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Madness in the Media: Understanding How People With Lived Experience Interpret Newspaper Headlines

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Abstract

There is research on media representations of mental health that suggests there is a tendency to portray mental health as problematic and those who are affected by mental illness as dangerous. It is evident there has been an increase in anti-stigma media campaigns. However, the effects of these efforts on beliefs held by members of the public has been mixed. What is most surprising from the literature is a lack of research about how people who have personal experience with mental illness interpret media messages. Individuals with and without lived experience participated in a structured conceptualization process known as concept mapping. Members of each independently grouped together the same news headlines and rated them in importance. Concept maps were constructed for each group and compared. It was found that people with lived experience tended to interpret headlines in a more literal manner while those without lived experience tended to identify underlining themes. The results were compared to the literature and implications were discussed.

Keywords: Stigma, mental health, mental illness, people with lived experience, people with no lived experience, perception, interpretation, media, news, newspaper, headlines, concept mapping

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Chapter 1: Introduction

"Sticks and stones may break my bones but words will never hurt me". This is a children's rhyme used to teach about protecting one's self from hurtful words (e.g. negative speech, insults, and hate speech). However, research has clearly found that this is not the case and words, can and, do hurt (Wingate, Minney & Guadagno, 2013; Richter et al, 2010; Chin & Schooler, 2008; Conoly, 2008). This is particularly disconcerting given the digital era we live in. In this age of the Internet, social media and the 24-hour news cycle the saying "The pen is mightier than the sword" has never been truer. Words can cut and the flood of information feeling to some like bombardment with results that are equally devastating.

A good example of the impact of media is clearly evident within the area of mental health (Corrigan & Penn, 1999). Notwithstanding positive messages from the media on the topic of mental health (e.g. *Bell Let's Talk*), mental illness is also portrayed in negative terms (e.g. the headline *Mentally ill man guilty of second-degree murder*, Globe and Mail, March 21, 2009). This is a significant topic given that at least 1 in 5 people will be affected by mental illness in their lifetime (Mental Health Commission of Canada, 2013).

In particular, for individuals with severe and persistent mental illness, public misunderstanding and fear are associated with a negative perception and representation of people with lived mental illness experience. Probably the most recognizable diagnosis and also prevalent in the media is Schizophrenia. Public perceptions of Schizophrenia are often negative and resistant to change (Clement & Foster, 200). Indeed, up to 60% of newspaper articles written about people diagnosed with Schizophrenia characterize them as dangerous or violent (Angermeyer, Matschinger & Corrigan, 2004; Coverdale, Nairn, & Claasen, 2002).

Negative perceptions of severe and persistent mental illness contribute to stigma. According to the Canadian Mental Health Association (2016) "The lives of people with mental health conditions are often plagued by stigma as well as discrimination. Stigma is a negative stereotype. Stigma is a reality for many people with a mental illness, and they report that how others judge them is one of their greatest barriers to a complete and satisfying life".

There is increasing research on the negative effects of media reporting on perceptions of mental illness. For example, in a recent study using a randomized design (McGinty, Webster & Barry, 2013), participants were provided with one of three news stories concerning gun violence, but all with the same basic report of a mass shooting by a person with a serious mental illness. Three outcome measures included attitudes about living near to someone with a serious mental illness, and how dangerous someone with serious mental illness is and support for gun restrictions for people with mental illness. The story raised negative attitudes toward individuals with serious mental illness by the participants as well as support for gun restrictions among members of this group.

There is however, also research on what can be done to remediate the problem reflected in public education and social interaction with people with lived mental illness experience (Corrigan et al. 2005; Corrigan & Shaprio 2010; Couture & Penn, 2003; Rüsch et al. 2005). The literature shows mixed results regarding effectiveness of the approach taken in some studies to increase exposure to and interaction with people with lived experience. A study by Couture & Penn (2003) found in their review that while direct contact with people with lived experience did alter some perceptions and judgements of individuals, the effects were not consistently found. The same authors (Couture & Penn, 2003) noted that these studies varied considerably on how

stigma was defined and measured, as well as what was determined to be a significant effect of the intervention.

Studies have found that educating people on mental illness can have mixed results (Corrigan & Shaprio 2010). In particular, it was noted that if the education was too specific about the nature of psychosis, it could cause an increase in discriminatory attitudes toward people with lived experience (Corrigan & Shaprio 2010). In addition, another concern, beyond reports of inconsistent effectiveness of education and contact interventions, is how long lasting these changes were and to what extent they translated into behavioural change (Thornicroft et al. 2007). One possibility for the inconsistent results is that none of the studies have controlled for the influence of media, including its presence and content as well as how participants' perceptions were influenced. There is relatively little research on perceptions of media that concern people with lived experience nor how people with lived experience perceive media messages.

The present study will attempt to contribute to the research on perceptions of media by people with and without lived mental illness experience using concept mapping (Trochim, 1989) methodology. Concept mapping has the potential to identify differences between how people with lived experience and those without perceive the portrayal of mental health in print media headlines. This knowledge will assist with the development of targeted and effective interventions to address stigma associated with mental illness. However, before examining how concept mapping can be used to accomplish this goal, different aspects of mental health and illness are reviewed in the Chapter Two including an examination of the stigma of mental illness as well as anti-stigma efforts that have been made. In Chapter Three the methods employed to construct concept maps are described, and in Chapter Four, results detailed. Finally, in Chapter

Five, the results of the thesis are compared and contrasted and examined in light of the literature reviewed in Chapter Two.

Chapter 2: Literature Review

This chapter includes an overview of relevant literature concerning mental health and the media, as well as stigma and its effects. It begins with a presentation of key terms followed by a brief overview of a biopsychological perspective and potential benefits of this particular view of mental illness. The concept of stigma is discussed including its nature and effects. Literature concerning anti-stigma efforts is offered. In the second half of the literature review the types and effects of media use by members of the public is considered before focusing specifically on the topic of mental illness and its representations in the media. The effects of negative representations of mental illness in the media are considered and followed by a brief overview of research on help-seeking behavior.

To construct this review a keyword search was conducted in PsycINFO and Google Scholar using relevant terms. Searches on "mental health", "mental illness", "media", "people with lived experience" and "stigma" produced more than 500,000 results. Limiting the search to peer reviewed meta-studies or meta-analyses led to a more manageable number of articles. From the search studies were reviewed by date of publication and only from within the past five years. Any that were meta-analyses (and not just containing a reference to such) (e.g. Corrigan et al., 2012) were used to identify key issues and locate relevant studies as more detail was needed (Kalucy et al., 2011; Thornicroft et al., 2013).

Mental Health

Mental health is a broad concept and can be considered to refer to each of mental wellness, mental health concerns and mental illness or mental disorders. Mental wellness is based on the psychological well-being of an individual (World Health Organization, 2001). The contributors to well-being are multiple, different for each person, as well as dependent on their

own cultural identity and the cultures within which each is immersed. While the contributors to mental wellness for any one person will have unique aspects there has been research on factors that are associated with a positive outcome for a large proportions of populations. Major contributors to wellbeing include: self-efficacy, autonomy, social connections, intellectual and emotional potential and achievement, as well as physical wellbeing and biological health (World Health Organization, 2001). However, when these experiences are not optimal or a new stressor emerges, individuals may develop concerns about mental health.

Mental health concerns include adjustment-related issues that temporarily reduce optimal functioning. For example, if someone placed a lot of value in a job, sudden unemployment would be a stressor and possibly cause feelings of sadness. While this is an understandable and reasonable response, if the sadness intensified and led to social withdrawal or an inability to summon the energy to get out of bed in the morning and persisted for more than two weeks there would be likelihood that an illness, such as depression, was developing (World Health Organization, 2001).

Mental illness can be considered a change in mood, behaviour or thinking of significant severity and duration to impair one's ability to function. It is important to understand that mental illness has many different presentations. While the DSM V (2013) is the current version of the guide for diagnosing mental illness in North America, categories from DSM IV (1994) are presented here because it was the system in use at the time the majority of the research reviewed herein was conducted. The DSM IV uses a multi-axial model from I to V. On Axis I the clinical disorders are identified. These are the most widely recognized and often well-known labels. These include Anxiety Disorders (e.g. General Anxiety, Post-Traumatic Stress Disorder, General or Specific Phobias, Obsessive Compulsive Disorder and Panic Disorder), Cognitive Disorders

(e.g. Amnesia, Delirium and Dementia), Mood Disorders (e.g. Major Depression and Bipolar Disorder), Schizophrenia and other Psychotic disorders (e.g. Schizophrenia, Brief Psychotic Disorder and Schizoaffective Disorder) as well as other disorders such as Eating (e.g. Anorexia and Bulimia), Impulse Control (e.g. Kleptomania and Gambling-Related) as well as Addictions (e.g. Substance Abuse and Substance Dependence).

Axis II categories refer to personality disorders. Many of these labels are also well-known. Labels in Axis II include: Borderline Personality Disorder and Antisocial Personality Disorder (also referred to psychopathic or sociopathic personality), as well as Paranoid, Schizoid, Schizotypal, Histrionic, Narcissistic, Avoidant, Dependent and Obsessive-Compulsive.

Probably less well known is the information on Axis III, Axis IV and Axis V. Axis III consists of General Medical Conditions (e.g. hernia or an amputation). Axis IV includes Psychosocial and Environmental Factors and Axis V consists of a Global Assessment of Functioning (GAF). The GAF is a rating from 1 to 100 (no symptoms) based on one's ability to function in the community based on social, occupational and physical characteristics.

In the latest DSM, the DSM V (2013), Axis I and II are collapsed into one group of clinical disorders. This was done to be more consistent with international diagnostic systems that use a single axial model. The GAF has also been replaced by an online World Health Organization Disability Assessment Schedule which is a checklist of symptoms and conditions. This was done to limit subjectivity and promote consistency in ratings.

A Biopsychosocial Perspective

Contemporary treatment of mental illness has been heavily influenced by the biomedical model (Laing, 1971). A basic assumption of the biomedical model is that mental illnesses have physiological bases and can be effectively treated with medication. As with the DSM, increased

understanding of mental illness contributes to new understandings about possibilities for treatment. While medication does clearly help with managing many symptoms for conditions such as Schizophrenia as well as Mood and Anxiety Disorders, the complexities of mental illness have shown some limitations of the biomedical model.

Engel's (1977) biopsychosocial model offered an alternative that broadened the understanding of both etiology as well as treatment for mental illness. While biology clearly plays a role in the development of mental illness, psychological factors (e.g. emotions, cognition and interpretation) and social factors (e.g. social economic status, media) are also increasingly recognized. Given the biological, psychological and sociological complexities that contribute to mental well-being, adjustment-related concerns and mental illness can reflect that these same biological, psychological and sociological complexities would also figure prominently in treatment. To return to the previous example of job loss, there may be very different responses to a similar event such as relief (wellness), to short-term anger and sadness (adjustment) or significant lethargy and loss of hope (depression). These different responses may be accounted for by variation in biological, psychological and sociological factors. Indeed, there is considerable research support for the biopsychosocial model (Engel, 1977; Engel 1979; Leigh, 1983). A 25-year meta-analysis of the use of the biopsychosocial model in the mental health field shows that the holistic approach is not only more accurate in assessment but also results in better client and treatment outcomes (Borrell-Carrió et al., 2014).

The present study connects with the biopsychosocial perspective through attention to both psychological and sociological forces. The focus is on the experience of social messages received through media headlines and the psychological interpretation of meanings by those who

are experiencing mental illness and those are have not. In the sections that follow the topics of stigma, media as well as effects of negative representations of mental illness are presented.

Stigma

Stigma can be defined as a negative stereotype about a person or group of people based on a particular trait that is perceived as having low value in society. This trait can be biological (e.g. race), psychological (e.g. mental illness), behavioural (e.g. criminality) or environmental (e.g. socioeconomic status). Discrimination and prejudice toward the stigmatized group is a frequent outcome (Major & O'Brien, 2005) with the perceived effects variable across studies (Mak et al., 2006). Corrigan et al. (2000) examined the stigma of mental illness as represented by stereotyping, prejudice and discrimination. Not only did people with lived experience directly and indirectly receive messages about themselves or people like themselves, but so did members of the communities in which they lived as well as the broader society of which they were members.

The potential for harm is very high, not only in terms of behavior toward people with lived experience, but by people with lived experience themselves who identify with their mental illness and believe such negative sentiments. Under those circumstances not only could the general public and local residents in their communities adopt negative attitudes and prejudicial behavior toward people with lived experience, but people with lived experience may begin to internalize them and develop similar negative stereotypical beliefs about themselves. These negative stereotypes will lead to negative emotional reactions such as fear and anger in the general public and negative emotional reactions such as low self-esteem or efficacy in people with lived experience. The stigma of mental illness can potentially cause the general public to withhold the offering of help and support to people with lived experience out of fear or mistrust.

This may be interpreted by people with lived experience to believe they do not deserve the help and support, and thus perpetuate this negative cycle.

Corrigan & Watson (2002) described a paradox of self-stigma and mental illness. While the internalization of negative messages about mental illness does decrease self-efficacy and self-esteem in people with lived experience, the externalization of such messages can lead people with lived experience to rally against the messages and discrimination. The conditions under which this occurs have been described (Corrigan & Watson, 2002). First the salience of the stigma and degree of negative reaction indicate that the more prevalent the messages and behaviors and prominent the negative reaction, the more likely self-efficacy and self-esteem will be affected. Second, group identification is associated with strength in numbers and people with lived experience who recognize themselves as part of a group of similarly affected members are more likely to resist negative messages and behaviors based on their illness. Finally, people with lived experience who identify strongly with their illness and believe the messages are more likely to internalize them while those who see the messages as unjust or inaccurate are more likely to experience anger at the source of those messages.

Rüsch et al. (2005) noted that members of the general public tend to have unfavorable attitudes about people with lived experience. There are three main misconceptions, including: people with lived experience are dangerous and have violent tendencies, they have child-like cognitive abilities or behaviour and they are difficult to interact with (Hyler et al. 1991; Wahl 1995). Given these misconceptions, beliefs about how members of the public who hold such misconceptions would treat people with lived experience can be considered. First, if people with lived experience are not responsible or do not have the ability to make their own decisions a substitute decision maker is needed. Second, if people with lived experience do not have the

cognitive abilities or skills to take care of themselves they need to be taken care of. Finally, if people with lived experience are violent and disruptive they should not be allowed to live in a "regular" a community but rather, be confined and segregated (Brockington et al. 1993; Taylor & Dear, 1981). The beliefs and treatment of people with lived experience have resulted in problems in their communities which compound the challenges they already face. For example, people with lived experience have a harder time finding employment or being approved for an apartment lease than those without lived experience (Rüsch 2005).

While development and implementation of community programming to provide support for people with lived experience is essential, multiple challenges face those working to bring these resources into local communities. In an illustrative example, Behar & Hydaker (2009) used cluster analysis to examine the difficulties with implementing community mental health support. The authors reached out to nearly 500 participants from varying areas including grant committees, child services, national experts, and members of the local community, to determine what support they thought was needed as well as the challenges that were anticipated. Major contributors to success and a corresponding lack thereof associated with challenges included strong leadership and network with local partners. The potential to develop or leverage networks in support of people with lived experience for new community resources faces major challenges from the beliefs and behaviors of local residents who would be their neighbors.

Anti-Stigma

While stigma associated with mental illness has increased, so too have efforts to counteract it. Most interventions that target those without lived experience rely on one of three main principles including protest, psycho-education and contact. Protest is the most active of the anti-stigma approaches and has been found to be effective. For example, the German based

movement "BASTA - The Alliance for Mentally Ill People - opposing discrimination against the mentally ill" is an organization that sends out email alerts when a stigmatizing advertisement is used to promote a business. Their members rally to protest against the advertisement. BASTA found that about 80% of the alerts sent out have led to a discontinuation of the stigmatizing advertisement (Wahl, 1995). While the short term effects of such a strategy are positive, the members of such groups make it difficult for them to be seen as anything other than adversarial (Eissa, 2013) thereby limiting their ability to negotiate for more longstanding changes with the business and advertising communities.

Education approaches to anti-stigma efforts have also been met with mixed success. Education about the causes and effects of mental illness as well as the harmful effects of misleading or inaccurate information through stereotype or myth have achieved positive results (Devine, 1995). However, many of these studies have been with university students who might be more progressive and open to the messages (Devine, 1995). There are also studies that found no benefit of education. Interestingly, people in mental health professions may hold stigmatizing beliefs perhaps as a result of the high levels of exposure to people with lived experience who experience the greatest challenges (Gray, 2002). In relation to a more focused message for anti-stigma education, a focus on biological factors has been the least effective and social factors, the most effective. It has been suggested that while a biological message lowers personal responsibility for "causing" or "curing" the illness among people with lived experience it also indicates that there is something fundamentally different between people with lived experience and those without (Mehta & Farina, 1997).

Perhaps the most interesting research in anti-stigma interventions has involved the contact approach. Opportunities to interact with, and learn from people with lived experience,

have shown positive results by challenging misconceptions about dangerousness and inability to care for self as untrue (Kunda & Oleson, 1997). However, there is a risk that the particular people with lived experience one has contact with are judged as exceptions to the rule (Kunda & Oleson, 1997). As noted by Eissa (2013), challenging beliefs and attitudes can have a polarizing effect and not necessarily in the desired direction. For example, showing individuals that their conceptualizations of people with lived experience as "dangerous" are not true might cause rationalizations for their experience, based on strongly held beliefs, that they are instead only "lazy" (Rüsch et al., 2005).

Interventions that target people with lived experience to help combat negative attitudes and discriminatory experiences they encounter have also been conducted. Several have focused on the importance of raising self-confidence, a sense of self and empowerment. In a small study Mee et al. (2004) found that by engaging people with lived experience in activities that built confidence in ability and identity helped them develop an increased sense of self-worth. In this study, people with lived experience participated in either a wood working workshop or a drop in program that provided vocational training. After 16 weeks of engagement participants reported feeling better about themselves and they reported that the program helped them develop a stronger sense of identity. In another study, the emphasis was on how to engage in helpful strategies that help one manage daily life. Grieken et al. (2014) found three themes that people diagnosed with depression found to help them manage, including: focusing on their depression, active life style and participation in everyday socializing. Focusing on depression did not mean these individuals ruminated on their depression. The main findings were that it was important to have the insight that one has depression and that professional support is beneficial. Having an active daily life and social life reinforced the importance of having daily activities and support.

Media

Emmers-Sommer and Allen (1999) examined the evolution and effects of media since the 1970s. They reported that studies focused on the effects of media in political, academic and social spheres. The first main finding of their meta-analysis was that media could influence the minds of children as they were still developing their capacities for critical thinking. Second, media could be used as a significant source of learning. Finally, media could influence public attitudes and shape behaviours. These findings have significant implications. For the purposes of the present study a major and fundamental implication is about how media can be both a negative and positive influence on public attitudes and behaviors associated with stigma and mental illness.

With the evolution of technology, media is becoming more and more a staple of daily life. According to a survey examining daily media use in the United States from 2010 to 2014 (Statista, 2014a), on average people spend 5 hours watching television, 3.5 hours surfing the Internet on a computer, 5 hours on their smartphones (non-voice) or tablet devices, 1.5 hours listening to the radio and about 30 minutes reading a newspaper or magazine in 2014. The biggest change from 2010 was in tablet and smartphone (non-voice) use which increased from about 30 minutes to 5 hours of daily use. Very similar results were found for Canadian consumers of media in 2014 (Young, 2014). However, Canadians spent an hour less watching television and an hour less surfing the Internet per day than their counterparts in the United States.

There is also a shift toward digital media with each new generation (United States sample). A 2013 Statista (Statista, 2014b) survey reported that Baby Boomers (born between 1940 and 1960) reported spending about 37 hours per week with traditional media (television,

radio, newspapers) and only about 27 hours with digital media (Internet and online). This difference was not as pronounced in Generation Xers (born between 1960 and 1980) with an average of 36 hours per week on traditional media and 30 hours on digital. However, those of the Millennial Generation (born between 1980 and 2000) reported a roughly equal split between traditional and digital media use with digital slightly overtaking traditional at 35 hours per week and 32 hours per week respectively.

While it might seem that print media such as newspapers and magazines could become extinct the shift toward digital and online media use has caused a resurgence in "print" media as newspapers shift to online publishing (Jonansson, 2014; Molina, 1997). While mediums such video (Youtube), audio (PodCasts) and images (Instagram) are increasing in popularity, much of the information online remains in text form. There has been a major increase in the amount and customization of information available. In particular, the digital shift has increased the ease with which people can access news. Instead of waiting for a publication to be printed once or twice daily and delivered, the public, or paid subscribers, now have access to news stories immediately as they are published on the Internet. Consumers can also customize and decide what they would like to read.

With so much information, how do people decide what to focus their attention on? Dor (2003) found that most people scan headlines for what is important to them or captures their attention. As a reader's skill increases headlines that summarize news stories well are preferred over those that are more sensational. Go, et al. (2014) noted the importance of identification with the headlines as well as the perceived credibility of the source. Go and colleagues (2014) found that people were more likely to seek additional information about stories if they felt the information contained would directly affect them. They also found that if the source was viewed

as credible readers were more likely to trust the information. News stories that had wide circulation or that were shared or "liked" by multiple people were seen as credible.

The digital shift has made news more interactive as well. Most online news reports allow for posting of comments and opinions on the stories. This level of interaction allows viewers to be contributors as well as consumers of information (Jonansson, 2014). Such engagement increases the chance that consumers will seek out more information than they may have otherwise (Go et al., 2014; Jonansson, 2014). Multiple online news sources exist and can be drawn from. This is another way that viewers can customize what they would like to read.

Mental Health in the Media

Many members of the public learn about mental illness from media sources such as newsmagazine shows (e.g. 60 Minutes, 20/20) and newspapers (e.g. New York Times, Globe and Mail) (Edney, 2006). According to Coverdale, Nairn, & Claasen (2002) there is a strong negative bias in the media when it comes to mental illness. The authors reached this conclusion based on a national sampling of print media in New Zealand. Six hundred articles, consisting mainly of news reports or editorials, were reviewed for positive and negative representations of mental illness. Of the six hundred articles the theme "Danger to Others" was evident in 368 (61%) of the articles. The second highest theme was "Criminality" which appeared in 284 (47%) of the articles. Nearly half, or 284 (47%) of the articles made generic references to mental illness (including the terms "psychiatric patient" and "loco", for example) without reference to a particular diagnostic category. On a more encouraging note, 164 (27%) of the articles did reference "Human Rights" and the need for "Public Education" about mental illness. Although the generalizability of these findings outside of New Zealand is limited, no comparable North American study exists.

More encouragingly, Thornicroft et al. (2013) examined newspaper coverage of mental illness in England from 2008 to 2011. The study was conducted to assess the effects of the *Time to Change* anti-stigma initiative. Each month, two news days were randomly selected for a content analysis of articles about mental health and included 27 local and national papers. While there was no decrease in negative reports about mental illness there was an increase in stories that had an anti-stigma message. In contrast, Nawkova et al (2012) collected 450 articles about mental illness that were printed over a 5-month period. They were selected from the top 6 newspapers in Croatia, Czeeh Republic and Slovak Republic. While there were many stories about addiction, the content analysis found that psychosis was the most negatively represented mental illness.

Salter & Byrne (2000) cited the need for attention grabbing sound bites, images or text to draw media consumers. This explanation, they offered, accounts for the more extreme and serious as well as negative tone to many stories about mental illness. The linking of crime and violence to mental illness is one example. Kalucy et al. (2011) examined the coverage of homicide committed by people with and without mental illness. Of a total of 577 homicides over a 12-month period in England about half of the murders were reported in at least one of the newspapers and of those a significant portion (94 or nearly 1/3 of all reports) were reported to be committed by someone with a mental illness. In addition, reports of violence by people with lived experience in the media have been particularly sensational (Miller, 2007). Such characterizations have the effect of contributing to desire for increased social distance from people with lived experience (Angermeyer et al., 2005).

The Message

　　While there has been an increase in anti-stigma messages about mental illness in the media they are still outweighed by the negative messages (Thornicroft et al. 2013). Several reviews of the literature explore how media messages contribute to personal opinions about mental illness (e.g. Wahl; 1992; Wahl & Lefkowits, 1989). Results indicate that not only is the media's representation of mental illness misleading, it is actively contributing to and perpetuating the cycle of fear and aversion. Wahl (1992) examined how the representation of mental illness in the entertainment industry tends to be inaccurate or unfavourable as well as have a strong impact on public opinion. It was noted that over a 17-year span of television prime time dramas 72% of characters who were mentally ill were also violent. As a point for comparison, among the federal prison population in Canada, only 12% men and 26% of women are identified as having a mental illness (Mood Disorder Society of Canada, 2009).

　　What is potentially worse than the misrepresentation of mental illness in the media is how strongly media can effect public opinion despite evidence to the contrary. For example, in one study (Wahl & Lefkowits, 1989) participants were divided into three conditions. In the first condition participants saw a "fact-based" movie about a man who killed his wife on a day pass from a psychiatric hospital ("*Murder: By Reason of Insanity*") that strongly advocated for hospitalization. In the second condition, participants saw the same movie but were exposed to a "trailer" by mental health advocates which emphasized that violent behaviour is atypical among those diagnosed with a mental illness. This "trailer" was shown three times: before, during and after the movie. In the third condition, participants saw a movie about murder without any reference to mental illness. When assessed, participants in both the "trailer" and "no trailer" conditions who saw *Murder: By Reason of Insanity* expressed much stronger negative opinions

concerning mental illness than the participants in the control group. However, the "trailer" did not reduce negative opinions of mental illness. Participants in both the "trailer" and "no trailer" conditions demonstrated similar levels of negative opinions toward people with a mental illness and were more likely to favour hospitalization than community placement. Therefore, even presenting counterfactual evidence may not be effective enough to change perceptions of audience members.

In a more recent and similar study Walker and Read (2002) examined the effects of enhanced education about mental illness. Instead of simply advocating for fair treatment of people with mental illness, they provided participants with evidence about causes and effects. Specifically, they presented information concerning psychosocial and biological factors in mental illness. The rationale was that factual information via education might promote a more informed and less biased approach. Unfortunately, the results were very similar to Wahl and Lefkowits (1989) which was that the education did not reduce unfavorable attitudes about mental illness or people with a mental illness.

A more recent review of the representation of mental illness in the media (Stout, Villegas & Jennings, 2004) was largely consistent with the conclusions of Wahl (1992). Similarly, Stout and colleagues (2004) found that the media continued to misrepresent mental illness. Over the decade between reviews there was continued evidence of negative stereotypes concerning mental illness and with the same negative biasing effects on consumers. However, Stout, Villegas & Jennings (2004) also indicated that effectiveness of some anti-stigma efforts had improved. For example, Tolomiczenko et al. (2001) found that combining education with interaction by someone with lived experience negative opinions held about those living with mental illness were reduced.

Mental Health Stigma and Help Seeking

There are two lines of research concerning stigma, mental illness and help seeking behavior. In one line of study, the effects of stigma on help seeking behavior of individuals living with a mental illness are explored, while in another, the help seeking effects of stigma on individuals without a mental illness have been identified. In the first category, a study by Wahl (1999) found the actual experience of stigma greatly affected if and how individuals with a mental illness reached out for support and engaged in help seeking behaviour or made efforts to hide their illness. In the second category, in a study of 327 university students (Mair, et al., 2013) it was found that participants were much less likely to engage in real-life help seeking behaviour if they observed a negative representation in the media of mental illness, psychological treatment or people seeking psychological therapy.

Summary

The studies reviewed suggest that there continue to be many examples of negative representations in the media concerning mental illness and individuals with a mental illness. While there are some promising results of anti-stigma campaigns, the effects continue to be felt by both people with lived experience themselves as well as members of the public. More specifically, increased stereotypical and prejudicial attitudes as well as avoidance have been found to occur for many individuals in association with consumption of medial with negative representations. In addition, individuals who have personal experience with a mental illness and internalized the negative messages felt decreased self-esteem and confidence as well as a desire to avoid diagnosis and treatment as well as isolate (Mair et al., 2013; Stout, Villegas & Jennings, 2004; Wahl, 1999). However, there did not appear to be research on how people with lived experience interpret what they are seeing or hearing about mental illness through the media. This

is particularly relevant given findings about the effects of internalized stigma on help-seeking (Mair et al., 2013; Wahl, 1999).

Of interest in the present study is the use of a research method known as Concept Mapping (Trochim, 1989) with people with lived experience. As will be discussed in Chapter Three, the method is a structured procedure that offers participants the opportunity to identify the underlying conceptual structure for a set of ideas. While there were concept mapping studies where people with lived experience were involved, they focused on needed services (Behar & Hydaker, 2009; Bee et al., 2013; Chan, 2014; Grieken et al., 2014; Marja et al. 2011; Mee et al., 2004). None to date have explored how people with lived experience interpret media representations of mental illness in the form of news headlines. It appears that the present study is a novel approach to this important topic.

Chapter 3: Method

Concept Mapping

Concept mapping is an approach to the quantitative analysis of qualitative data. Concept mapping was originally developed for program planning and evaluation (Trochim, 1989) and has been used for applied research in health and education (Trochim & Kane, 2005; Nabitz et al., 2005). It allows participants to generate ideas about a topic as well as organize those ideas in a way that makes sense to them. The process can reveal how participants make meaning from and conceptually organize data. This method was selected based on its applicability to the research questions concerning the interpretation of newspaper headlines by people with lived mental illness experience and those without that lived experience. There are six main steps to concept mapping, including preparation, generation, structuring, representation, interpretation and utilization (Trochim, 1989).

Preparation. In the initial stage of concept mapping participants were selected and a focal question was developed. In accordance with the ethics protocol participants were recruited using poster advertisements and verbal presentations by the researcher at different locations in the London area which included Western University, CanVoice and the Canadian Mental Health Association (CMHA). Participants included 18 individuals. There were 7 Participants With Lived Experience (PWLE) and 11 participants with No Lived Experience (NLE). PWLE were recruited through Canadian Mental Health Association Middlesex (CMHA) and CanVoice. NLE participants were recruited through advertisements on Western University Campus. It is noteworthy that although there are individuals with lived experience attending Western, those who were recruited through those advertisements did not endorse lived experience and were therefore included in the other group.

Interested individuals followed up directly with the researcher in person or via email. Those who provided consent to participate were asked if they had received a diagnosis and had been hospitalized for that illness in the past month. Individuals with an Axis I or Axis II diagnosis by a psychiatrist but had not been hospitalized within the last month participated as PWLE, and those who did not have a diagnosis participated as NLE.

The research questions for the present study differed from those typically used in concept mapping insofar as they did not require that participants themselves generate responses to a particular question. Specifically, in this study the questions were: 1) How do PWLE interpret newspaper headlines about mental health? 2) How do NLE interpret newspaper headlines about mental health? 3) Is there a difference between how PWLE and NLE interpret newspaper headlines about mental health?

Generation. In this step, typically responses to a focal question are generated by participants. However, in the present study responses were predetermined by the researcher. These "responses" included a sampling of newspaper headlines. News media headlines about mental health and mental illness were gathered by keyword search from online newspaper sites. Popular sites were identified by Alexa Global Traffic Rank (http://www.ebizmba.com/) as of September, 2015 which included FOXNews, CNN and MSNEWS. The top Canadian news website at the time was CBC. Keywords used were "mental health" & "mental illness". Reference to these keywords in either the headline or the body of the article it referred to made it eligible for inclusion. A total of 60 headlines were sought. Although 60 items for sorting is a somewhat low number for a concept mapping study, this number was sought to make it easier for participants to complete and increase the likelihood of completion.

The searches were performed on each host website and the dates were adjusted to obtain a recent but sufficient (i.e. at least 25) relevant headlines. The total list of headlines included 48 from CNN, 35 from CBC, 21 from FOXNews and 38 from MSNEWS. The final list was composed of equal numbers of headlines from the four sites which were added 1 at a time in order to the final list according to the criteria that: 1) the added headline could not make explicit reference to the same story as another headline in the list, 2) the added headline did make implicit or explicit reference to mental illness or mental health, and 3) the added headline was clear and not redundant. Based on these criteria, a final set of 60 headlines was generated including 15 from each site.

The headlines from CNN included: "Free mental safe houses open in New York City"; "COPD [chronic obstructive pulmonary disease] can affect sleep and mental health"; "Mental health awareness month for suicidal people on mother's day"; "After Newtown, mental health gains prominence in gun debate"; "Reframing the gun control debate: Is mental health the next focus?"; "Government missing mental health aspect on gun control"; "Get serious about mental health care"; "Military bonds draw veterans to mental health jobs"; "PFA [professional football association] issues mental health advice"; "Army to implement new mental health screening procedures"; "Making music is about healing people"; "Bipolar answer didn't intend to blame parent"; "Drugs that treat epilepsy, depression linked to suicide"; "Mental health experts help volunteers in Haiti"; "Animals make the perfect humans".

The headlines from FOXNews included: "Synthetic pot leads to nationwide spike in hospitalizations"; "Virgin Islands police suspect US man in slaying of parents"; "Group therapy may work as well as drugs to prevent depression relapse"; "California judge to reconsider serial rapist's freedom after neighbors complain"; "The science of suicide clustering: How silence can

increase stigma"; "Sexual dysfunction may accompany PTSD [posttraumatic stress disorder]"; "Treating troops' sleep problems may reduce PTSD [posttraumatic stress disorder]"; "Plugged-in and tuned-out: The dangers of teenage virtual addiction"; "Popping Xanax is more harmful than you think"; "Addicted to Facebook? Study shows users are lonelier"; "Treat OCD [obsessive compulsive disorder] with cognitive-behavioral therapy, antidepressants"; "Women soldiers back from Iraq suffering mental health problems"; "Report: Military ignoring severe mental illness"; "House panel: Mentally ill youths 'warehoused'"; "Jury finds Andrea Yates competent to stand trial".

The headlines from CBC included: "'Piece of Mind' art exhibit opens up discussion on mental health"; "Harrow triathlete to take on North American Ironman Championship"; "Vince Li, Greyhound bus beheader, OK'd to move to Winnipeg group home"; "Transition house closure could mean wider problems: Mental health association"; "Mental health service providers gather in Moncton to raise awareness"; "Teens heading to ER for mental health care called 'exceedingly frustrating'"; "Joseph Boyden, Richard Wagamese talk mental health in Thunder Bay"; "House for former Waterford patients closes indefinitely after stop-work order"; "Garden City Collegiate staff, students grieve after 2 deaths"; "Joseph Boyden to share story of living with depression"; "For aboriginal children, one set of rights can't trump another"; "EMS mental illness reports spike after paramedic's suicide; Election promises": "Mental health, abortion and big budgets"; "Hayley Wickenheiser says NHL [national hockey league] needs new approach to mental health"; "Social workers' hours being cut back at local schools".

The headlines from MSN included: "Hammer-wielding suspect linked to earlier attacks"; "Rand Paul: Half of disability recipients are 'gaming the system'"; "Exclusive interview with the founder of Gay Men's Health Crisis"; "Perry pressured ahead of Texas execution of mentally ill

man"; "Defense claims Arias "mentally ill" to save her life"; "When shootings happen, gender has to be part of the conversation"; "The scourge of mental illness in the military"; "Mental health care after Newtown"; "Mental, physical health to be covered equally"; "Gohmert: Blaming navy yard shooting on guns is like blaming spoons for obesity"; "Florida executes mentally ill killer John Errol Ferguson"; "Let's talk about guns, but stop stereotyping the mentally ill"; "Why tougher mental health restrictions are the wrong remedy for gun violence"; "Tea Partier: Video games, not guns, caused Newtown massacre"; "Being transgender no longer a 'mental disorder': APA" [American Psychiatric Association].

Structuring. Following an explanation of the study and review of the Letter of Information with signed consent, participants were provided with a set of cue cards with each of the headlines printed on a separate card. The provision of the cards was to help participants become familiar with the content and to allow for the completion of the structuring task to be completed without the use of a computer. However, all participants had email addresses and familiarity with computers as well as access (i.e. owned a personal computer or had access to a computer) and preferred to complete the task online. Each was provided with login instructions to the The Concept System Global MAX online software (2015) within which they were asked to: 1) sort the headlines in whatever way made sense to them, and 2) rate each headlines on a scale from 1 to 5 in importance to themselves (i.e. 1 = Not Important to Me to 5 = Very Important to Me). Demographic data on the participants follows in Table 1.

Table 1

Participant demographics

	PWLE	NLE
Gender		
Female	6	8
Male	1	3
Age		
20-29	1	7
30-39	0	2
40-49	3	2
50+	3	0
Ethnicity		
Caucasian	7	10
Other	0	1
Diagnosis		
Depression/Anxiety	4	
Bipolar	2	
ADHD	1	

Representation. Two statistical procedures were applied to organize the headlines into concepts: multidimensional scaling and cluster analysis. In multidimensional scaling, the groups that participants sorted headlines into were the data. These individual sorts were combined to develop a similarity matrix which was used to create a point map. This was done through the construction of 60x60 cell matrices based on the frequency with which each headline was grouped together with each other headline by each participant. Separate analyses were undertaken with each of the PWLE and NLE.

The result of the multidimensional scaling procedure was a point map. The point map was a visual representation of the headlines as grouped together by participants with distances between the headlines, represented by points with ID numbers, reflecting the frequency with which participants grouped them together. The larger the distance between two points, the less often they were grouped together by participants. The shorter the distance between two points, the more often they were grouped together by participants.

A bridging index was calculated for each point. The bridging index was a value between 0.00 and 1.00 that reflected the frequency with which each point "bridged" with other points near to it on the map. A low bridging index value (i.e. between 0.00-0.25) indicated that the particular headline did not "bridge" and was not grouped by participants together with headlines in other regions of the point map. A high bridging index (i.e. between 0.75 and 1.00) indicated that the particular headline did "bridge" and was grouped by participants together with headlines in other regions of the map. Headlines with high bridging indexes were often grouped with headlines near to them on the map, while those with low bridging indexes were often grouped only with other headlines near to them on the map.

Concepts were created using cluster analysis. For this analysis, headlines that were close to each other on the point map were grouped together one by one. At each step of the procedure two clusters were combined until at the end of the analysis, all headlines were in a single cluster.

Interpretation. The researcher determined the number of concepts for each map. Both qualitative and quantitative information was used to make the decision. Contents of each concept were reviewed for each of several possible solutions and examined for the degree of conceptual consistency. Bridging indices were also used to identify concepts with low average values, which indicated that the participants grouped those headlines together often and rarely with other headlines in other concepts. Labels for the concepts were based on the suggestions offered by the software program itself based on the labels that participants assigned to their own groupings. The final labels were determined by the author based on his experience with the participants and his estimation of the most accurate descriptive label that represented the contents as well as distinguished the concept from the others in the chosen solution.

Utilization. The concept maps were ready to be used for their intended purpose. In the present study, the purpose was to make qualitative and quantitative comparisons between the maps generated by people with lived experience and people without lived experience. Results of the analyses are described in Chapter Four and in Chapter Five a comparative analysis is made.

Chapter 4: Results

A total of 60 news media headlines about mental health and mental illness were gathered through keyword searches on Internet news sites. The sites included FOXNews, CNN and MSNEWS and CBC. Search terms were "mental health" and "mental illness". Any reference to either term in the headline or the body of the article it referred to made it eligible for inclusion. The final list of headlines included 15 headlines from each of the four sites. Participants in the study identified themselves as either PWLE or NLE. Each participant independently grouped the headlines together in whatever way made sense to her or him. Each participant rated the headlines in relation to perceived importance to self on a scale from 1 to 5. In this Chapter the results of the concept mapping analysis are presented as well as descriptive data for the ratings of headlines for both participant groups.

People With Lived Experience

While 10 participants agreed to participate, data was received from eight. Of the eight participants, seven were female and all were Caucasian. One of the eight was between 20-29 years of age and the others were 40 years of age or older at the time of the study. Diagnoses that were disclosed included Mood and Anxiety Disorders as well as Attention Deficit Hyperactivity Disorder.

Figure 1 shows the evolution of the concept maps. These figures depict the change in each concept map from four concepts to six concepts. For PWLE the *Housing*, *Gun Control* and *Military* concepts remained consistent through each iteration. As shown the headlines within the *Mental Health* concept could be further divided into *Individual Stories* and *Health*. The *Health* concept was further broken down to *Medical* and *Sports and Mental Health.* The reason the six concept map was chosen is by moving to this iteration the headlines in both the *Medical* group

and *Sports and Mental Health* group were more representative of the concept titles provided by participants. All headlines in the *Medical* concept related to the medical field and while some of the headlines within the *Sports and Medical* concept did not appear to have strong relationships with each other such as "Perry pressured ahead of Texas execution of mentally ill man" and "PFA [professional football association] issues mental health advice". All headlines in this concept were either about sports or mental health. However, the distinction between how a headline such as "Perry pressured ahead of Texas execution of mentally ill man" related to *Health* did not seem as clear. Therefore, a six concept solution was chosen for this map. While not included in the figure, an examination of seven concept map did not show the *Sports and Mental Health* concept divided into concepts about sports and mental health. There was no advantage to selecting a seven concept map over a six concept map.

4 Concepts	5 Concepts	6 Concepts
Housing (0.84) ⟶	Housing (0.84) ⟶	Housing (0.84)
Gun Control (0.3) ⟶	Gun Control (0.3) ⟶	Gun Control (0.3)
Military (0.22) ⟶	Military (0.22) ⟶	Military (0.22)
Mental Health (0.4) ⟶	Individual Stories (0.51) ⟶	Individual Stories (0.51)
⟶	Health (0.35) ⟶	Medical (0.31)
	⟶	Sports and Mental Health (0.43)
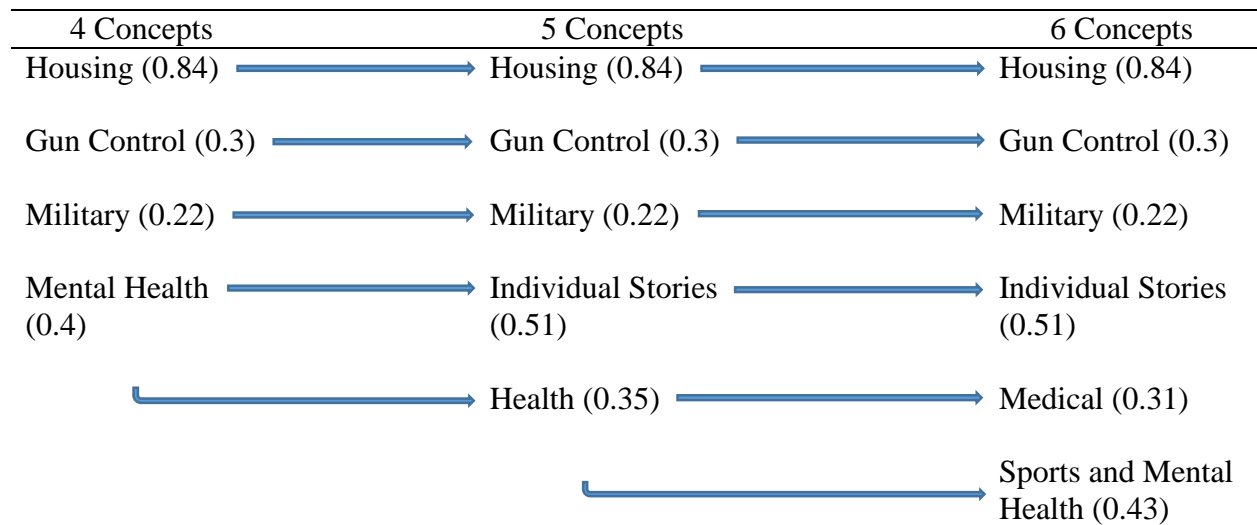
Figure 1. Evolution of concept maps by People With Lived Experience. The average Bridging value for each cluster can be found within the brackets.

Figure 2 shows the concept map by PWLE. The stress value is a value between 0.00-1.00 that reflects the consistency between the numeric data and the visual product. It is an indicator of

validity. Values below 0.35 are acceptable. The final stress value for this map was 0.2824. Table

2 shows the concepts and headlines within each as well as the bridging and rating values.
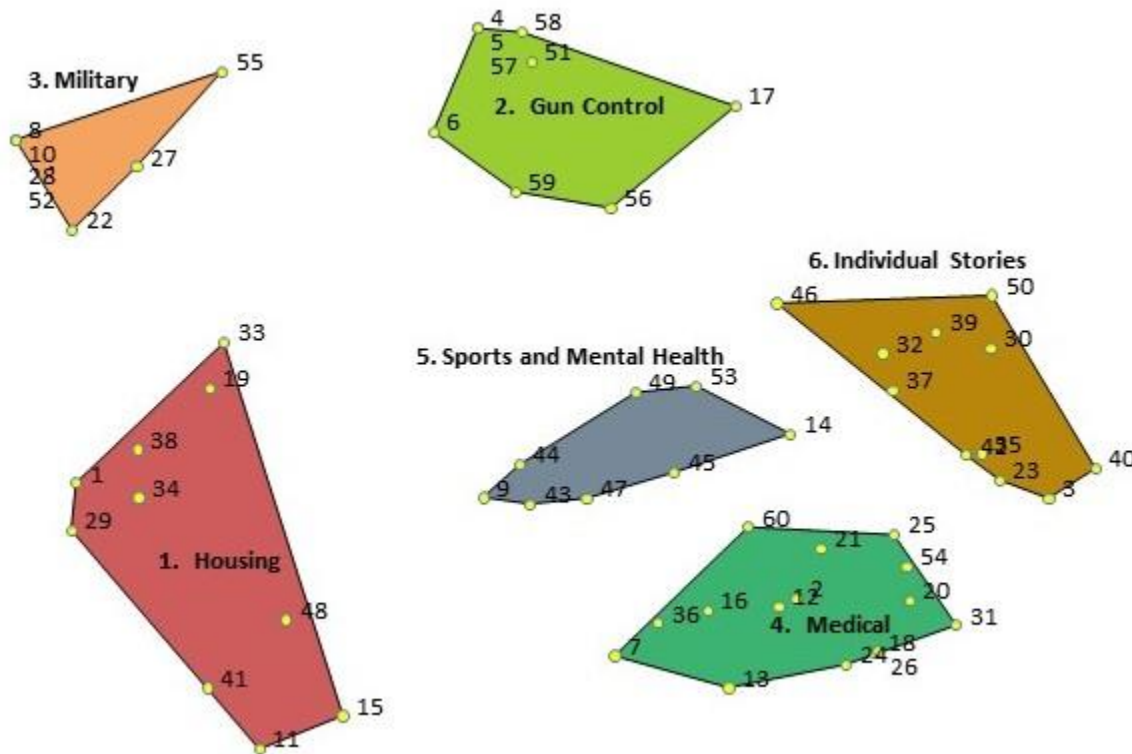
Figure 2. Concept map by People With Lived Experience

Table 2
Headlines as conceptualized by People With Lived Experience

Cluster		Statement	Bridging	Rating
1. Housing			**0.84**	**3.44**
	1	Free mental safe houses open in New York City	0.87	3.29
	11	Making music is about healing people	0.95	4.14
	15	Animals make the perfect humans	0.77	3.29
	19	California judge to reconsider serial rapist's freedom after neighbors complain	0.9	3.14
	29	House Panel: Mentally Ill Youths 'Warehoused'	0.77	3.57
	33	Vince Li, Greyhound bus beheader, OK'd to move to Winnipeg group home	0.76	0.3
	34	Transition house closure could mean wider problems: mental health association	0.75	3.71
	38	House for former Waterford patients closes indefinitely after stop-work order	0.71	3.14
	41	For aboriginal children, one set of rights can't trump another	1	3.86

48	Exclusive interview with the founder of Gay Men's Health Crisis	0.95	3.14
2.Gun Control		**0.3**	**2.97**
4	After Newtown, mental health gains prominence in gun debate	0	2.43
5	Reframing the gun control debate: Is mental health the next focus?	0	3.14
6	Government missing mental health aspect on gun control	0.44	3.43
17	Virgin Islands police suspect US man in slaying of parents	0.61	2.43
51	When shootings happen, gender has to be part of the conversation	0.29	2.14
56	Florida executes mentally ill killer John Errol Ferguson	0.58	2.86
57	Let's talk about guns, but stop stereotyping the mentally ill	0	3.71
58	Why tougher mental health restrictions are the wrong remedy for gun violence	0.1	3.57
59	Tea Partier: Video games, not guns, caused Newtown massacre	0.66	3
3. Military		**0.22**	**3.33**
8	Military bonds draw veterans to mental health jobs	0.02	3.71
10	Army to implement new mental health screening procedures	0.02	3.71
22	Treating troops' sleep problems may reduce PTSD [posttraumatic stress disorder]	0.82	3.14
27	Women Soldiers Back from Iraq Suffering Mental Health Problems	0.37	3.57
28	Report: Military Ignoring Severe Mental Illness	0.02	3.71
52	The scourge of mental illness in the military	0.02	3.14
55	Gohmert: Blaming Navy Yard shooting on guns is like blaming spoons for obesity	0.27	2.29
4. Medical		**0.31**	**3.47**
2	COPD [chronic obstructive pulmonary disease] Can Affect Sleep and Mental Health	0.25	3.14
7	Get serious about mental health care	0.48	4.29
12	Bipolar answer didn't intend to blame parent	0.27	3.29
13	Drugs that treat epilepsy, depression linked to suicide	0.38	3.29
16	Synthetic pot leads to nationwide spike in hospitalizations	0.31	2.86
18	Group therapy may work as well as drugs to prevent depression relapse	0.25	4.43
20	The science of suicide clustering: How silence can increase stigma	0.26	4.14
21	Sexual dysfunction may accompany PTSD [posttraumatic stress disorder]	0.27	2.57
24	Popping Xanax is more harmful than you think	0.23	2.57

25	Addicted to Facebook? Study shows users are lonelier	0.32	2.71
26	Treat OCD [obsessive compulsive disorder] With Cognitive-Behavioral Therapy, Antidepressants	0.24	2.86
31	'Piece of Mind' art exhibit opens up discussion on mental health	0.33	4.43
36	Teens heading to ER for mental health care called 'exceedingly frustrating'	0.43	3.71
54	Mental, physical health to be covered equally	0.31	4.29
60	Being transgender no longer a 'mental disorder': APA [American psychology association]	0.3	3.43
5. Sports and Mental Health		**0.43**	**3.2**
9	PFA [professional football association] issues mental health advice	0.46	3
14	Mental health experts help volunteers in Haiti	0.4	3.14
43	Election promises: Mental health, abortion and big budgets	0.44	3.43
44	Hayley Wickenheiser says NHL [national hockey league] needs new approach to mental health	0.43	3.14
45	Social workers' hours being cut back at local schools	0.34	4.14
47	Rand Paul: Half of disability recipients are 'gaming the system'	0.39	3
49	Perry pressured ahead of Texas execution of mentally ill man	0.45	2.71
53	Mental health care after Newtown	0.53	3
6. Individual Stories		**0.51**	**3.53**
3	Mental Health Awareness Month for Suicidal People on Mother's Day	0.43	3.71
23	Plugged-in and tuned-out: The dangers of teenage virtual addiction	0.43	3.71
30	Jury Finds Andrea Yates Competent to Stand Trial	0.59	2.86
32	Harrow triathlete to take on North American Ironman Championship	0.5	3.43
35	Mental health service providers gather in Moncton to raise awareness	0.44	3.86
37	Joseph Boyden, Richard Wagamese talk mental health in Thunder Bay	0.44	3.86
39	Garden City Collegiate staff, students grieve after 2 deaths	0.54	3.43
40	Joseph Boyden to share story of living with depression	0.55	4.29
42	EMS mental illness reports spike after paramedic's suicide	0.42	3.71
46	Hammer-wielding suspect linked to earlier attacks	0.65	3.14
50	Defense claims Arias "mentally ill" to save her life	0.69	2.86

Bridging index data was helpful for interpreting the concept map. Bridging index values were between 0.00 and 1.00. Lower values reflected a higher degree of consistency among participants about the headlines within a concept as they related to each other often and rarely with headlines in other concepts. For example, the *Gun Control* concept reflected a high degree of consistency by participants as reflected in tie average bridging value of 0.3. The following headlines: "After Newtown, mental health gains prominence in gun debate", "Reframing the gun control debates: is mental health the next focus?" and "Let's talk about guns, but stop stereotyping the mentally ill" each had a value of 0 indicating these headlines were exclusively grouped by participants in this group with the headlines near to them on the map. In contrast, the headline (59) "Tea partier: Video games, not guns, caused Newtown massacre" had a value of 0.66 reflecting that while it was part of the *Gun Control* concept participants did not always group this headline with other headlines close to it such as 4, 5 and 57. This is visually represented by headlines 4, 5 and 57 being closer in proximity with each other than headline 59 on the map. While the *Housing* concept had a high value at 0.84, a visual inspection of the map indicated that these headlines were also often grouped with each other.

People with No Lived Experience

All 11 participants with NLE who consented to participate completed the process. Of the 11 participants, eight were female and 10 were Caucasian. Most were under the age of 40 at the time of interview.

Figure 3 shows the evolution of the concept maps for NLE participants. The division of concepts between iterations in the NLE group was notably different than the PWLE group. Similar to the PWLE some concepts remained unchanged through the iterations such as *Struggles to Meet Demands* and *Crime*. However, unlike the PWLE where the division of

concepts could be traced to one concept in the four concept map (i.e. *Mental Health)*, for the

NLE group two concepts from the initial four divided into more specific concepts including

Mental Health Awareness and *Factors Influencing Mental Health*.

A six concept solution was chosen because, while *Mental Health Education* and *Mental Health Promotion and Initiatives* were very similar to *Mental Health Education* headlines, they seemed to be passive in nature while *Mental Health Promotion and Initiatives* seemed more active.

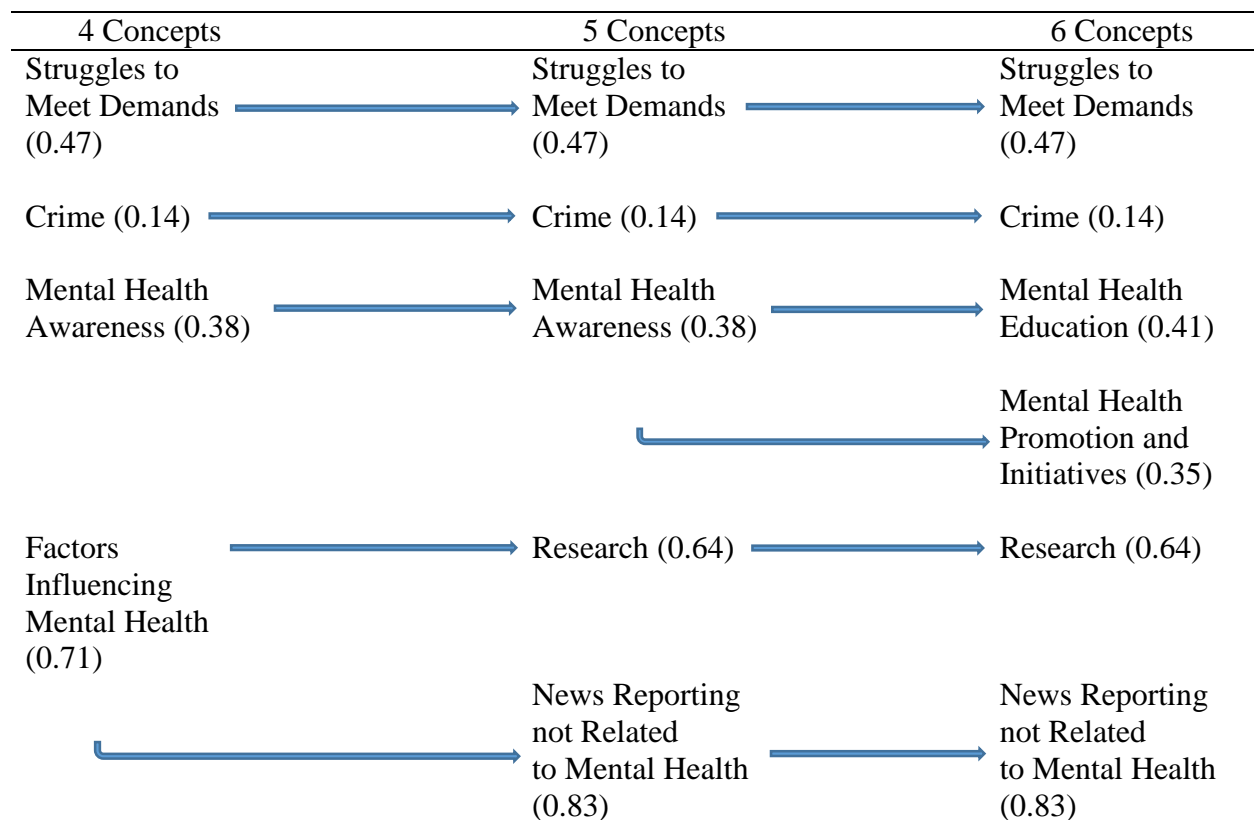| 4 Concepts	5 Concepts	6 Concepts
Struggles to Meet Demands (0.47)	Struggles to Meet Demands (0.47)	Struggles to Meet Demands (0.47)
Crime (0.14)	Crime (0.14)	Crime (0.14)
Mental Health Awareness (0.38)	Mental Health Awareness (0.38)	Mental Health Education (0.41)
		Mental Health Promotion and Initiatives (0.35)
Factors Influencing Mental Health (0.71)	Research (0.64)	Research (0.64)
	News Reporting not Related to Mental Health (0.83)	News Reporting not Related to Mental Health (0.83)

Figure 3. Evolution of concept maps for People with No Experience. The average Bridging value for each cluster can be found within the brackets.

Figure 4 shows the concept map by NLE. The stress value is a value between 0.00-1.00 that reflects the consistency between the numeric data and the visual product. It is an indicator of

validity. Values below 0.35 are acceptable. The final stress value for this map was 0.2844. Table

3 shows the concepts and headlines within each as well as the bridging and rating values.
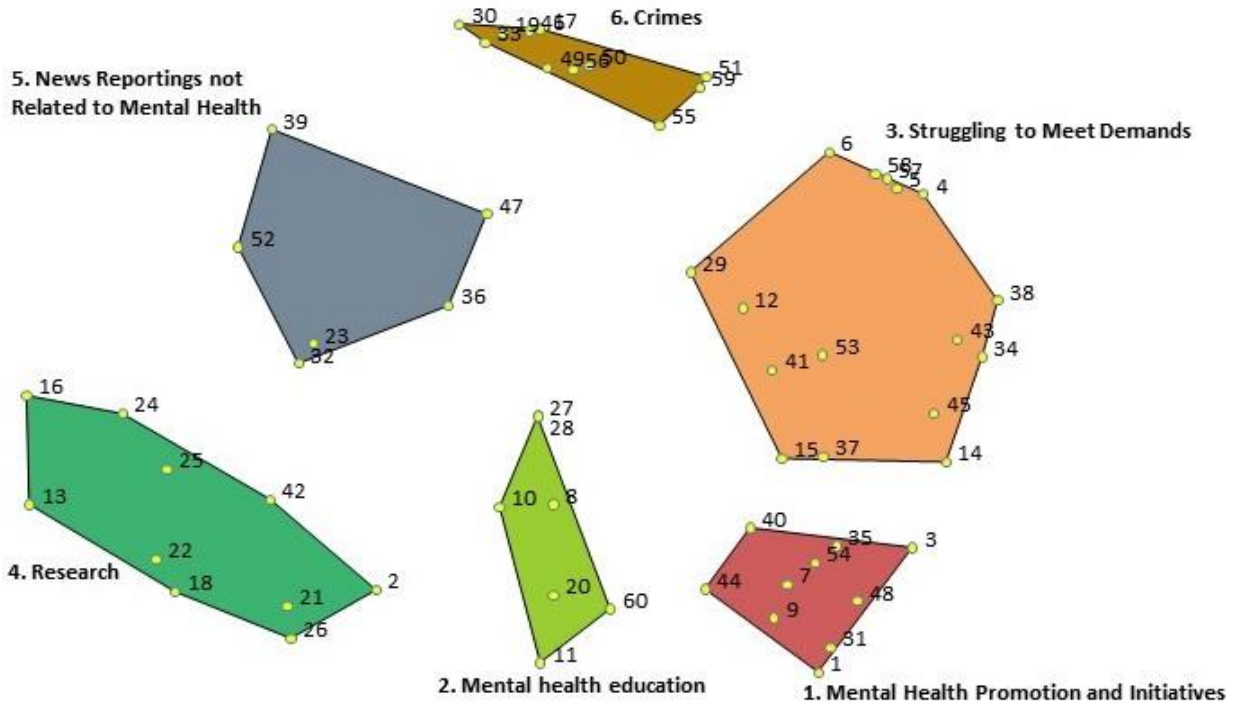
Figure 4. Concept map by People with No Lived Experience

Table 3
Headlines as conceptualized by People with No Lived Experience

Concept		Headline	Bridging	Rating
1. Mental Health Promotion and Initiatives			**0.35**	**3.67**
	1	Free mental safe houses open in New York City	0.57	4.18
	3	Mental Health Awareness Month for Suicidal People on Mother's Day	0.51	3.73
	7	Get serious about mental health care	0.27	4.73
	9	PFA [professional football association] issues mental health advice	0.33	3
	31	'Piece of Mind' art exhibit opens up discussion on mental health	0.32	3.73
	35	Mental health service providers gather in Moncton to raise awareness	0.28	3.55
	40	Joseph Boyden to share story of living with depression	0.32	3.09
	44	Hayley Wickenheiser says NHL [national hockey league] needs new approach to mental health	0.36	3

48	Exclusive interview with the founder of Gay Men's Health Crisis	0.31	3.09
54	Mental, physical health to be covered equally	0.27	4.64
2. Mental Health Education		**0.41**	**3.99**
8	Military bonds draw veterans to mental health jobs	0.34	3.64
10	Army to implement new mental health screening procedures	0.37	3.91
11	Making music is about healing people	0.59	3.55
20	The science of suicide clustering: How silence can increase stigma	0.48	4.55
27	Women Soldiers Back from Iraq Suffering Mental Health Problems	0.33	3.82
28	Report: Military Ignoring Severe Mental Illness	0.33	4
60	Being transgender no longer a 'mental disorder': APA [American psychology association]	0.46	4.45
3. Struggling to Meet Demands		**0.47**	**3.56**
4	After Newtown, mental health gains prominence in gun debate	0.51	3.36
5	Reframing the gun control debate: Is mental health the next focus?	0.44	3.36
6	Government missing mental health aspect on gun control	0.34	3.73
12	Bipolar answer didn't intend to blame parent	0.51	2.55
14	Mental health experts help volunteers in Haiti	0.52	3.82
15	Animals make the perfect humans	0.46	2.45
29	House Panel: Mentally Ill Youths 'Warehoused'	0.44	4.18
34	Transition house closure could mean wider problems: mental health association	0.6	4.09
37	Joseph Boyden, Richard Wagamese talk mental health in Thunder Bay	0.39	3.09
38	House for former Waterford patients closes indefinitely after stop-work order	0.57	2.82
41	For aboriginal children, one set of rights can't trump another	0.38	4.27
43	Election promises: Mental health, abortion and big budgets	0.57	4
45	Social workers' hours being cut back at local schools	0.42	4
53	Mental health care after Newtown	0.52	3.09
57	Let's talk about guns, but stop stereotyping the mentally ill	0.43	4.09
58	Why tougher mental health restrictions are the wrong remedy for gun violence	0.4	4.09
4. Research		**0.64**	**3.67**

2	COPD [chronic obstructive pulmonary disease] Can Affect Sleep and Mental Health	0.57	3.27
13	Drugs that treat epilepsy, depression linked to suicide	0.39	3.64
16	Synthetic pot leads to nationwide spike in hospitalizations	0.71	3.45
18	Group therapy may work as well as drugs to prevent depression relapse	0.63	4.18
21	Sexual dysfunction may accompany PTSD [posttraumatic stress disorder]	0.51	3.82
22	Treating troops' sleep problems may reduce PTSD [posttraumatic stress disorder]	0.49	3.82
24	Popping Xanax is more harmful than you think	0.82	3.45
25	Addicted to Facebook? Study shows users are lonelier	0.62	3.27
26	Treat OCD [obsessive compulsive disorder] With Cognitive-Behavioral Therapy, Antidepressants	0.74	4
42	EMS mental illness reports spike after paramedic's suicide	0.92	3.82
5. News Reporting not Related to Mental Health		**0.83**	**3**
23	Plugged-in and tuned-out: The dangers of teenage virtual addiction	0.75	3.55
32	Harrow triathlete to take on North American Ironman Championship	0.91	1.91
36	Teens heading to ER for mental health care called 'exceedingly frustrating'	0.78	4.18
39	Garden City Collegiate staff, students grieve after 2 deaths	0.97	2.36
47	Rand Paul: Half of disability recipients are 'gaming the system'	0.6	2.82
52	The scourge of mental illness in the military	1	3.18
6. Crimes		**0.14**	**2.63**
17	Virgin Islands police suspect US man in slaying of parents	0	2.55
19	California judge to reconsider serial rapist's freedom after neighbors complain	0.02	2.55
30	Jury Finds Andrea Yates Competent to Stand Trial	0.13	2.82
33	Vince Li, Greyhound bus beheader, OK'd to move to Winnipeg group home	0.12	2.82
46	Hammer-wielding suspect linked to earlier attacks	0.06	2.18
49	Perry pressured ahead of Texas execution of mentally ill man	0.11	2.82
50	Defense claims Arias "mentally ill" to save her life	0.1	2.64
51	When shootings happen, gender has to be part of the conversation	0.27	2.73

55	Gohmert: Blaming Navy Yard shooting on guns is like blaming spoons for obesity	0.37	2.82
56	Florida executes mentally ill killer John Errol Ferguson	0.08	2.45
59	Tea Partier: Video games, not guns, caused Newtown massacre	0.31	2.55

Bridging index data was used to assist with the interpretation of both concept maps. For

the PWLE *Housing* had a very high average bridging value at 0.83. Headlines in this concept can

be considered "bridging" meaning that participants often grouped these headlines with the

headlines in other concepts. For example, an examination of the actual grouping data showed

that participants often grouped "Making music is about healing people" which had a high

bridging value of 0.95 with headlines in the *Health* concept such as "Get serious about mental

health care" and "COPD [chronic obstructive pulmonary disease] Can affect sleep and mental

health". Concepts *Gun Control* and *Military* have low average bridging values of 0.3 and 0.22

which indicated that participants tended to only sort these headlines with each other. This is

consistent with the possibility that participants sorted the items literally using on keywords

within the headlines. It could also account for why "Florida executes mentally ill killer John

Errol Ferguson" and "Virgin Islands police suspect US man in slaying of parents" had the

highest bridging values at 0.58 and 0.61 respectively as all other headlines had the word "gun"

within the headline.

Similar observations were made for the concepts in the map constructed by the NLE

group. For example, *Crime* had a lower bridging value at 0.14 than *Gun Control* and *Military*

which showed that participants tended to only sort these headlines with each other. Whereas

PWLE tended to sort the headlines very literally, NLE tended to sort headlines based on a

general theme which the *Crime* concept showcased. The *News Reporting not Related to Mental*

Health as very to the *Housing* concept in that it had a high bridging value indicating that

participants often sorted these headlines with headlines in other clusters. Of note is that "The scourge of mental illness in the military" had a bridging value of 1.0 which indicated this headline was sorted with every other headline by participants. This could suggest that NLE had difficulty determining how it fit with mental health. The *Research* concept was also of interest as it has a relatively moderate bridging value at 0.67 which indicated that participants could have had difficulty identifying a unifying theme. However, by examining the actual sorts of headlines with high bridging vales such as "EMS mental illness reports spike after paramedic's suicide" it appeared that that while participants did group these headlines together because of the general research theme they were also often grouped with headlines within *Struggling to Meet Demands*.

Of note, while *Crime* and *Gun Control* both had low average bridging values there were significant differences between the headlines in each map. The implications of this will be discussed in the following Chapter.

<div align="center">**Summary**</div>

A six-concept solution was chosen for both PWLE and NLE. An examination of the headlines within the concepts showed that PWLE tended to sort the headlines in a literal way while NLP tended to sort the headlines based on general themes. For the PWLE the six concepts included *Housing, Gun Control, Military, Medical, Sports and Mental Health* and *Individual Stories.* The average bridging values for this map ranged from 0.22 to 0.84 with *Military* being the being the most cohesive concept having a value of 0.22 and *Housing* the least cohesive concept with a value of 0.84. PWLE also tended not to find any of these concepts either particularly important or unimportant to them. For NLE their six concepts were *Mental Health Promotion and Initiatives, Mental Health Educations, Struggling to Meet Demands, Research, News Reporting not Related to Mental Health* and *Crimes*. Similarly, there was also a range of

average bridging vales ranging from 0.14 (*Crime)* to 0.83 (*News Reporting not Related to Mental Health* and *Crimes).* However, NLE tended to be more opinionated about the concepts rating importance as more important or unimportant to them.

News headlines about mental health and mental illness were gathered through keyword searches on news sites from the United States and Canada. Four sites from which headlines were drawn included FOXNews, CNN, MSNEWS and CBC. The 60 headlines were independently grouped and ranked by participants who either had personal experience with mental illness (i.e. PWLE) or did not (i.e. NLE). The research questions guiding the study included: 1) How do PWLE interpret news headlines about mental health? 2) How do NLP interpret news headlines about mental health? 3) Is there a difference between PWLE and NLE interpret newspaper headlines about mental health? In this Chapter, further interpretation of the maps is considered separately before comparisons of the maps are made. In addition, results are considered in relation to the literature reviewed in Chapter Two. Finally, implications for policy, counselling practice and research are offered. Limitations are also offered.

People With Lived Experience

Overall participants appeared to have sorted headlines in a literal way. This was particularly evident in the concepts *Sports and Mental Health* and *Medical.* In the following section, each concept and the headlines within it are presented. This is followed by the researcher's interpretation of meaning and potential significance.

Housing. This concept had the highest average bridging values of all concepts in this map at 0.84. However, the spatial location of the headlines within this concept indicated that while the headlines were loosely associated with each other, they were more commonly associated with each other than any of the other concepts within this map. This could be due the fact half the headlines in this concept have the word "house" or "home" and all the headlines ranged in subjects and could be easily associated with other concepts. For example, a review of

individual sorts showed that the headline "Making music is about healing people" with a

bridging value of 0.95 was sorted with headlines in the *Medical* concept such as "COPD [chronic

obstructive pulmonary disease] can affect sleep and mental health", "Get serious about mental

health care" and "Group therapy may work as well as drugs to prevent depression relapse" by

some participants which would explain its high average bridging value.

> ***Gun control.*** This concept had the second lowest average bridging value at 0.3. Of

interest is the headline "Florida executes mentally ill killer John Errol Ferguson". While the

headline was not about gun control at all, the recent Ferguson riots could have influenced some

participants to associate this headline with guns based on a cursory review.

> ***Military.*** This concept had the lowest average bridging value at 0.22 indicating that

participants generally sorted these headlines together. This is not surprising given the fact the

headlines with the lowest bridging values either had the word "military" in the headline or

referred to a branch of the military such as "army" or "navy". The headlines with the highest

bridging values were "Women soldiers back from Iraq suffering mental health problems" at 0.37

and "Treating troops' sleep problems may reduce PTSD [posttraumatic stress disorder]" at 0.82.

> ***Medical.*** All headlines in this concept related to the medical field in some way such as

medicines, diagnosis, treatments, study results or hospitalization. The relatively low bridging

values of headlines in this concept ranged from 0.23 to 0.48 with an average of 0.31 that

indicated most participants sorted these headlines with each other and not often with headlines in

other concepts.

> ***Sports and mental health.*** Similar to the *Medical* concept, headlines with in this concept

mentioned sports. Examples of this included "Hayley Wickenheiser says NHL [national hockey

league] needs new approach to mental health", "PFA [professional football association] issues

mental health advice" and "Mental health experts help volunteers in Haiti". This concept had slightly higher bridging values than *Medical*. In the 4-concept map, this concept and *Medical* were separated. This might account for the slightly higher bridging values with an average of 0.43, and why some headlines seemed like they fit well in *Medical* such as "Social workers' hours being cut back at local schools". From a visual inspection it can be seen that this headline was sorted with headline "Being transgender no longer a 'mental disorder': APA [American Psychiatric Association]" often. However, given its relatively low bridging value it was more often sorted with other headlines in *Sports and Mental Health* than *Medical*.

Individual stories. The average bridging value of this concept at 0.51 indicated that these headlines were sorted with other headlines in other concepts often. When traced back the initial four-concept map it showed this concept had a strong association with *Medical* and *Sports and Mental Health*. There did not appear to be anything unique about this concept. It did however, have more headlines with names such as "Jury finds Andrea Yates competent to stand trial", "Defense claims Arias "mentally ill" to save her life" and "Joseph Boyden to share story of living with depression". Also, much like the title indicated the headlines appeared to be more about the telling of how mental health was affecting a person rather than the reporting of a situation.

Importance. In addition to grouping the headlines together in whatever way made sense to them, participants were instructed to rate each headline on a scale from 1 to 5. They were asked to base their ratings on the importance of the headline to them. However, how participants defined importance was not specified. Generally, ratings averaged around 3, which was Neither Important or Unimportant. However, it seemed that participants saw headlines that had to do with *Gun Control* as less important to them than *Individual Stories* and *Housing*. *Housing*

seemed to be a concept that was a collection of headings about mental health that did not fit in the other concepts which might make sense as the difference between *Gun Control* and all other issues would be the greatest. It was also not surprising that the ratings are significantly different from *Individual Stories* which was rated as of greatest importance to them perhaps because they can could relate to these headlines. However, participants did not show strong endorsement for any concept.

People with No Lived Experience

The NLE group appeared to have sorted headlines more based on common themes and narrative, and less literally from words in the headlines. The titles suggested by participants reflected consideration of the relationship between the headlines, stories they represented and how they related to mental health.

Mental health promotions and initiatives. This concept had solid cohesion reflected in the average bridging value of 0.35. This concept varied only slightly from the bridging value for the concept in the 5-concept solution *Mental Health Awareness* with an average of 0.38. Headlines in this concept were also distinct from *Mental Health Education* insofar as the headlines in this concept had a more active voice. They reflected actions that were being taken in relationship to mental health such as "Free mental safe houses open in New York City" and "'Piece of Mind' art exhibit opens up discussion on mental health".

Mental health education. Headlines in this concept were associated with *Mental Health Promotions and Initiatives* in the 5-concept solution. However, with the exception of the headline "Army to implement new mental health screening procedures" all other headlines in this concept expressed a more passive voice. All headlines in this concept refer to how mental health affected people instead of what was being done about the situation. This was more clearly

represented by the headlines in *Mental Health Promotions and Initiatives*. Separating this concept from *Mental Health Promotions and Initiatives* did increase its average bridging value to 0.41 which was only slightly higher than the average for the parent concept *Mental Health Awareness* at 0.38.

   Struggles to meet demands. This is one of two concepts that remained constant throughout multiple iterations of cluster analysis. While this concept had a middle average bridging value at 0.47 the headlines were, in general, grouped more often each other. Participants tended to group the headlines about gun policy and housing in this concept. The headlines in this concept that referred to gun policies also implied that mental illness was to blame for gun violence, such as the Newtown shootings, instead of the gun policies themselves. Therefore, it is possible that participants could decide that these headlines did not speak directly to mental health.

   Research. This concept as similar to the *Medical* concept constructed by PWLE. Headlines in this concept either reported on or made direct reference to a research study, such as "Addicted to Facebook? Study shows users are lonelier" or "EMS mental illness reports spike after paramedic's suicide". While the other concepts formed by this group of participants seemed to reflect a deeper look and thought about the context of the headline, it appeared that for this concept, they grouped headlines together using a more literal approach.

   News reporting not related to mental health. This concept had the highest bridging values with an average of 0.83 indicating these headlines were often sorted with other headlines in other concepts. However, the title is interesting. It is understandable how participants might not have felt some of these headlines were related to mental health, such as "Garden City Collegiate staff, students grieve after 2 deaths" and "Harrow triathlete to take on North American

Ironman Championship". Without context it is unclear how these headlines related to mental health at all. However, "Garden city…" was a news story about depression among teens and how it led to suicide with the importance of being able to recognize the signs and "Harrow triathlete…" was about a man from Harrow who overcame addictions, depression, anxiety and hallucinations by using exercise to become a top Canadian triathlete. This concept demonstrated the importance that context provided and how it would be challenging to obtain a full understanding about a news story just from the headline itself.

Crime. This concept had the lowest bridging average value on this map at 0.14 indicating a very high degree of consensus between the participants that these headlines related to the same idea that other headlines did not. This is not surprising given that nine out of the eleven headlines in this concepts directly referenced a crime or criminal proceedings. Participants also appeared to organize these headings in a more literal way. This may reflect that for these participants the concept of crime was more salient and held a higher level of categorization than mental health.

Importance. Participants were instructed to rate each item on a scale from 1-5 based on how important they felt the headline was to them. NLE participants tended to have stronger opinions about the relevance of the headlines. On average participants rated all concepts as either important or unimportant. Of note, was that on average participants found headlines they considered *News Reporting not Related to Mental Health* neither important or unimportant to them.

Is there a difference between people with lived experience and those without?

A comparison between the concepts constructed by the PWLE and NLE groups revealed both similarities and differences.

Similarities. One similarity was that despite a high degree of agreement that the headlines within a concept were strongly related to each other and not with other headlines, the importance of those headlines was not affected. This was evident in the without lived experience concept *Crimes*. Even though this concept had the lowest average bridging value of all concepts on the map at 0.14, indicating that participants saw these headlines as similar, in terms of importance participants rated these headlines in the unimportant/neither important or unimportant range. This pattern was also evident in the with lived experience concept of *Gun Control*.

While many of the concepts were different between the two groups, the NLP concept *Research* also had a lot of overlap with headlines in the PWLE concept *Medical*. Almost all the headlines from *Research* were in *Medical,* with the exception of "Treating troops' sleep problems may reduce PTSD [posttraumatic stress disorder]" and "EMS mental illness reports spike after paramedic's suicide". Given the nature of *"Treating troops…"* it was in the PWLE *Military* concept while "EMS…" was in *Individual Stories*.

Differences. There were some clear differences in how the groups sorted the headlines based on the concept labels selected. The PWLE labels are shorter and literal descriptions of the headlines in each concept. The labels for the NLE group were more descriptive and tended to describe a general theme that was shared by all headlines. The implication here is that PWLE in this study did interpret headlines differently than NLE. For example, the headline "Hayley Wickenheiser says NHL [National Hockey League] needs new approach to mental health" was in the *Sports and Mental Health* concept for the PWLE while for NLE, the same headline was in the *Mental Health and Promotion and Initiatives* concept.

The concepts constructed by NLE seemed to represent different ideas than the concepts constructed by PWLE. While the NLE participants seemed to focus on the state of mental health in the media and what was being done, what was working and what was not working, the PWLE seemed to focus more on salient topics discussed in the news. It is not clear if participants would group a set of headline unrelated to mental health similarly. For example, if there was a headline about housing foreclosures, would the emphasis be on the housing or foreclosures?

Table 4 represents a side by side comparison of concept labels, average bridging values and average ratings for the PWLE and NLE groups.

Table 4.

NLE	Bridging	Rating	PWLE	Bridging	Rating
1. Mental Health Promotion and Initiatives	0.35	3.67	1. Housing	0.84	3.44
2. Mental health education	0.41	3.99	2. Gun Control	0.3	2.97
3. Struggling to Meet Demands	0.47	3.56	3. Military	0.22	3.33
4. Research	0.64	3.67	4. Medical	0.31	3.47
5. News Reporting not Related to Mental Health	0.83	3	5. Sports and Mental Health	0.43	3.2
6. Crimes	0.14	2.63	6. Individual Stories	0.51	3.53

Comparison to the Literature

It appears the present study is novel in terms of its exploration of how people with lived experience interpret media messages about mental health. This is significant because Mair et al (2013) reported that media can have an effect on help seeking behaviour and that negative media messages in particular, have a negative effect. From the findings of the present study it might be suggested that people with lived experience do interpret messages from the media differently than those who do not have lived experience. It was also not apparent that those with lived experience viewed the headlines in a particularly negative way. It is however, not known

specifically how or to what extent negative media messages concerning mental health are negatively experienced by individuals with lived experience.

In contrast to reports that members of the public may hold negative attitudes about people with lived experience (Gray, 2002) results of this study did not find that headlines were organized or labeled in a particularly negative way. Related to this issue is the notion of dangerousness, which the findings of Rüsch et al. (2005) and Corrigan et al. (2000) support that there is a perception of people with lived experience as dangerous. The way headlines were grouped together in the present study offers an alternative finding. Several headings about mental illness and violence such as "Vince Li, Greyhound bus beheader, OK'd to move to Winnipeg group home", "Florida executes mentally ill killer John Errol Ferguson", "After Newtown, mental health gains prominence in gun debate" and "Government missing mental health aspect on gun control" were not grouped or labeled by any participants in relation to violence, dangerousness or fear. Participants without lived experience included these headlines in *Crime* and *Struggling to Meet Demands* indicating they did not consider these problems to be caused by mental illness but rather society's failure to support people diagnosed with mental illness.

Go et al (2014) reported that individuals were more likely to seek out additional information from news headlines they could identify with. Additionally, if the reader believed that the source was credible she or he was more likely to trust the report. While this study did not determine if participants were interested in seeking out more information about each headline, the average importance ratings of all concepts by both groups seemed to indicate that they did not see the headlines as of high importance. This may be because no source identifiers were used. Without knowing whether the report came from a source they believed it could have caused them to rate all headlines as less important than if there was a credible source identified.

Such a finding would suggest that people might care more about who is presenting the message than the message itself.

While this study did not look at the negativity of mental health in the media as did Wahl (1992), Coverdale, Nairn, & Claasen (2002) and Stout, Villegas & Jennings (2004), the results of this study seemed more consistent with Mak et al. (2006) who claimed that stigma was not as detrimental to mental health, at least not based on the media's representation of it. Neither group seemed to create a "stigmatizing" concept. The closest concept to the idea of stigma might be the NLE concept *Struggling to Meet Demands* but it seemed more about recognition that there were flaws in mental health support. Another alternative, consistent with Dor (2003), is that people tend to scan headlines for what is important to them or attention grabbing. As indicated by the importance ratings, participants did not find these items in general important to them and there is evidence that people react differently to types of mental illnesses (Salter & Byrne, 2000). For example, Nawkova et al. (2012) noted that psychosis appeared to be the most stigmatizing mental illness and none of the headings in the present study mentioned psychosis or hallucinations.

Implications

The most significant finding from the present study is that PWLE and NLE do interpret news headlines differently. This is of some importance when considering treatment programs and policies in the area of mental health. The results of this study suggest that mental illness could affect how one interprets messages in the media. Therefore, treatment programs and policies for anti-stigma may not have the same meaning for all audiences. For example, *Bell Let's Talk* may be very effective for the general public to reduce stigma but may have a different interpretation, meaning and effect on people with lived experience.

An interesting finding of the present study is that, when asked to complete this task, very different approaches were taken by the two groups. PWLE approached the task in a very literal way, and NLE did not seem to sort based on stigma or with a negative bias. This could indicate that when tasked to make sense of a relevant headline from the media another layer of processing causes people to look beyond the positivity or negativity of a report. Given that Jonansson (2014) reported that consumers of media are more invested with the news if they can actively participate in it, one way to combat the stigma of mental illness is by having people with lived experience actively involved in the organization of information about mental illness.

More supportive messages may be taking place or the interpretation of mental health messages is shifting with an increase in more balanced or supportive perspectives (Dor, 2003). Such a finding could account for why there seems to be a shift away from the overall negative perceptions of mental health studies from that of a decade ago (Angermeyer et al. 2005; Stout, Villegas & Jennings, 2004). While this is not to say that the stigma of mental illness is over, there is hope that people are starting to change their perceptions of mental illness in general.

Policy

A potential implication from these findings is a change in how media outlets report on mental health. Currently the media tends to focus on crime. In *Crime in 2015: A Preliminary Analysis*, Friedman, Fortier and Cullen (2015) report that while the media makes it seem like crime is on the increase, statistically it is actually at an all-time low. In the present study the concepts with some of the lowest average bridging values (i.e. *Crime* in the NLE group) also garnered the lowest importance ratings. While people can identify easily headlines about crime with relationship to mental health, they do not find it important to them.

Counselling

These results reinforce the idea that what causes internalized stigma for people with lived experience is not easily defined. Even though studies indicate the media can play a significant role in our beliefs and behaviours (Emmers-Sommer and Allen, 1999; Angermeyer et al. 2005) how it affects those with and without lived experience may be very different. Therefore, it is important to consider how to best counsel someone who has been diagnosed with mental illness. Given the literal nature those with lived experience seemed to have used to organize their concepts, pointing out how there is an increase in positive media coverage regarding mental health might not be effective.

Research

Future studies should expand on the sample size and diversity of each group. For the lived experience group this would be looking at obtaining better representation of different diagnoses. As evident in the literature, psychosis is the most stigmatized mental illness. However, people diagnosed with psychosis were not represented in this study. For the group without lived experience it would be important to gather participants from different professional fields.

Similarly, future studies could examine if the time associated with mental illness has an effect on people's interpretations of mental health in the media. This can be done for the lived experience group by having people who have lived with mental illness for a while compared to people who have more recently been diagnosed with mental illness. For the group of individuals without lived experience this could involve looking at whether they personally know anyone with mental illness and how long these associations have been. If exposure to mental illness really does reduce the stigma of mental illness this may be a way to determine it.

Future studies may also include a rating of how stigmatizing participants find each item. While this would increase the length of the study, it would allow for better inferences between how important participants find these news headlines and if the feel they contribute to the stigma of mental illness. Studies should also consider including items not related to mental health which could help determine any thematic ways people might tend to group items together.

Finally, it is also important to address the different mediums that the media use. While there is support that the digital shift is causing a resurgence (digital) print, this study only used text headlines. The digital medium of smartphones and the Internet are more likely to include videos, sound or pictures. Future studies should use screen grabs of news sites which include the headline as well as any pictures and the initial lines of the news article. This would allow for a much more authentic experience of how people view media on a day to day basis.

Limitations

The main limitation of this study is the small sample size of the groups. With such a small sample size each individual contribution is weighted much more. This can drastically affect the results. Recruitment of people with lived experience was difficult. The researcher's association with CMHA also barred individuals who had direct interaction with him from participating. This limited participants and recruitment more than initially expected. Having to obtain written consent and demographic survey also limited people's ability to participate. Even though this study accepted digital copies, not all participants had access to a scanner or fax machine so the researcher had to collect the majority of the consents and demographic surveys in person. This information also had to be entered manually before the participants could participate. Future studies should consider obtaining consent and demographic information using the tools provided through the Concept System.

Another limitation of this study is representation. There was not a wide range of diagnosis within the PWLE group. While there were two participants with a diagnoses of psychosis their data sets had to be rejected for the final analysis. It is also worth noting that the majority of the participants were Caucasian so the results offer no insights into how culture would also effect the perception of media on mental health. This is another area that could be explored in future studies.

There was a notable generational disparity between the two groups. The average age of the NLE group was 31 with the majority in their 20s while the average age of the PWLE group was 48 with the majority in their 40s. This generational difference may have also affected how people interpreted the media on mental health, media in general and the apparatus this study used to conduct the study.

Something else that should be considered is that participants were asked to rate how important each headline was to them. While these ratings were used to infer how much the participants saw importance to themselves for each headline, there was no clear definition of what constituted importance. Therefore, it is unclear how participants determined importance.

Finally, it is important to consider the headlines themselves. An extensive effort was made to ensure the headlines would be sufficiently representative and that there were no duplications. However, given that media outlets generally report similar stories only so many unique headlines could be generated. Increasing the number of headlines might not address this issue and would increase the length of the study which is not desirable.

Summary

This study had three main research questions. First, how do PWLE interpret newspaper headlines about mental health? Second, how do people with NLE interpret newspaper articles

about mental health? Finally, is there a difference between how members of groups interpret newspaper headlines about mental health? The results indicated that there was a difference between how the two groups interpreted newspaper headlines about mental health. In general, results of this study suggested that PWLE interpreted the headlines in a more literal way. This was evident in the participant generated titles that used a few key words to describe the headlines in the concept such as *Gun Control, Military* and *Sports and Mental Health*. *Sports and Mental Health* as particularly telling as all headlines in this concept were literally about either sports or mental health. In contrast it appeared that those with NLE looked for overarching themes when sorting headlines about mental health. They were also more interested in what was being done in mental health such as what was working and what was not.

These results indicate that there is a significant difference between how people with and without lived experience interpret the media's representation of mental health and illness. At least according to these results, it appears that people with lived experience interpret media reports on mental health and illness in a literal way, while people without lived experience look for overarching themes. It is also of note that people do not appear to have strong opinions about the violent or criminal elementals associated to mental health and illness and have stronger opinions about how we as a society are failing to meet the needs of the individual as well as what we can do about it. These findings could impact how media sources decide what news stores they want to lead with. Finally, it is important to note that while the war on stigma is far from over, these results give hope and show that the stigma of mental illness might be decreasing. Future studies are needed to address these questions further. Concept mapping may be a useful methodology to continue to explore these possibilities.

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2014.pdf

Appendix A: Ethics Certificate

Western Research

Research Ethics

Western University Health Science Research Ethics Board
NMREB Delegated Initial Approval Notice

Principal Investigator: Dr. Jason Brown
Department & Institution: Education\Faculty of Education,Western University

NMREB File Number: 106841
Study Title: MADNESS IN THE MEDIA: UNDERSTANDING HOW PEOPLE WITH LIVED EXPERIENCE INTERPRET NEWSPAPER HEADLINES
Sponsor:

NMREB Initial Approval Date: August 27, 2015
NMREB Expiry Date: August 27, 2016

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Revised Western University Protocol		2015/06/29
Other	Instructions	2015/06/29
Advertisement		2015/06/29
Other	Headlines	2015/06/29
Other	Questionnaire	2015/06/29
Other	Debriefing	2015/06/29
Letter of Information & Consent		2015/08/26

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00009741.

Ethics Officer, on behalf of Riley Hinson, NMREB Chair or delegated board member

Ethics Officer to Contact for Further Information

___ Erika Basile	___ Grace Kelly	___ Mina Mekhail	___ Vikki Tran
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Post-secondary   Western University

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                       2003-2006 B.A.

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