children's medical histories "because they're constantly having to explain themselves to different mental health professionals" and so "tend to be pretty practiced at telling those stories."

Journalists found interview sources in various ways. For example, they found mental-health experts through journal articles, personal networks of sources, individuals with mental illness or those with family with mental illness, resources provided by journalism fellowships, and criminal records of individuals with mental illness.

Journalists used various methods to identify individuals who had experienced mental illness. As explained earlier, some respondents contacted such individuals through mental-health experts. Others used different approaches. For example, Chandra Thomas relied on colleagues as well as mental-health advocacy groups to identify families who had lost children to suicide. James Carlson used a snowball approach, that is, identifying sources through other sources, to find people who knew Bob Owen. Rosette Royale used a prisoner visiting list, included in his subject's criminal records, as one way to identify relatives and friends of his subject. Jennifer Egan identified children with bipolar disorder through support groups for families with children with this illness as well as through psychiatrists. Also, as mentioned earlier, sometimes individuals with personal experiences of mental illness initiated contact with the respondents.

Most journalists interviewed many sources to try to understand their subject thoroughly. For example, Jennifer Egan said:

I also did a lot of research with doctors and kids who don't even appear in the story. I did a lot more than you see. I always do. Partly because I just want to make sure that what I'm reporting is truly representative. Like I need to know much, much more than what I'm actually writing about and many, many more people than the few I select to really focus on.

In Scott Hewitt's case, however, the story's subject matter did not require much research. He said, "I didn't talk to zillions of people and collect a lot of sources. There were just a handful in that story. [I was] really very much focused on Melanie's story and trying to tell it accurately."

Identifying and obtaining information from non-interview sources.

Respondents used various types of non-interview sources, for example, court records, coroner's reports, hospital incident reports, police reports, scientific articles, blueprints of psychiatric facilities, and Web sites (for example, those of the National Alliance on Mental Illness and the National Institutes of Health). Personal records were provided by interviewees or obtained by filing public disclosure requests. Obtaining documents through public disclosure requests was not always easy. Amy Upshaw talked about having to "fight" to get access to court records. Sometimes access to records was granted readily, but information in the records, especially about an individual's medical history, was redacted, requiring journalists to piece together information from various sources. For example, Andy Miller explained how he and Alan Judd determined the identity and cause of death of patients in psychiatric hospitals in Georgia:

And so we got these critical incident reports that told us when people died and where [that is, what hospitals], and so what we did was cross reference that with the state vital records database to be able to determine what these people's names were. And then we were able to get the death certificate for many of these people to find out what they died of.

Journalists also obtained information by attending court hearings and visiting psychiatric hospitals and correction facilities or prisons.

Ensuring accuracy. Respondents used various methods to ensure that their stories were accurate. One way was to compare information provided by one source against that provided by another. For example, Scott Hewitt explained how he corroborated information provided by Melanie Green, the subject of his story:

. . . I had heard about her through another person who had already described what she was all about to me. And then I spent a long time talking with her and sort of asking her to tell the story, and then tell it again, and then tell it again. And then I talked to her family and got their perspective.

Documents were also used to cross-check information. For example, Mary K Reinhart said, “The family’s version of events and then the police records and then the court records...they all lined up pretty well.”

Reading back quotes to sources was another way to check accuracy. For example, Alan Judd said:

Typically, especially on [a longer or complicated piece], we . . . call the people that we’ve talked to and walk them through. . . what the story is going to say. And in many cases, actually read back quotations to people just to make sure that we understood them correctly, and we were quoting them in context, and in some cases, it may be because they might be discussing something that was technical or complicated, and we wanted to be sure that we were not misinterpreting or misrepresenting [them].

Judd also discussed how he and his coreporter Andy Miller relied on independent experts to verify the findings of their journalistic investigation. (As mentioned earlier, Judd and Miller’s award-winning series exposed abuse at state psychiatric hospitals in Georgia.) Judd said:

We wanted to go outside the state because we wanted people who had no actual interest, no specific vested interest in Georgia. For instance, we flew up to Chicago and met with a professor at Northwestern University medical school. [We did the] same thing with a doctor in Connecticut. People who had a real national reputation. . . . people who didn't have any real side to pick other than they were interested in the patients.

Building rapport with sources. Journalists approached establishing a relationship with their sources in various ways. One way was to explain the purpose of the story. Chandra Thomas said:

I typically try to start by explaining . . . what my motive is, what my [intention] is just to make the person feel more comfortable because I know most people are going to feel comfortable if they know that they are trying to correct [the problem] or educate people or raise awareness and not just for the salacious nature of reporting a story.

Rosette Royale said that in addition to explaining his motive, he tries “to make people feel as if they are participating in the process” of telling the story. Sharon Salyer also talked about making sources “a partner in the story.” She explained how this was achieved:

. . . spending time with people, making them feel as if they had control, I mean as much as you can when you're reporting a story, and then trying very, very hard to make sure that you tell their story as accurately and honestly as possible and just going back to them again and again and again with the text and saying, “This is how we're presenting this. Is this accurate?”

In addition to explaining the purpose of the story, Rosette Royale and James Carlson helped sources feel at ease by addressing their concerns at the start of the interview. For example, Carlson said:

I tell them, “I can imagine that you might not want to talk to me. I can see that there might be a lot of hesitancy [since] you don't know me,” and I try to almost tell them how they're thinking before they even have a chance to tell me. It seems to help them understand that I'm not a bad guy, that I'm not some

journalist from the TV shows that's going to stick a microphone in their face and tell them to tell me [their] deepest darkest secrets right off the bat.

Journalists noted meeting sources multiple times as another way to build rapport.

Sharon Salyer said, "All these folks just felt that they weren't rushed. It was very important. . . . You couldn't go to any of these folks and get all their story in one sitting." James Carlson said, "Sometimes I would specifically not ask them a couple of questions that I really had because I wanted to come back and ask them again so that over time they could start to feel comfortable with me." Rosette Royale also discussed approaching the interview process by taking "a tiny step" at a time. For example, he described how he obtained permission to visit a prison: "I had a phone conversation, we had some e-mails back and forth, and then a few days later, I was like, 'You know, is it possible for me to come there?'"

Journalists also said that it was important for sources to participate in the story voluntarily. For example, journalist seven said:

Nobody has to talk to me. When I approach people, I always let them know what I'm there for, why I would like to speak with them, and ask if they want to, and if they don't want to, I don't persist. I just go find somebody else. Always giving people the choice, and . . . letting them know that they can opt out if they want.

Echoing journalist seven's words, Jennifer Egan said:

You only want people who want to work with you. I mean the last thing I want to do is to try to force a family that's having trouble to do something they don't want to do. I don't want that at all. I just want to try and find those who might be willing.

Respondents said that once sources agreed to participate, it was important to ensure that they thoroughly understood how they would be presented in the story. For example, Sharon Salyer said:

We both spent a lot of time, talking to people about that [the meaning of consent]. . . . Each time you interview them, [explaining to them], “You understand that this is going into print. You understand your face is going to be in the newspaper, your name is going to be in the newspaper, the history of your story is going to be in the newspaper.”

This was particularly crucial when interviewing sources with mental illness. For example, Andy Miller said:

And I would say that when I interviewed a person with mental illness, I always wanted to make sure, if it was on the record, that they understood, absolutely understood, what I was doing and what I would say about what they were saying. I mean I took extra time to say, “OK, this is what I’m going to say. Do you understand that? Do you have a problem with that?” Some people I would never get to that point because they wouldn’t be coherent. But I think in every case, I would give the person the benefit of the doubt. If they all of a sudden they said, “I don’t want to use my name,” I would say, “That’s fine.”

Respecting sources’ request for anonymity was another way to build rapport. For example, Jennifer Egan said that without a guarantee of anonymity, possibly none of the families in her stories would have consented to participate. (Other respondents were unwilling to use anonymous sources. Sharon Salyer said, “From the very beginning, our argument was if you’re going to help de-stigmatize something which is stigmatized, we really wanted to get people who would be willing to talk, [be] photographed, and [be] named.”)

As another way to put at bay any anxiety that sources might have about how they would be represented in the stories, journalists would read out quotes to them or explain the context in which they were being quoted. For example, James Carlson said:

We would never share the entire story with anybody. But when I was getting near the end at least, I think I talked to anybody I quoted specifically, I would read them the paragraph before, preceding their quote, the quote, and then maybe what came after so that not only they could tell me whether they thought the quote was correct but whether or not it was placed in the right context. There was

never any sort of agreement that we would definitely change something. There was just an open dialogue. That's how I wanted it to be. If they had any concerns about what I wrote, then they could talk about whether or not it needed to be changed or not.

During interviews, journalists sought to establish rapport with sources in various ways. Chandra Thomas explained how she would try to be really “informal,” “maintain as much eye contact as possible,” and not distract the source by shooting pictures during the interview. Jennifer Egan also discussed reducing the formality of the interview:

I just try to fit in where I can. If there's a situation where I can be helpful, I try to be helpful. Look I'm a person in the room. If something needs to be done, I'll do it. [I'm] . . . always really careful not to forget that . . . on top being a reporter, first and foremost, I'm just another person there and I need to be respectful, ideally have a sense of humor, and make the mood lighter, not heavier, if I can.

Listening intently was also important to establish rapport. Sharon Salyer said:

I think listening really, really carefully, and that sounds like such a simple thing, but sometimes the tiniest gap that you catch either at the time that you're doing the interview or sometimes as you're going back over your notes, and just going back to that person and saying, “This point in the story really interested me” or “This point seems really, really important to you.” Let's go over that again because I want to make sure I get it right.

Finally, a journalist's previous experience in reporting on mental illness also played a role in earning a source's trust. For example, journalist 7 said, “I had covered medicine in this community for a really long time. So I'm fairly well known to the public affairs officers in most of the hospitals, psychiatric and otherwise, around town.”

Writing the story. Several respondents discussed using a narrative style to engage readers. For example, Jennifer Egan said:

One of the big challenges with a story like this is that it not be a huge snooze. We're talking about 8000 words. You can't just write 8000 words about the science. No one will stay with you. So the real challenge is to try to fold all of

that, to bring that all to life with actual people, to make the statistics and all that kind of stuff be more urgent and alive.

With regard to story writing, journalists were asked whether they referred to mental-health media guides, which provide tips on how to report and write sensitively on mental illness. Respondents had mixed opinions about these tips. For example, one tip is to not describe in detail the method of suicide in order to avoid copy-cat suicides. Both Chandra Thomas and Rosette Royale disagreed with this tip, stating that the public is already well aware of the methods of suicide. Chandra Thomas said, “I think it’s pretty standard if you say ‘shot yourself in the head.’ I mean I think that everyone kind of knows that that’s the way to kill yourself.” She also said that the details of a suicide were essential for “painting [a] picture.” She added that the idea that suicides could be triggered by a story on suicide seemed simplistic. She said:

I don’t think it’s the kind of thing where you just watch TV and say, ‘Hey, I’m going to do that.’ . . . The reality is that you can’t really find a meaning or a source of someone’s suicide because most of the time it’s a compilation of a lot of different things that just kind of sort of reached a boiling point.

Like Thomas, Rosette Royale expressed skepticism about the copy-cat suicide phenomenon.

I couldn’t find any information about copycat suicide. I think pretty much everyone knows in Seattle that if you want to jump off a bridge, that’s the bridge you would go to. People know! So writing in the newspaper—I mean there wasn’t a spike in people jumping off the bridge after the series came out.

Thomas also said that instead of promoting suicides, providing details of a suicide could prevent suicides by forcing people contemplating the act to realize the effect their death would have on their loved ones. Thomas, however, said that

broadcasting the details of a suicide in an “elaborate” manner—for example, on Facebook or through text messages—could result in imitation suicides.

However, Alan Judd and Mary K Reinhart said that they believed that the copy-cat suicide phenomenon existed. Nevertheless, both reported the details of a suicide in their stories because they considered them relevant. For example, Judd said:

The details are . . . important because it showed how much of a breakdown there had been in the system. Mark Miller, for instance, had kept his shoelaces and boots and they were strong enough to withhold his weight. And his room was set up in a way . . . there was an anchor in the wall he could hook [his shoelaces to]. So I think, generally, it’s probably a good idea not to go into a lot of detail about it, [except] where it’s relevant, where it really shows the failure to prevent [suicide] and protect the person.

Respondents also differed in their opinions on how individuals with mental illness should be described in the media. Mental-health media guides suggest that journalists use “people first language,” that is, avoid words or phrases that define individuals by their illness, for example, schizophrenic (and instead use phrases such as “people with schizophrenia”). Some journalists agreed. For example, James Carlson said, “I think it’s very important because no one wants to be defined by some medical disorder.” Alan Judd said:

Do you say a ‘mentally ill person’ or ‘a person with mental illness?’” There’s actually a difference. It’s very slight. Just a nuance. But it’s important to the people . . . and therefore, we have some responsibility to take that into consideration.

Others expressed different views. For example, Amy Upshaw said that using sensitive language was not enough to avoid stigmatizing individuals with mental illness. Sharon Salyer explained that while it was important to be sensitive, it was also important to “be truthful about what [an individual’s] experience has been.” Journalist seven said

that the push for sensitive language by mental health advocacy groups was the “least important of the battles” in reducing mental illness stigma. She said:

The advocacy groups are so concerned about the freighted meanings words convey, and on the other side, journalists are trying to tell complicated stories in very few words, and so any kind of way you can be concise and powerful at the same time is important to the craft of reporting the story.

To promote readability without compromising sensitivity, this journalist suggested using “culturally correct” terms once and then “using the shorthand to [speed] the story.” She added, “A lot of the language is very clunky and people sort of tune it out anyway. So as long as the information is correct and precise.”

A few respondents were also asked what they thought about media guides encouraging journalists to cover “positive” news on mental illness, for example, stories of recovery. Alan Judd said that doing so would amount to “propaganda” and that instead journalists should adopt a “thoughtful approach” to reporting and look at “the reasons behind things and the underlying consequences.” Journalist seven said that not many positive stories on mental illness are written because they are “pitched in a vacuum connected to nothing of media relevance to the community” and that positive stories would be more likely to be written if they were connected to “news pegs.” This journalist also discussed how violence and recovery with regard to mental illness may be addressed.

People who are reporting sensational, dangerous news involving people with mental illness need to look at all the circumstances that led to that and be careful about how they report the role that mental illness played. On the other hand, people who are promoting recovery and better ways to integrate people with mental-health issues into our culture need to recognize that we have to address the safety features [associated with individuals with mental illness] as well.

This journalist said that instead of media guides, which journalists are unlikely to have time to read while covering breaking-news stories, mental-health advocacy organizations could provide “timely, incident-specific communication” when a newsworthy incident involving mental illness occurs.

Factors facilitating reporting. For almost all journalists, articulate, eloquent sources who had the courage to talk about painful topics and provided access to confidential/private records (for example, medical records) made telling the story easier. For example, Mary K Reinhart said, “Pam was the main factor. She was very articulate and very warm and very eager to be part of the story. She’s a remarkable woman. I can’t say enough about her. She made it happen.” Andy Miller (who worked with Alan Judd on “A hidden shame”) also discussed the help interview sources provided. He said, “We got tremendous support from people who helped us tell these stories. From the families, from people who were giving us documents to people who were talking to us anonymously. Employees current and past.” Further, both he and Judd commented on the help provided by medical experts, who confirmed their findings of abuse in the state psychiatric hospitals in Georgia. Jennifer Egan was also grateful for families that were “open and welcoming” as well as a “[psychiatric] clinic that was so legitimate and respected across the board and yet so open and accommodating of a member of the press.”

Respondents offered various reasons for interviewees’ openness. Most said that they felt that interviewees wanted to participate as a way to educate others. For example, Jennifer Egan said:

I think that basically, the feeling that these families had was that they were living in hell. It was a nightmare. They wanted people to understand how hard this is, how dire it is for their kids. There was a general feeling that, again the same with the doctors, having the public know more and understand better would help everyone.

Respondents also discussed how for some sources, participating in the story was a way to seek justice for their loved one's mistreatment. Alan Judd said, "[People] recognized the importance of exposing what was going on in the facilities. If that didn't happen, it would be as though there was no recognition of what had happened to their relative." Further, Judd and Mary K Reinhart commented that sources may have wanted to share their experiences as a way to achieve catharsis.

For Rosette Royale and James Carlson, sources' cooperation stemmed from their affection for the story's subject. Royale said:

... this thing that I found out about Bret was that 99 percent of the people who met him—after the incident, after the criminal offense occurred—loved him. Everyone loved him. Everyone felt sorry for him and felt like he needed to be protected.

Another factor that facilitated good reporting was editorial support. Most respondents described working with editors who recognized the value of their stories and were willing to give them the time and independence to do in-depth research. For example, journalist seven said:

They [the editors] knew that I would need time to develop this in the fullest extent that I could, and so they were very willing to let me not just go out and do one interview with this family and do a kind of a quick hand, but to follow it as it went along.

Similarly, describing his editor, James Carlson said, “He seemed to grasp right away that this was a really beautiful story and it just required time to let it unfold. . . . Maybe in another news room with a different editor, it might have been different.”

Having enough time to cover the story was important to interview sources multiple times, which facilitated comprehensive reporting. For example, Sharon Salyer said that “watching people over time” helped add “so much depth to [the] stories.”

Journalism experience was another factor that played a role in being able to tell a story well. As noted earlier, for some journalists, previous experience covering similar stories helped identify sources. For example, Andy Miller said:

I had a very good working knowledge of the health care system and also of mental illness because I had written about it before. I was also pretty connected in terms of sourcing. My name was known among people in the mental health [community] and so they knew that they could trust me.

Experience was also important in navigating complicated subjects. For example, Jennifer Egan said:

I did that as a reporter with . . . 12 years of experience under my belt. There’s no way I could have pulled that story off in the first couple of years I was a journalist. It was too complicated, required too many balls in the air, it required too much instinct and expertise.

Similarly, Alan Judd said:

I guess I had some experience in dealing with complicated subjects and subjects that had a lot of different pieces to it, sort of moving parts, that I could not have managed earlier in my life or earlier in my career. It’s just sort of a matter of being able to determine what’s relevant and what’s important and making that sort of judgment, and it takes time to get to develop that.

In addition to journalism experience, some journalists also said that personal exposure to mental illness helped them cover the story. For example, Sharon Salyer said,

“I have had a number of friends with mental-health issues. And I think, for me that gave me insight, gave me invaluable insight.” Scott Hewitt said, “I’ve got experiences with that [mental illness] in my family and was sort of familiar with some of the dynamics and was able to relate on a personal level to a certain extent.”

Finally, it appeared that a combination of respondents’ empathy for their sources, their nonstigmatizing attitude toward mental illness, and their understanding or knowledge of the illness facilitated good storytelling. Some respondents described being moved by the openness of individuals and families who were willing to share painful experiences of mental illness. For example, Scott Hewitt said, “When someone is talking about their deepest darkest worst parts of their lives and everything, I feel like you owe them the respect of getting it right.” Similarly, Sharon Salyer spoke warmly about the courageousness of her sources and how it “weighed on [her] heart every single day to tell the story responsibly, to tell the story well, and to tell the story fairly.”

Respondents acknowledged the pain of their subjects’ experiences with mental illness or the mental-health system. Alan Judd described feeling a “sense of outrage” at how badly the subjects of his stories, that is, patients in state psychiatric hospitals in Georgia, were treated. He commented that “just because the person maybe had schizophrenia or some other mental illness doesn’t excuse the treatment that they received.” Andy Miller commiserated with families with relatives with mental illness.

He said:

It’s very hard on the families. I think that came through with many of the families that we talked to. It’s very difficult for families. Because their loved one has gotten to the point where they need psychiatric care, and there are feelings sometimes of guilt, feelings sometimes of powerlessness. There’s nothing that

they can do. It's very difficult on these families to care for someone with serious mental illness.

Jennifer Egan acknowledged the “discomfort” her interview sources were willing to put themselves through “for the purpose of public education.” She said, “I certainly try to make that experience [the interview] as pleasant for them as I can because I feel like they're really giving of themselves and you know I should make it easy for them if I can.”

Through their answers, respondents conveyed their non-judgmental attitude toward mental illness. For example, commenting on what drew him to his subject's story, Rosette Royale said:

So I realized in his story there was this, there was this way to learn compassion, a way to realize that. . . it's very easy to judge but it takes a little more work to try and understand someone's situation.

Similarly, commenting on mental-health news coverage, journalist seven expressed her non-stigmatizing attitude toward individuals with mental illness. She said:

. . .if it's [mental illness] is relevant to the story that's being reported, you deal with it in a clinical way, what is it, why is it relevant, how is it being manifest here, and then just sort of leave it at that, not make judgments or [use] language that implies that being [mentally ill means] that you're crazy, and if you're crazy you're bad.

Echoing some of journalist seven's thoughts, Mary K Reinhart said, “The main thing to understand is that mental illness. . . isn't a sin or a crime. It's an illness.”

Finally, Alan Judd discussed the importance of not making generalizations about people with mental illness. He said:

The way the human mind works is really very mysterious and if you talk to people who are highly trained in psychiatry or neurology or any other field that deals with the brain and the mind, I think most of them would say that. . . to

generalize in any way about mental illness or people with mental illness is really pretty dangerous.

Similarly, Andy Miller commented on the complicated nature of mental illness.

He said:

People with mental illness are not homogenous . . . you have to look at each case individually. The diagnoses are often multiple diagnoses. Often mysteries. Sometimes you don't know. Sometimes the psychiatrists differ on what the diagnoses are.

To summarize, journalists identified story ideas in various ways, for example, through sources, editors, and news stories. These ideas were considered newsworthy for different reasons, for example, their novelty or relevance. Respondents used a combination of interview and non-interview sources to research their stories. Interview sources comprised mainly mental-health experts and individuals or families with mental illness. These sources were used for different purposes, for example, verifying information, and were identified in various ways, for example, scientific journal articles or mental-health advocacy groups. Non-interview sources included court records and blueprints of psychiatric facilities. Respondents ensured story accuracy in various ways, for example, through interviewing sources multiple times or using documents to cross-check information provided by interviewees.

Another important component of covering the story was establishing rapport with interview sources. This included explaining to sources the purpose of the story and how they would be presented in the story. With respect to story writing, several respondents described using a narrative style and expressed mixed opinions on tips in mental-health media guides (for example, with regard to copy-cat suicides and sensitive language).

Finally, various factors were found to facilitate story reporting. These included interview sources' openness, editorial support, journalism experience, and respondents' empathy for sources.

For a detailed list of themes (or categories) and codes, refer to Table 2.

TABLE 2

Summary of Themes (or Categories) Identified in the Interview Transcripts and the Codes Constituting Each Theme

<i>Category/Theme</i>	<i>Codes</i>
Determining Story Idea	--Source --News reports --Editor --Journalism fellowships and personal interest in mental-health issues
Evaluating Newsworthiness	--Novelty/unusualness --Controversy --Relevance and importance --Human interest
Identifying and Obtaining Information from Interview Sources	--Types of sources --Types of information obtained from sources --Finding sources --Number of sources
Identifying and Obtaining Information from Non-Interview Sources	--Types of sources --Challenges gathering information
Ensuring Accuracy	--Multiple interviews --Documents to cross-check interviewees' responses --Checking quotes with sources --Independent experts
Building Rapport with Sources	--Explaining story purpose --Treating sources as collaborators --Addressing sources' concerns at the start of the interview

TABLE 2 Continued

<i>Category/Theme</i>	<i>Codes</i>
Building Rapport with Sources	<ul style="list-style-type: none"> --Conducting multiple interviews with each source --Emphasizing voluntary participation --Discussing quotes --Explaining to sources how they would be represented in the story --Respecting requests for anonymity --Establishing rapport during the interview --Listening --Earning trust through establishing a reputation
Writing the Story	<ul style="list-style-type: none"> --Narrative style --Mental-health media guides --Reporting suicide details --Sensitive language --Positive and negative mental illness news
Factors Facilitating Reporting	<ul style="list-style-type: none"> --Articulate, open sources --Reasons for sources' openness --Editorial support --Journalism experience --Personal exposure to mental illness --Empathy, non-stigmatizing attitude, and knowledge of mental illness

For information on the backgrounds of respondents, refer to Table 3.

TABLE 3
 Respondents' Educational Background and Years of Journalism Experience

<i>No.</i>	<i>Journalist</i>	<i>Education</i>	<i>Years of journalism experience</i>
1	Chandra Thomas	Bachelor's degree, mass communications	16 years
2	Rosette Royale	Bachelor's degree, English, with a minor in creative writing Master's degree (unfinished), fiction	About 12 years
3	Scott Hewitt	Bachelor's and master's degree, English	17 years
4	Jennifer Egan	Bachelor's degree, English literature	12 years
5	Amy Upshaw ^a	--	15 years
6	Sharon Salyer	Bachelor's degree, journalism; John S. Knight journalism fellow; University of Southern California National Health Journalism fellow	>30 years
7	Journalist 7	Bachelor's and master's degrees, scientific fields	26 years
8	Mary K Reinhart	Bachelor's degree, Journalism	About 25 years
9	Andy Miller	Bachelor's degree, history; Master's degree, teaching social studies	25 years
10	James Carlson	Bachelor's degree, journalism	8 years
11	Alan Judd	Bachelor's degree, journalism	Almost 29 years

a: Information about this journalist's educational background could not be obtained.

CHAPTER IV

DISCUSSION AND CONCLUSION

In this study, I aimed to understand how print journalists who have won awards for stories on mental illness prepared their stories. I wished to investigate this to determine what distinguishes such award-winning journalists from their colleagues and whether their reporting experiences offer lessons for improving mental-health journalism.

I found that respondents prepared stories by following journalism conventions and that certain organizational and personal factors helped facilitate quality reporting. I also found that respondents did not necessarily agree with information in mental-health media guides on how to improve reporting on mental illness. Finally, I found that lessons on how to report well on mental illness could be drawn from respondents' experiences on covering their award-winning stories.

In the paragraphs below, I provide an analysis of my findings.

Following the Journalistic Framework

Overall, it appears that there is nothing terribly unusual in the respondents' style of reporting. Respondents followed the standard journalistic process while preparing their stories (Viswanath et al., 2008). Specifically, they identified a story idea, evaluated its newsworthiness, used resources to research and develop the story, and ultimately, published the story (Viswanath et al., 2008).

Initial story ideas were most often suggested by a news source, similar to the findings of a previous study on the occupational practices of health and medical science reporters (Viswanath et al., 2008). Typically, these news sources were individuals with a personal experience with mental illness, with an idea for a story on mental illness, or with a grievance about the mental-health care system. This result is similar to that of another study, which found that “the public, whether in roles as victims or patients or as lay ‘reporters’ . . . also play some part in inspiring health stories in the media” (Chapman, McCarthy, & Lupton, 1995). Respondents evaluated the newsworthiness of story ideas using conventional news values such as novelty, controversy, importance, unusualness, and human interest (Shoemaker & Reese, 1991), like general news journalists. They used a mixture of interview and non-interview sources to gather information to research their stories. Respondents regarded health care providers, for example, psychiatrists, an important source of information, as other research on the construction of health news has shown (Viswanath et al., 2008). Further, as found in other research, these expert sources were used to explain technical information (Conrad, 1999; Viswanath et al., 2008), in this case, symptoms of mental illness, and to find patients (Chapman et al., 1995). Patients with mental illness and their families and friends were another vital source of information. Similar to the findings of another study on health news (Chapman et al., 1995), it was found that respondents described the experiences of such individuals to make stories relevant and relatable and to make abstract information (such as the symptoms of a particular mental illness) understandable.

Producing Quality Mental-Health Stories

Although it is not unusual that respondents developed stories in accordance with the framework of the journalistic process, what is noteworthy are the factors that influenced this process. It is known that the journalistic process, and therefore, news content, is influenced by the characteristics of the media organization journalists are affiliated with (such as editorial control) as well as to some extent by the journalists' individual characteristics (for example, values and attitudes) (Shoemaker & Reese, 1991). In this study as well, these influences were evident. It appears from the results that these influences helped the respondents overcome barriers to quality reporting and excel at their craft.

Organizational influences. Insufficient time and space have been identified as barriers to quality health reporting (Larsson et al., 2003; Wallington et al., 2010). However, these did not appear to be barriers for the respondents in this study. Several spoke of supportive editors who recognized the importance of their stories and who were willing to give them the time and space to tell the story comprehensively. Most respondents spent weeks, if not months, covering their stories. Stories ranged in length from about 3000 to 20,000 words, with several being more than 5000 words long.

A flexible deadline also meant that respondents could take the time to find good interview sources. For example, respondents sought out mental-health experts who were good communicators and could brainstorm story ideas, explain technical information, or provide an unbiased assessment of the findings of a journalistic investigation.

More time also meant that respondents could use a wide range of sources. (This finding ties in with research that has shown that constraints such as deadlines narrow the range of sources journalists rely on (Shoemaker & Reese, 1991).) In addition to conducting interviews, respondents used documents such as medical records, coroner's reports, and blueprints of buildings and took field trips to psychiatric hospitals and prisons.

Having enough time also helped in establishing rapport with sources. This was important because research has found that journalists find it difficult to find interview sources because of people's suspicion and lack of trust in them (Chapman et al., 1995; Wallington et al., 2010). Respondents discussed conducting long interviews with sources and meeting with them multiple times. Considering the sensitive subject matter of the stories, this gradual gathering of information helped sources trust the respondents and feel comfortable sharing personal and painful stories with them as well as confidential information such as that in medical records. Finally, because their stories were not time sensitive, respondents were able to observe how stories evolved, which made for more comprehensive reporting.

Personal influences. The extensive research required to write comprehensive health stories has been found to be a challenge in covering health news (Wallington et al., 2010). Results indicate that a mixture of journalism experience, personal exposure to mental illness, and empathy helped respondents tackle this challenge.

Several respondents described how years of experience (in some cases, covering health or behavioral health) helped guide them through various aspects of the reporting

process, for example, determining whether a story idea is worth pursuing, identifying sources, and in managing time.

In addition to journalism experience, it appeared that respondents' empathetic personalities helped navigate story research. An important part of story research was interviewing individuals with personal stories of mental illness. As mentioned earlier, a challenge to quality reporting is finding sources who are willing to share personal stories with the media (Hodgetts, Chamberlain, Scammell, Karapu, Nikora, 2008). Although luck may have played a role in finding such sources, as some participants acknowledged, respondents' approach to gathering information from these sources probably encouraged source openness. For example, respondents described conducting multiple interviews over time to help sources feel comfortable sharing painful stories. Respondents ensured that sources participated in interviews voluntarily and understood how they would be represented in the story. If sources were uncomfortable revealing their identity, respondents safeguarded their privacy.

This respectful treatment of sources reflected respondents' positive, non-stigmatizing attitude toward mental illness. For example, respondents discussed how mental illness is just one facet of an individual's identity and noted the importance of writing stories that conveyed that message to the public. Another described feeling outrage at the poor medical treatment available to psychiatric patients in state hospitals. Some respondents described feeling gratitude for sources' courageousness and honesty as well as a deep sense of responsibility to tell their stories accurately.

It appeared that for some respondents, empathy for sources originated from personal experiences with mental illness, as found in another study (Aldoory, Eaton, & Harman, 2009). Several spoke of having family members or friends with a mental illness. Perhaps, as literature about combating mental illness stigma suggests (Corrigan & Shapiro, 2010), positive interactions with individuals with mental illness in their personal lives is responsible for respondents' compassion and lack of prejudice toward individuals with these diseases or those with family or friends with these diseases. This result suggests the need to investigate in more detail how journalists' personal attitudes toward mental illness influence their reporting. Also, the result suggests that assigning reporters who have an empathetic attitude toward mental illness to cover stories on this subject might help facilitate non-stigmatizing reporting.

Improving Mental-Health Reporting

Since a purpose of the study was to identify ways in which news coverage of mental illness can be improved, I asked respondents about their opinion on media guides that offer suggestions for avoiding sensational, stereotypical reporting on mental illness (mental-health media guides). I asked respondents to comment on information in these guides on how to report on suicides, how to use sensitive language when writing about people with mental illness, and how to construct stories on mental illness with positive themes.

Suicide reporting. News coverage on suicide that is extensive or prominent; sensationalizes or glorifies the suicide; describes in detail the method of suicide; or portrays the act of suicide as a solution to a problem can lead to imitation suicides

among vulnerable individuals (Jamieson et al., 2003; Pirkis et al., 2007). Media guides make journalists aware of these factors that can lead to imitation suicides (for example, “Background Information and a Guide for Reporting on Mental Illness” (Washington State Coalition for Mental Health Reporting, n.d.). The guides also encourage journalists to discuss treatment for the mental illness, which is generally the underlying cause of a suicide, so that vulnerable individuals are made aware of avenues for help (Jamieson et al., 2003).

Suicide was one of the themes in four of the ten stories in this study. In each of these four stories, information on the causes and treatment of the mental illness underlying the suicide was discussed. However, also in all four stories, the method of suicide was described in detail. When authors of these four stories were asked about this, two said that although they believed in the copy-cat suicide phenomenon, they included suicide details in their story as it was relevant or important to the content of the story or made the story more engaging. This response reflected the influence of news values in reporting on suicide. The two other respondents expressed skepticism that providing the details of a suicide can lead to imitation suicides, explaining that the public is well aware of the methods of suicide. They also said that they felt that it was important to write about suicide and not treat it as a taboo issue. As found in another study, these respondents viewed stories on suicide as a way to educate the public about this health issue and not as promoters of the copy-cat suicide phenomenon (Collings & Kemp, 2010).

These results suggest that as found in another study (Collings & Kemp, 2010), there is disagreement among journalists on whether news reports on suicide promote suicidal behavior and indicate a need to make journalists aware of the scientific consensus on the reality of the copy-cat suicide phenomenon (Beautrais, 2000; Stack, 2003). Also, as recommended by other studies, in order to ensure that journalists follow media guidelines on suicide, it is important that media and health professionals work together to develop guidelines and that these guidelines take into consideration reporting conventions when providing suggestions on reducing the risk of imitation suicides (Collings & Kemp, 2010; Jamieson et al., 2003; Pirkis et al., 2007).

Sensitive language. With regard to sensitive language in news on mental illness, a suggestion in several mental-health media guides (for example, “Open Minds Open Doors. Reporting to Prevent Stigma of Mental Illnesses and Suicide: A Guide for Reporting,” (Wisconsin United for Mental Health, 2008)) is to use “people first language.” This means using terms such as “individuals with mental illness” or “individual with schizophrenia” instead of “mentally ill” or “schizophrenic,” respectively. This is because the latter terms define individuals by their disorder, thereby, stigmatizing them. By emphasizing that an individual with mental illness is *first* an individual (Reaume, 2002), the former terms attempt to destigmatize mental illness.

In several of the award-winning stories, terms such as “mentally ill” were used occasionally. However, despite the use of such language, representations of individuals with mental illness in these stories were far from negative. Respondents did not write about individuals with mental illness in a stereotypical way, for example, portraying

them as unlikable, incompetent, or dangerous, as research on media images of mental illness indicate (Wahl, 1992). Instead, respondents presented a human picture of such individuals, describing, for example, how mental illness affects their lives.

When respondents were asked about their opinion on people-first language, they offered mixed opinions. Some felt strongly about following guidelines about sensitive language. Others felt differently. One said that using sensitive language was not enough to avoid stigma; another, that sensitivity was important but not at the cost of truthfulness; and a third, that the emphasis on sensitive language by mental-health advocacy groups was the “least important of the battles” in reducing mental illness stigma, and that the language was “clunky” and readers “tuned it out anyway.”

Considering these different opinions, perhaps, future studies should investigate in more detail journalists’ views on “people-first language” as well as those of individuals with mental illness.

Positive and negative mental illness news. Selective reporting about the mentally ill, that is, reporting on individuals with mental illness *only* in negative contexts, such as violent crime, reinforces negative stereotypes about such individuals (Angermeyer & Matschinger, 1996), for example, that they are unpredictable, dangerous, and violent (Angermeyer & Schulze, 2001). It has been suggested that to create a favorable attitude toward mental illness among the public, the news media should consider good news about mental illness (for example, successful treatment) as newsworthy as tragedies (Berlin & Malin, 1991; Washington State Coalition for Mental Health Reporting, n.d.).

Two respondents were asked what they thought about media guidelines that encourage stories with positive themes on mental illness, for example, stories of recovery. Alan Judd said that this was not really the media's job and that doing so would amount to "propaganda." This view reflects that of media scholars who explain that because the purpose of news is to highlight problems that need attention, news is typically "bad" (Shoemaker & Reese, 1991). Journalist seven said that although journalists were not averse to writing positive stories on mental illness, few such stories got reported because they were "pitched in a vacuum connected to nothing of media relevance to the community."

Instead of positive news about mental illness to tackle negative stereotypes, both respondents discussed the need for a thoughtful, balanced approach to reporting. For example, journalist seven explained that although it was important to not stereotype individuals with mental illness, it was also essential to not avoid reporting bad news involving such individuals. She added that while reporting such bad news, it was important to discuss all the circumstances that precipitated the negative event and be careful about how the role of mental illness was portrayed.

Based on the results, instead of emphasizing the need for positive stories on mental illness, media guides might provide guidance on how to address both positive and negative aspects of mental illness. Pushing for positive news may not be feasible as there may not always be opportunities to write positive stories on mental illness, as noted in a study (Angermeyer & Matschinger, 1996). Also, positive stories in the print media

may be eclipsed by negative stereotypes propagated by other media such as television and movies (Stuart, 2003).

Finally, respondents' experiences of preparing their award-winning stories offer lessons for how reporting on mental illness can be improved. For example, the list below provides tips on building rapport with sources, gleaned from respondents' comments:

- Share with sources the purpose of the story.
- Consider interviewing sources more than once to obtain the full story.
- Keep sources informed about a story's progress.
- Tell sources how they will be represented in the story.
- Explain to sources more than once that their participation is voluntary and that they may withdraw at any time.
- Respect an individual's decision to not participate in an interview, to withdraw from an interview, or to participate anonymously.
- Interview individuals with mental illness only if they are lucid and coherent and understand what participation will involve.
- Consider asking individuals with mental illness to describe the signs and symptoms of their disease to give readers a tangible understanding of the disease.

These and other lessons drawn from respondents' experiences can be used to inform mental-health media guides.

REFERENCES

- Aldoory, L., Eaton, C., & Harman, C. (2009). Individual and professional influences on news about mental illness: An exploratory survey of newspaper journalists. *Annual Meeting of the International Communication Association*, New York City, NY. Retrieved May 29, 2011, from http://citation.allacademic.com/meta/p_mla_apa_research_citation/0/1/1/9/7/p11979_index.html
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC.
- Angermeyer, M. C., & Matschinger, H. (1996). The effect of violent attacks by schizophrenic persons on the attitude of the public towards the mentally ill. *Social Science & Medicine*, 43(12), 1721–1728.
- Angermeyer, M. C., & Matschinger, H. (2005). Causal beliefs and attitudes to people with schizophrenia: Trend analysis based on data from two population surveys in Germany. *The British Journal of Psychiatry*, 186, 331–334.
- Angermeyer, M. C., & Schulze, B. (2001). Reinforcing stereotypes: How the focus on forensic cases in news reporting may influence public attitudes towards the mentally ill. *International Journal of Law and Psychiatry*, 24(4–5), 469–486.
- Association of Health Care Journalists. (n.d.). A hidden shame: Danger and death in Georgia's mental hospitals. Retrieved September 9, 2010, from <http://www.healthjournalism.org/awards-winners-detail.php?id=91>

- Beautrais, A. L. (2000). Risk factors for suicide and attempted suicide among young people. *Australian and New Zealand Journal of Psychiatry, 34*(3), 420–436.
- Berlin, F. S., & Malin, H. M. (1991). Media distortion of the public's perception of recidivism and psychiatric rehabilitation. *American Journal of Psychiatry, 148*, 1572–1576.
- Brown, K., & Bradley, L. J. (2002). Reducing the stigma of mental illness. *Journal of Mental Health Counseling, 24*(1), 81–87.
- Carlson, J. (2008, July 2–6). The Bob Owen story. *Topeka Capital-Journal*. Retrieved July 10, 2011, from <http://cjonline.com/indepth/bobowen/>
- Carmichael, M. (2008, May 17). Growing up bipolar. *Newsweek*. Retrieved October 15, 2011, from <http://www.thedailybeast.com/newsweek/2008/05/17/welcome-to-max-s-world.html>
- Chapman, S., McCarthy, S., & Lupton, D. (1995). “Very good punter speak”: How journalists construct the news on public health. Sydney: School of Public Health, University of Sydney. Retrieved October 16, 2011, from <http://tobacco.health.usyd.edu.au/assets/pdfs/Media-and-Advocacy/PUNTERSPEAK.pdf>
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: SAGE.
- Clement, S., & Foster, N. (2008). Newspaper reporting on schizophrenia: A content analysis of five national newspapers at two time points. *Schizophrenia Research, 98*(1–3), 178–183.

- Collings, S. C., & Kemp, C. G. (2010). Death knocks, professional practice, and the public good: the media experience of suicide reporting in New Zealand. *Social Science Medicine*, 71(2), 244–248.
- Conrad, P. (1999). Uses of expertise: sources, quotes, and voice in the reporting of genetics in the news. *Public Understanding of Science*, 8(4), 285–302.
- Corrigan, P. W., & Shapiro, J. R. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychology Review*, 30(8), 907–922.
- Corrigan P. W., Watson, A. C., Gracia, G., Slopen, N., Rasinski, K., & Hall, L. L. (2005). Newspaper stories as measures of structural stigma. *Psychiatric Services*, 56(5), 551–556.
- Corrigan, P. W., Watson, A. C., & Ottati, V. (2003). From whence comes mental illness stigma? *International Journal of Social Psychiatry*, 49(2), 142–157.
- Coverdale, J., Nairn, R., & Claasen, D. (2002). Depictions of mental illness in print media: a prospective national sample. *Australian and New Zealand Journal of Psychiatry*, 36(5), 697–700.
- Davies, G. K. (2008, January–February). Connecting the dots. Lessons from the Virginia Tech shootings. *Change: The Magazine of Higher Learning*, 40(1), 8–15.
- deKretser, L., & Sheehy, K. (2007, April 18). Psycho penned poison plays. *New York Post*. Retrieved October 15, 2011, from http://www.nypost.com/p/news/national/item_6dNX5QSVmWzDwsDEbImJbK

- Duckworth, K., Halpern, J. H., Schutt, R. K., & Gillespie, C. (2003). Use of schizophrenia as a metaphor in U.S. newspapers. *Psychiatric Services, 54*, 1402–1404.
- Editor & Publisher Journalism Awards & Fellowships Directory*. (2010). Retrieved July 28, 2010, from <http://www.editorandpublisher.com/images/PDF-JAwards.pdf>
- Egan, J. (2008, September 12). The bipolar puzzle. *The New York Times*. Retrieved September 9, 2011, from <http://www.nytimes.com/2008/09/14/magazine/14bipolar-t.html>
- Eronen, M., Angermeyer, M. C., & Schulze, B. (1998). The psychiatric epidemiology of violent behaviour. *Social Psychiatry & Psychiatric Epidemiology, 33*, Suppl 1, S13–23.
- Gastel, B. (2005). *Health writer's handbook* (2nd ed.). Ames, IA: Blackwell Publishing Ltd.
- Genovesi, A. L., Donaldson, A. E., Morrison, B. L., & Olson, L. M. (2010). Different perspectives: a comparison of newspaper articles to medical examiner data in the reporting of violent deaths. *Accident Analysis & Prevention, 42*(2), 445–451.
- Halal, J. (2008). Mental Health America 2008 Media Awards recognize excellence in mental health journalism. Retrieved July 6, 2011, from <http://www.mentalhealthamerica.net/index.cfm?objectid=55231FCD-1372-4D20-C881F93A5AE70623>

- Hewitt, S. (2010, April 18). Sufferer, survivor, advocate. *The Columbian*. Retrieved July 3, 2011, from <http://www.dshs.wa.gov/pdf/dbhr/mh/mhSuffererSurvivorAdvocateHewitt.pdf>
- Hodgetts, D., Chamberlain, K., Scammell, M., Karapu, R., & Waimarie, L. N. (2008). Constructing health news: possibilities for a civic-oriented journalism. *Health, 12*(1), 43–66.
- Insel, T. R. (2008). Assessing the economic costs of serious mental illness. *American Journal of Psychiatry, 165*, 663–665.
- Jamieson, P., Jamieson, K. H., & Romer, D. (2003). The responsible reporting of suicide in print journalism. *American Behavioral Scientist, 46*(12), 1643–1660.
- Jones, E. E., Farina, A., Hastorf, A. H., Marcus, H., Miller, D. T., & Scott, R. A. (1984). *Social stigma: The psychology of marked relationships*. New York, NY: Freeman and Company.
- Jorm, A. F., & Griffiths, K. M. (2008). The public's stigmatizing attitudes towards people with mental disorders: how important are biomedical conceptualizations? *Acta Psychiatrica Scandinavica, 118*(4), 315–321.
- Judd, A., & Miller, A., (2007, January to December). A hidden shame: Danger and death in Georgia's mental hospitals. *The Atlanta Journal-Constitution*. Retrieved September 9, 2011, from http://www.gmhcn.org/files/Articles/AJCSeries_DEATHINGEORGIASMENTALHOSPITALS.html

- Kvale, S., & Brinkmann, S. (2009). *Interviews. Learning the craft of qualitative research interviewing* (2nd edition). Thousand Oaks, CA: SAGE Publications, Inc.
- Larsson, A., Oxman, A. D., Carling, C., & Herrin, J. (2003). Medical messages in the media – Barriers and solutions to improving medical journalism. *Health Expectations*, 6(4), 323–331.
- Lindlof, T. R., & Taylor, B. C. (2011). *Qualitative communication research methods*. Thousand Oaks, CA: SAGE.
- Link, B. G., Cullen, F. T., Frank, J., & Wozniak, J. F. (1987). The social rejection of former mental patients: understanding why labels matter. *American Journal of Sociology*, 92(6), 1461–1500.
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual review of sociology*, 27, 363–385.
- Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public conceptions of mental illness: Labels, causes, dangerousness, and social distance. *American Journal of Public Health*, 89(9), 1328–1333.
- Link, B. G., Yang, L. H., Phelan, J. C., & Collins, P. Y. (2004). Measuring mental illness stigma. *Schizophrenia Bulletin*, 30(3), 511–541.
- Mass shootings at Virginia Tech. Report of the Virginia Tech Review Panel. August 2007. Retrieved April 30, 2010, from <http://www.governor.virginia.gov/TempContent/techPanelReport-docs/FullReport.pdf>

- Miller, G. (2007). Mental health and the mass media: room for improvement. *The Lancet*, 370(9592), 1015–1016. Retrieved April 29, 2010, from [http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(07\)61246-X/fulltext](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(07)61246-X/fulltext)
- Nunnally, J. (1961). *Popular conceptions of mental health: Their development and change*. New York, NY: Holt, Rinehart and Winston, Inc.
- Olstead, R. (2002). Contesting the text: Canadian media depictions of the conflation of mental illness and criminality. *Sociology of Health & Illness*, 24(5), 621–643.
- Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. R., Phelan, J. C., & Link, B. G. (2010). “A disease like any other”? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. *American Journal of Psychiatry*, 167(11), 1321–1330.
- Pescosolido, B. A., Monhan, J., Link, B. G., Stueve, A., & Kikuzawa, S. (1999). The public’s view of the competence, dangerousness, and need for legal coercion of persons with mental health problems. *American Journal of Public Health*, 89, 1339–1345.
- Phelan, J. C., Link, B. G., Stueve, A., & Pescosolido, B. (2000). Public conceptions of mental illness in 1950 and 1996: What is mental illness and is it to be feared. *Journal of Health and Social Behavior*, 41, 188–207.
- Pirkis, J., Burgess, P., Blood, R. W., & Francis, C. (2007). The newsworthiness of suicide. *Suicide and Life-Threatening Behavior*, 37(3), 278–283.

- Real Change. (n.d.). About Real Change. Retrieved October 16, 2011, from <http://www.realchangenews.org/index.php/site/about/org/>
- Reaume, G. (2002). Lunatic to patient to person: nomenclature in psychiatric history and the influence of patients' activism in North America. *International Journal of Law and Psychiatry*, 25(4), 405–426.
- Reeves, W. C., Strine, T. W., Pratt, L. A., Thompson, W., Ahluwalia, I., Dhingra, S. V., . . . Safran, M. A. (2011). Mental illness surveillance among adults in the United States. *Morbidity and Mortality Weekly Report*, 60(03), 1–32.
- Reinhart, M. K., & Epler, P. (2007, December 23–28). Pam's story. *East Valley Tribune*. Retrieved July 3, 2011, from http://www.eastvalleytribune.com/article_f44bc746-145d-5a42-a42d-6489314994d3.html
- Royale, R. (2008, June 25, July 2, July 9). The man who stood on the bridge. *Real Change News*. Retrieved September 9, 2011, from <http://www.realchangenews.org/index.php/site/archives/2093/>
- Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data* (2nd edition). Thousand Oaks: CA, Sage Publications, Inc.
- Rusch, N., Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*, 20(8), 529–539.

- Salyer, S., & Dominguez, A. (2008, December 7, 8, and 9). Alone among us. *The Herald*. Retrieved September 9, 2011, from <http://www.heraldnet.com/article/20081207/NEWS010310/712079996>
- Shoemaker, P. J., & Reese, S. D. (1991). *Mediating the message: Theories of influences on mass media content*. New York, NY: Longman.
- Society of Professional Journalists (n.d.). 2008 Sigma Delta Chi award honorees. Retrieved September 17, 2011, from <http://www.spj.org/sdxa08.asp>
- Singer, J. B., Tharp, M. P., & Haruta, A. (1998). Superstars or second-class citizens? Management and staffing issues affecting newspapers online journalists. *Newspaper Research Journal*, 20(3), 29–47.
- Skehan, J., Greenhalgh, S., Hazell, T., & Pirkis, J. (2006). Reach, awareness and uptake of media guidelines for reporting suicide and mental illness: An Australian perspective. *The International Journal of Mental Health Promotion*, 8(4), 29–35.
- Stack, S. (2003). Media coverage as a risk factor in suicide. *Journal of Epidemiology and Community Health*, 57(4), 238–240.
- Star, S. A. (1952). *What the public thinks about mental health and mental illness*. Paper presented at the annual meeting of the National Association for Mental Health.
- Star, S. A. (1955). *The public's ideas about mental illness*. Report presented at the annual meeting of the National Association for Mental Health, Indianapolis, Indiana.
- Stuart, H. (2003). Stigma and the daily news: Evaluation of a newspaper intervention. *Canadian Journal of Psychiatry*, 48(10), 651–656.

Thomas, C. R. (2008, November). Suicide Mission. *Atlanta Magazine*, pp. 84–137.

Retrieved July 15, 2011, from

http://www.chandrarthomas.com/pdfs/features/suicidemission_atlmag_nov2008.pdf

Upshaw, A. (2008, March 23–26). The long way home: A four part series. *Arkansas*

Democrat-Gazette. Retrieved September 9, 2011, from

<http://www.arkansasonline.com/news/2010/mar/23/long-way-home-four-part-series/>, <http://www.arkansasonline.com/news/2010/mar/23/long-way-home-bedlam-and-back-20080323/?extras>,

<http://www.arkansasonline.com/news/2010/mar/24/long-way-home-mentally-physically-crushed-20080324/>,

<http://www.arkansasonline.com/news/2010/mar/25/long-way-home-walking-fine-line-20080325/>, and

<http://www.arkansasonline.com/news/2010/mar/26/long-way-home-next-stop-independence-20080326/>

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the*

Surgeon General—Executive summary. Rockville, MD: U.S. Department of

Health and Human Services, Substance Abuse and Mental Health Services

Administration, Center for Mental Health Services, National Institutes of Health,

National Institute of Mental Health.

Vetzner, S. (2009, June 12). Mental Health America 2009 Media Awards recognize

excellence in mental health journalism. Retrieved July 10, 2011, from

<http://www.mentalhealthamerica.net/index.cfm?objectid=CB2DA80C-1372-4D20-C802400659137C63>

- Viswanath, K., Blake, K. D., Meissner, H. I., Saiontz, N. G., Mull, C., Freeman, C. S., Hesse, B., & Croyle, R. T. (2008). Occupational practices and the making of health news: A national survey of U.S. health and medical science journalists. *Journal of Health Communication, 13*(8), 759–777.
- Wahl, O. F. (1992). Mass media images of mental illness: A review of the literature. *Journal of Community Psychology, 20*, 343–352.
- Wahl, O. F. (1995). *Media madness: Public images of mental illness*. Rutgers University Press.
- Wahl, O. F. (2003). News media portrayal of mental illness: Implications for public policy. *American Behavioral Scientist, 46*(12), 1594–1600.
- Wahl, O. F., Wood, A., & Richards, R. (2002). Newspaper coverage of mental illness: Is it changing? *American Journal of Psychiatric Rehabilitation, 6*(1), 9–31.
- Wallington, S. F., Blake, K., Taylor-Clark, K., & Viswanath, K. (2010). Antecedents to agenda setting and framing in health news: An examination of priority, angle, source, and resource usage from a national survey of U.S. health reporters and editors. *Journal of Health Communication, 15*(1):76–94.
- Washington State Coalition for Mental Health Reporting. (n.d.). Background information and a guide for reporting on mental illness. Retrieved October 16, 2011, from <http://depts.washington.edu/mhreport/docs/GuideforReportingMentalHealth.pdf>

Washington State Department of Social and Health Services. (2010). Columbian reporter honored with first annual 'mental health reporting journalism award. Retrieved July 3, 2011, from <http://depts.washington.edu/mhreport/features/FINAL%20word%20version%20of%20release%20on%20journalism%20award.pdf>

Wisconsin United for Mental Health. (2008, January). Open minds open doors. Reporting to Prevent Stigma of Mental Illnesses and Suicide. A guide for reporting. Retrieved October 16, 2011, from http://www.wimentalhealth.org/combatingstigma/for_the_media/guide.php

APPENDIX A

POTENTIAL INTERVIEWEE POOL³

1. Heywood Broun Award

Year: 2006

Story: Mentally Unfit, Forced to Fight

Journalists: Lisa Chedekel and Matthew Kaufman

Publication: Hartford Courant

2. Casey Medals for Meritorious Journalism

Year: 2009

Story: Gravely Disabled: Broken Mental Health Care System Wastes Money,
Chances, Lives

Journalist: Carol Smith

Publication: Seattle Post-Intelligencer

Award category: Single article (under 200,000 circulation)

Year: 2008

Story: The Atypical Dilemma

Journalist: Robert Farley

Publication: St. Petersburg Times

Award category: Single article (Over 200,000 circulation)

Year: 2008

Story: How Specialist Town Lost His Benefits

Journalist: Joshua Kors

Publication: The Nation

Award category: Magazine

³ For each award, information on winning articles with a mental-health theme between 2009 and 2005 is provided.

Year: 2006
Story: Medicating Aliah
Journalist: Rob Waters
Publication: Mother Jones
Award category: Magazine

Year: 2005
Story: Kids in Exile
Journalist: Lisa Demer
Publication: Anchorage Daily News
Award category: Single article (Under 200,000 circulation)

3. Unity Awards in Media

Year: 2007
Story: Broken promises, broken lives
Journalists: Carolyn Tuft and Joe Mahr
Publication: St. Louis Post Dispatch
Award category: Series (Public Affairs/Social Issues)

4. Health Care Journalism Award

Year: 2008
Story: VA Mental Health Crisis
Journalist: Chris Adams
Publication: McClatchy Newspapers

5. Mental Health America Media Awards

Year: 2009
Story: Alone Among Us
Journalists: Sharon Salyer and Alejandro Dominguez
Publication: The Herald

Award category: Series

Year: 2009

Story: The Bob Owen Story

Journalist: James Carlson

Publication: Topeka Capital-Journal

Award category: Newspapers with a circulation below 100,000

Year: 2009

Story: A Death in the Family

Journalists: Elizabeth Bernstein and Nathan Koppel

Publication: The Wall Street Journal

Award category: Newspapers with a circulation above 100,000

Year: 2009

Story: The Long Way Home

Journalist: Amy Upshaw

Publication: Arkansas Democrat-Gazette

Award category: Newspapers with a circulation above 100,000

Year: 2009

Story: Suicide Mission

Journalist: Chandra R Thomas

Publication: Atlanta Magazine

Award category: Local/Regional magazines

Year: 2008

Story: Diagnosing Joey: Unraveling the Mysteries of Pediatric Bipolar Disorder

Journalists: Jenny B. Davis & Shelley Hawes Pate

Publication: Dallas Child

Award category: Local/Regional magazines

Year: 2008

Story: Broken Promise

Journalists: David France and Diane Salvatore

Publication: Ladies' Home Journal

Award category: National magazines

Year: 2008

Story: Pam's Story

Journalist: Mary K. Reinhart and Patti Epler

Publication: East Valley Tribune

Award category: Newspapers with a circulation below 100,000

Year: 2008

Series: The Price of Privacy

Journalists: Elizabeth Bernstein and John Blanton

Publication: The Wall Street Journal

Award category: Timely coverage of a mental-health issue

Year: 2007

Story: Out of Sight: Mental Illness and the Criminal Justice System

Journalist: Alicia Gallegos

Publication: South Bend Tribune

Award category: Newspapers with a circulation below 100,000

Year: 2007

Story: Abandoning our Mentally Ill, 4-part series

Journalist: Meg Kissinger

Publication: The Milwaukee Journal-Sentinel

Award category: Newspapers with a circulation about 100,000

Year: 2007

Story: A Broken Mind

Journalist: Jan Hollingsworth

Publication: The Tampa Tribune

Award category: Outstanding coverage of a mental health issue

Year: 2006

Story: Against All Odds

Journalist: Todd Spivak

Publication: Houston Press

Year: 2006

Story: Fighting Anorexia: No One to Blame

Journalist: Peg Tyre

Publication: Newsweek

Year: 2006

Series: Points West

Journalist: Steve Lopez

Publication: Los Angeles Times

No information on Website on 2005 awards

6. James S. Hogg Award for Mental Health Reporting

Year: 2007

Story: Children of Rage and Sorrow

Journalist: Marina Pisano

Publication: San Antonio Express-News

Year: 2006

Story: Questions Linger after Woman's Death

Journalist: Jennifer Autrey

Publication: Fort Worth Star-Telegram

Year: 2005

Story: Broken Dreams: Decurs Hope Their Story Helps Change Attitude

Journalist: Patrick Walker

Publication: Waxahachie Daily Light

7. Association of Health Care Journalists Award

Year: 2007

Story: A Hidden Shame: Danger and Death in Georgia's Mental Hospitals

Journalists: Alan Judd and Andy Miller

Publication: The Atlanta Journal-Constitution

Award category: Large newspapers

8. Mental Health Reporting Journalism Award

Year: 2010

Story: Sufferer, Survivor, Advocate

Journalist: Scott Hewitt

Publication: The Columbian

9. NAMI (National Alliance on Mental Illness) Outstanding Media Award for Science and Health Reporting

Year: 2009

Story: The Bipolar Kid

Journalist: Jennifer Egan

Publication: The New York Times

Year: 2007

Stories:

In Brooklyn Court, A Route Out of Jail for the Mentally Ill

With “Reality Visors,” Officers Try New Tack to Face Mentally Ill

On Death Row, Fate of Mentally Ill Thorny Problem

Journalist: Gary Fields

Publication: The Wall Street Journal

Award category: News reporting

Year: 2007

Story: Rosie’s Journey

Journalist: James M. O’Neill

Publication: Dallas Morning News

Award category: Feature writing

Year: 2007

Story: Mending Marcus

Journalist: Eric Adler

Publication: Kansas City Star

Award category: Feature writing

No information found on 2006 & 2005 awards

10. Sigma Delta Chi Awards

Year: 2008

Story: The Man Who Stood on the Bridge

Journalist: Rosette Royale

Publication: Real Change

Award category: Circulation of less than 100,000

APPENDIX B

INTERVIEW GUIDE

Beginning the Interview

Hello. As you know, I'm Roma Subramanian, and I'm a master's student at Texas A&M University. Thank you again for taking the time to talk with me today.

As I mentioned earlier, the purpose of my study, which I'm conducting for my master's thesis, is to provide practical guidelines on how mental-health stories can best be reported. I aim to do this by determining, through interviews, the best practices of journalists who have won awards for stories with a mental-health theme. So today, I'd like to talk with you about your experiences in reporting the story_, for which you won _ award.

I estimate the interview to last about 1 hour. I don't expect it to go beyond 2 hours. If at any time, you would like to stop for a break, please let me know. As discussed before, would it be alright if I tape this interview? I would like to tape the interview to make sure I make a note of all your comments.

I wanted to let you know again that audio recordings and any interview notes I take will be kept in a locked filing cabinet during the study and destroyed seven years after I submit my thesis. During the course of the study, only my advisory committee and I will have access to these materials. In addition to being presented in the form of a thesis, the results of the study may be published in a professional journal or presented at professional meetings. However, no identifiers linking you to this study will be included,

without your permission, in any sort of report that might be published. Would you like me to include your name, professional affiliation, and the name of the award-winning story in my report?

Finally, you may decline to answer any question you do not wish to answer. You may also decide to withdraw from the study at any time. Also, as mentioned earlier, I would be happy to share with you a summary of my findings at the end of the study.

Do you have any questions?

Shall we begin?

Questions⁴

Story idea

- How did you get the idea for the story?
 - Probes
 - Did someone contact you about the story?
 - Was the idea triggered by a personal experience?
 - Did your editor suggest the story idea?
- What drew you to this story?/Why was this story important to you?
- What was your purpose in telling this story?

Story development

⁴ All participants will be asked the questions listed below. However, questions marked with an asterisk (*) are specific to certain award-winning stories, and therefore, will be posed only to the authors of those stories.

- How did you begin researching the story?
 - Probes
 - What kind of written sources did you use? For example, did you read journal articles, popular science articles, or Web sites about the mental illness you were covering?
 - Did you rely on resources provided by organizations that work toward improving mental-health care, for example, the National Alliance on Mental Illness (NAMI)? If so, what resources did you find useful (for example, list of mental-health experts)?
 - Did you refer to patients' medical and hospitalization records as a source of information? If so, how did you get access to these records?
 - How did you get access to the military's records?*
 - Did you visit mental institutions to research the story? If so, how did you request access and what specific information were you looking for?
 - Who were your interview sources for the story? How did you identify them?

For example, if you interviewed patients or their families for the story, how did you identify them?

- What kind of mental-health care professionals, if any, did you interview? How did you identify them?
- How easy or difficult was it to find patients to interview?
- How easy or difficult was it to find mental-health experts to interview?
- Besides mental-health experts and patients and their families, who did you interview for the story?
- How much time did it take to research the story?
- How much time did it take to write the story?

Conducting interviews

- How did you make initial contact with your interview sources (that is, patients, families of patients with mental illness, mental-health professionals)?
 - Probes
 - Did you send e-mails introducing yourself and describing your article?
 - Did you call them?
- What medium did you use to conduct interviews?

- Probes
 - Did you conduct interviews in person or over the phone?
 - Do you prefer one to the other? If so, why?
- How did you initiate conversations with patients or their families who agreed to be interviewed?
 - Probe
 - What kinds of questions did you start with?
- If the interview was with a family member who had lost a relative to suicide, how did you conduct the conversation with sensitivity?*
- What steps did you take to make sure that you conducted interviews with sensitivity?
- Can you describe your experiences interviewing children and adolescents with mental illness?*
- Probes
 - Were parents willing to let their children be interviewed?
 - What kind of ethical issues, if any, did you have to consider while interviewing children?

- Did you sometimes have to interview patients or their families more than once? If so, why? In such cases, were patients or their families willing to talk with you repeatedly?
- If patients or families of patients became extremely emotional during the course of an interview, how did you proceed?
- Did you spend time living with families to understand their ethnic culture?*
- In addition to the patient and the family who were the focus of this story, did you interview other patients and their families who had experienced bipolar disorder to get a better understanding of the illness?
- Did you live with Max and his family or spend long periods of time at their house to get an understanding of how bipolar disease has affected the family? How did this help you in telling the story?
- Did you feel that patients were willing to discuss their illness candidly? If not, how did you encourage them to open up to you about their illness?
- If patients did talk to you candidly, why do you think they were willing to talk about their illness publicly? For example, why do you think veterans with post-traumatic stress disorder (PTSD) were willing to share their experiences with you?*

- Did you find that patients or families would agree to interviews only on grounds of anonymity? If so, how do you think that might have affected the credibility of the story?
- Did you corroborate the information patients, especially children, provided you during interviews? If so, why? If not, why? How did you corroborate the information?
- If you had to interview a patient or source who could not speak English, what did you do?
 - Probes
 - Did you bring in a translator and train them to ask questions?
 - How did the source respond to the translator?
 - What did you do to ensure that the translator understood your questions and posed them correctly to the source?
- How did you decide if patients were competent to participate in an interview?
- Did you encounter mental-health professionals who were unwilling to talk with you about the story? If so, why did they refuse to be interviewed and how did you work around this problem?

- Did some mental-health experts agree to an interview but not be quoted? If so, why?

- How many sources altogether did you interview?

Working with editors and co-reporters

- What were your editor's initial attitudes about the story?
 - Probe
 - Did the editor suggest the idea for the story? If not, was the editor supportive about you pursuing the story?
- What was your editor's input in developing this story?
 - Probes
 - Did the editor help you identify sources or suggest story angles?
 - Did you face pressure from the editor with regard to how the story should be reported? If so, what kind of pressure? How did you deal with this pressure?
 - Did the editor read early drafts of the story and provide feedback?
- Did you work with other reporters in covering this story? If yes, could you describe how you worked on the story together? What were the advantages and disadvantages of the collaboration?

Writing the story

- If you interviewed patients, did you allow patients to read all or parts of the story before you ran the story? Why or why not?
- Did you discuss with patients and their families what kinds of visual images, if any, would be used along with the story? Why or why not?
- Did you ever include any photographs of patients or their families (including obscured ones) in your articles and what was your motivation to either include or exclude these types of images?
- If you interviewed mental-health professionals or researchers, did you send the story, or parts thereof, to them for a fact check before it was published? Why or why not?
- How did you describe the signs and symptoms of mental illness so that the reader would understand the nature of the disease?
 - Probes
 - Did you describe the illness through patient's experiences?
 - Did you ask patients' families to describe the patient's behavior?
- How do you bring out the human interest aspect of an article without compromising the patient's privacy or giving in to dramatization or sensationalism?

- You explain the biology of bipolar disorder and not just its symptoms. Why did you include this in the story?*
- You use metaphors in your writing to describe mental illness. How do you come up with such metaphors? What is your purpose in using them?*
- The article describes in graphic detail how the soldiers killed themselves. Why did you feel the need to do so?*
- How did you balance the human interest and the scientific aspects of the article?
- Who came up with the title and subheadings for the story?
- I noticed that you had a separate section at the bottom of the story where you explained how the story was sourced. Why was this included in the story? (This question is specifically for the author “A long way home.”)*

Media guides

- Did you refer to one or more mental-health reporting guides while working on the story? If so, which one? Was it useful? If so, how?
- Did your newspaper or publication have a mental-health media guide?
- Media guides on mental-health reporting emphasize “people-first language,” for example, using terms like “individuals with schizophrenia” instead of “schizophrenic” or “individuals with

mental illness” instead of “the mentally ill.” Do you agree with this approach? Why or why not?

- Mental-health media guides also suggest that when reporting on suicides, details about how individuals killed themselves should not be provided. Do you agree with this? Why or why not?"
- When reporting on stories on suicide, guides also suggest that instead of “committed suicide” the less stigmatizing phrase “completed suicide” should be used. What do you think of this?*
- Guides also encourage reporters to include an element of hope in stories by discussing the possibility of recovery. What do you think about this?
- What kind of information do you think should be included in media guides?

Barriers and facilitators to mental-health reporting

- What factors do you think helped you tell this story well?
 - Probes: Easy access to sources, nature of sources, familiarity with the subject matter, supportive editor, mentor or senior colleague who provided guidance, previous experience in reporting on stories on mental illness, educational background, training?
- What, if any, were the challenges you faced in telling the story?

- What can news organizations do to help support accurate and sensitive mental-health reporting?
 - Probes: Provide media guides, provide training in the form of workshops, sponsor participation in conferences that provide mental-health reporting training?
- What did you find most and least enjoyable about working on the story?
 - Probe: Could you give me an example?

Personal care

- What steps did you take to avoid being emotionally drained by the story?

Wrap up

- What advice do you have on reporting a story on mental health?
 - Probe
 - What are some common errors that reporters make when reporting a story on mental illness and how can they be avoided?
- If you were to do the story again, would you do anything differently? If so, what?
- What advice would you give new journalists about identifying and gaining access to interview sources for these types of articles?

- What in your opinion is the most important quality of an award-winning article with a mental-health theme?
 - Probe
 - What makes an article with a mental-health theme an award-winning article?
- Would you like to add anything else about your experience in reporting on mental health?
- Could you give me the contact information of journalists you know who have experience in reporting on stories on mental health and who might be willing to participate in my research?
- Would you like to be identified in the report, that is, would you like your name, professional affiliation, and the name of the award and award-winning story to be mentioned?

Ending the interview

Thanks again for your time. I'd like to talk with you again if I have any other questions or need clarifications. Would this be ok?

Reference

1. Boyce, C., & Palena, N. (2006). Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input. Pathfinder International Tool Series. Retrieved August 16, 2010, from http://www.pathfind.org/site/DocServer/m_e_tool_series_indepth_interviews.pdf

APPENDIX C
RECRUITMENT E-MAIL

Subject: Interview request

Dear _ (Name of award-winning journalist):

As a master's student in science and technology journalism at Texas A&M University, I am working on a thesis (under the supervision of Dr. Barbara Gastel, author of *Health Writer's Handbook*) that aims to provide practical guidelines on how mental-health stories can best be reported. I aim to do this by determining, through interviews, the best practices of journalists who have won awards for stories with a mental-health theme. I understand that you won the _ award for your story titled _. I would like to talk to you about how you covered this story.

The interview is expected to last about 1 to 2 hours. It will cover topics such as story development and barriers and facilitators to mental health reporting. (A follow-up interview might be conducted for clarifications.)

I'd like to conduct the interview in person, if feasible, or by phone. The interview will be tape recorded for transcription purposes. However, to ensure confidentiality, interview notes and audio tapes will be held in a secure place during the study and destroyed seven years after the study. Also, no identifiers linking you to this study will be included without your permission in any sort of report that might be published. Further, you may decline to answer any question you do not wish to answer and decide

to withdraw from the study at any time. Finally, if desired, I would be glad to share with you a summary of my findings at the end of the study.

I hope you would like to participate in this study. If so, I would appreciate your letting me know within a week when between October and December 2010 you would be available for an interview. Also, if you agree to participate in the study, I will send you a follow-up e-mail with information about consent procedures that need to be followed. If you have any questions about the study or about my background, please e-mail me at RSubramanian@cvm.tamu.edu or my advisor at bgastel@cvm.tamu.edu.

I look forward to hearing from you.

Sincerely,

Roma Subramanian

Master's student, Science and Technology Journalism

Department of Veterinary Integrative Biosciences

(<http://vetmed.tamu.edu/vibs/stjr>)

Texas A&M University

APPENDIX D
PHONE SCRIPT⁵

Hello. May I speak to [name of award-winning journalist]?

[If the journalist is not available, ask the individual on the line for the journalist's e-mail address. If the e-mail address is not provided, ask for the journalist's phone number and when he/she is available and then attempt to contact the journalist at the phone number provided. If neither e-mail or phone number is provided, provide your name, phone number, e-mail address, and a brief description of the study to the individual on the line and request that the journalist contacts you. If necessary, provide this information in a voice mail.]

[If the journalist is available, follow the script below.]

My name is Roma Subramanian, and I'm a master's student at Texas A&M University. I am working on a thesis that aims to provide practical guidelines on how mental-health stories can best be reported. I aim to do this by determining, through interviews, the best practices of journalists who have won awards for stories with a mental-health theme. I understand that you won the [year]_award for your story titled __, and I would like to talk to you about how you covered this story.

I'd like to send you an e-mail with more information about how the study will be conducted to help you decide if you'd like to participate in the study, and I was wondering if I could get your e-mail address.

⁵ I will contact potential participants by phone or through the social-networking sites Facebook and LinkedIn if I am unable to contact them by e-mail.

[If yes, follow script below.]

Thank you. I will send you an e-mail soon.

APPENDIX E
FACEBOOK MESSAGE

Hi. My name is Roma Subramanian, and I'm a master's student at Texas A&M University. I am working on a thesis that aims to provide practical guidelines on how mental-health stories can best be reported. I aim to do this by determining, through interviews, the best practices of journalists who have won awards for stories with a mental-health theme. I understand that you won the [year] award for your story titled __, and I would like to talk to you about how you covered this story.

I'd like to send you an e-mail with more information about how the study will be conducted to help you decide if you'd like to participate in the study, and I was wondering if I could get your e-mail address.

Sincerely,

Roma Subramanian

Master's student, Science and Technology Journalism

Department of Veterinary Integrative Biosciences

(<http://vetmed.tamu.edu/vibs/stjr>)

Texas A&M University

E-mail: RSubramanian@cvm.tamu.edu

APPENDIX F

CONSENT FORM

[Best practices of journalists who have won awards for mental-health reporting: A qualitative interview study]

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. If you decide to participate in this study, this form will also be used to record your consent.

You have been asked to participate in a research project studying mental-health reporting. The purpose of this study is to glean practical lessons on how mental-health stories can best be reported. This will be achieved by interviewing print journalists who have won awards for mental-health reporting about how they covered their stories. You were selected to be a possible participant because an electronic search for print journalists who have won awards in the past 5 to 10 years for articles with a mental-health theme indicated that you have won an award.

What will I be asked to do?

If you consent to participate in this study, you will be asked to participate to an interview. The interview will cover topics such as developing story ideas, identifying sources, and overcoming barriers to mental-health reporting. It will be conducted in person, if feasible, or over the phone and it will be audio taped. The interview will last about 1 to 2 hours. It will be scheduled between October and December 2010. You may decline to answer any question you do not wish to answer. Follow-up interviews may be conducted for clarifications or further questions.

What are the risks involved in this study?

The risks associated in this study are minimal, and are not greater than risks ordinarily encountered in daily life.

What are the possible benefits of this study?

You will receive no direct benefit from participating in this study; however, the practical tips on mental-health reporting that this study aims to provide could be useful to journalists who cover stories with a mental-health theme. Also, if you wish, you will receive a summary of the study's findings.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with Texas A&M University being affected.

Who will know about my participation in this research study?

This study is confidential, unless you would like to be identified, that is, you would like your name, professional affiliation, and name of the award and award-winning story to be mentioned in the thesis or a published report or public presentation on the study.

The records of this study will be kept private. Electronic interview notes will be stored in a personal computer, and audio recordings of interviews will be kept in a locked filing cabinet. Only my advisory committee and I will have access to these materials. The materials will be kept for seven years after the study is completed and then destroyed. The results of the study will be presented in the form of a thesis and may be published in a professional journal or presented at professional meetings. However, no identifiers linking you to this study will be included, without your permission, in any sort of report that might be published.

Whom do I contact with questions about the research?

If you have questions regarding this study, you may contact Roma Subramanian (RSubramanian@cvm.tamu.edu) or Dr. Barbara Gastel (bgastel@cvm.tamu.edu).

Whom do I contact about my rights as a research participant?

This research study has been reviewed by the Human Subjects' Protection Program and/or the Institutional Review Board at Texas A&M University. For research-related problems or questions regarding your rights as a research participant, you can contact these offices at (979)458-4067 or irb@tamu.edu.

Signature

Please be sure you have read the above information, asked questions and received answers to your satisfaction. You will be given a copy of the consent form for your records. By signing this document, you consent to participate in this study.

Signature of Participant: _____ **Date:** _____

Printed Name:

Signature of Person Obtaining Consent: _____ **Date:** _____

Printed Name:

VITA

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M.S., Life Sciences, University of Mumbai, 2004
B.S., Botany-Biotechnology, University of Mumbai, 2001