A Thematic Analysis of Mental Illness in New Zealand News Articles

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Abstract

Mental illness is one of the main reasons for disability in the western world with one in five individuals being classed as mentally ill during some time in their life. As a concept, mental illness has a strong presence in the consciousness of society. However, conceptualising mental illness has always been complicated. It is not surprising that certain stereotypic/misinformed views have prevailed in society and media due to the complicated nature of mental illness. Media, especially news media, are one of the main sources of information about mental illness for the public. Opinions and understandings of mental illness are actively shaped by the mass media like news articles. This thesis includes a thematic analysis of the portrayal of mental illness in thirty New Zealand news articles taken from six major national papers. A literature review on the portrayal of mental illness in media with a specific focus on news articles was conducted. Inductive thematic analysis was used to code the data in news articles where no a priori, explicit theory was employed. The three major themes I identified were: *things that compromise mental health (and/or physical health)*; *characteristics of (people with) mental health problems*; *ways of helping people and communities affected by mental illness*. Various sub-themes of each of these major themes were identified and discussed. The implications of these findings were outlined in the light of previous research on this topic.

Keywords: qualitative research, thematic analysis, mental illness, electronic news articles, portrayal, representations, depictions, mental health, people with mental illness, mental disorder

Acknowledgements

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Mental Illness in News Articles

The reason for me pursuing a thesis in this topic is partly because of my upbringing in India, a country that is conservative in its views on mental illness. Other reasons that come to mind include, migration to a western, first-world country (i.e. New Zealand) and training to be a clinical psychologist in this context. I observed mental illness occupying a greater space in societal consciousness and dialogue compared to my home country. This was juxtaposed with the realisation that while New Zealand tends to boast an acceptance of mental illness and openness to discussing it in media and social spaces, stigma is still attached to this concept and people associated with it. One way to understand stigma in this context is to analyse media in relation to mental illness and people affected by it. My thesis will show that media (i.e. news article) depictions of mental illness tend to create a certain picture of mental illness(es) that for the most part promote and perpetuate stigma. While understanding media content is one part of the picture of stigma, it is a good place to start for a project of this size and scope. The insights gained through the process of this thesis will help inform and structure future studies in the field of mental illness portrayal and stigma in society.

Mental Illness: Pertinent Issues

Mental illness is a complicated concept. There are too many factors in this concept or set of concepts to be explained and discussed in this thesis. Therefore, I have focussed on certain pertinent issues that apply to news article reporting with a focus on mental illness. I have described briefly the impact that mental illness has on society. The definition and understanding of mental illness in society as a

concept with many sub-concepts is explained. Then, the important moderator of impact- Stigma- is defined and its effect on those affected by mental illness is briefly explained. The power of media in developing and promoting stigma is also a central consideration here.

How many people are affected by mental illness?

There are few conditions that adversely affect large sections of the world's population as much as mental illness does. For instance, a range of mental health diagnoses called major depressive disorders have been recently found to be the second most leading cause of disability worldwide (Ferrari et al., 2013). Hundreds of millions of people experience mental illness every day (Hinshaw, Cicchetti, & Toth, 2007). As many as one in four people are affected by mental health problems[1] either directly or indirectly worldwide (National Institutes of Health, 2005). In New Zealand, over a twelve month period at least one in five people are likely to experience some form of mental illness and close to half of all New Zealanders are likely to experience a form of mental illness over their lifetime (Manatū Taonga Ministry for Culture and Heritage [MTMCH], 2013). These statistics show that mental illness is not an isolated problem and that it affects people and society on a major scale. The convoluted, multifaceted nature of mental illness makes it hard to measure and predict across populations.

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[1] *Mental health problem*(*s*), *mental health concern(s)*, *mental health difficulties* and *mental illness*(*es*) have been used to refer to the same set of ideas in this thesis. I accept that this may cause certain problems in interpreting the results of this thesis like generalising results across mental illnesses. This is expanded upon in the Discussion chapter.

How people are affected by mental illness

According to the World Health Organization (2003), mental illness, as a societal health problem, is often not prioritised as high as other diseases that might have an immediate life-threatening or physical-health threatening effect. However, mental illness or compromised mental health affects various aspects of an individual's life, such as, their physical, social well-being and economic productivity. Mental illness like other illnesses also affects families and wider society where adverse effects can be spread and exacerbated further due to its effect on social connections (Mental Health Commission, 1998). The burden of caring for people experiencing mental illness falls on the state and the people who are part of the person's life, typically the person's family. This can be, and is, very difficult to manage without adequate state support, depending on the severity of the illness.

Individuals with psychological disorders are usually compromised in several areas of their lives: decreased quality of life, increased violation of human rights, educational difficulties, lowered productivity and poverty, stigma and social problems, vulnerability to abuse and additional health and social adjustment problems (Kesic, Ducat, & Thomas, 2012; Kessler, Foster, Saunders, & Stang, 1995; Marcotte & Wilcox-Gök, 2001; Unite For Sight, 2013; World Health Organization, 2003). While responses to mental illness have become more sophisticated and focussed on the aim of treatment, immediate societal reactions and responses to individuals with mental illness seen to be strongly emotional, unhelpful and stigmatic (Hinshaw et al., 2007). The primarily adverse societal reactions to mental illness(es) will be explored further in the section *Stigma: A strong moderator of impact*. Before describing stigma and how it is played out in terms of mental illness, it is important to understand how mental illness is defined and understood in society.

Defining mental illness

Mental illness can be defined in many ways; no single definition would be able to capture all the subtleties of this concept and related sub-concepts. Some authors even argue that it is impossible to define it exactly (Hinshaw et al., 2007). According to the National Institutes of Health (2005, sec. 1), "a mental illness[2] can be defined as a health condition that changes a person's thinking, feelings, or behaviour (or all three) and that causes the person distress and difficulty in functioning." This can encompass a wide range of conditions that not only affect the person experiencing them but also other people that are part of the sufferer's life. Mental illness can sometimes be treated as an individual's problem. This is usually due to the medical model definition. This can cloud the stress and hurt mental illness causes for people indirectly by family members or friends or colleagues affected by mental illness.

Hinshaw et al. (2007) stated that the diagnosis of mental illness usually involves some comparison of behaviours, thoughts, emotions, mood or traits with social norms. There is still a lot to be learned about the physiological and brain dynamics of how mental illness is produced. Culturally there are many issues with mental illness being diagnosed or used as a category of illness, what is considered normal in one culture may be abnormal in another. Even the terms normal and abnormal tend to cause confusion; the cut-offs of these categories tend to be arbitrary.

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[2] Apart from disorders and conditions that are readily identified as mental illnesses, substance (ab)use and dependence are categorised as being mental illnesses. The brain changes in fundamental ways when someone is experiencing these conditions and the resulting physiological, emotional and behavioural patterns mimic other mental illnesses (National Institute on Drug Abuse, 2010).

Mental illness when defined broadly tends to be a fluid, complex, obscure concept. Diagnoses often are used as misconceived explanations for someone's symptoms and prognosis. This is affected by the part that stigma plays for particular labels/diagnoses of mental illness; this is discussed further in the section *Stigma: A strong moderator of impact*. Hinshaw et al. (2007) mentioned that the lack of knowledge and mysterious processes of diagnosis, treatment and prognosis of various mental illness leads people to be fearful of losing their own mental health. This is an important factor in the generation and understanding of stigma that is rooted in the understanding of mental illness.

Understanding mental illness

Hinshaw et al. (2007) considered the way mental illness is defined and framed as an important factor in the development in the public perceptions and understanding of mental illness. The meaning(s) attached to mental illness and how it is understood is important to ground in social contexts (Hinshaw et al., 2007). The meaning(s) and especially the social meanings ascribed to terms like *mental illness*, *mental disorder* and *mental health problems* among others, are defined by the conceptualisation of what these identifiers have been paired with in society. As mentioned earlier, mental illness usually involves some statistically rare occurrence of behaviours, emotions, thoughts or traits in persons. Quite often, there is an element of social norm violation. Unfortunately, stigma develops in society's consciousness when presentations involve statistical rarities, norm violations and,

societal and moral transgressions like in the case of serious mental illnesses producing violent behaviours[3].

Stigma: A strong moderator of impact

Stigma is the moral demotion and/or deep shaming of someone due to some identifiable personal quality as observed in relation to mainstream society (Hinshaw et al., 2007; Hodgetts et al., 2010). Of these various problems experienced by people with mental illness stigma both, internalised and experienced from society, is purported to strongly interact with other adverse factors related to mental illness to further negatively impact on the lives of those affected by mental illness (Mental Health Foundation, 2013; Nairn & Coverdale, 2005). Stigma is usually generated from stereotyped ideas about mental illness and can come from various avenues in society, such as family, friends, employers and the person affected by mental illness themselves[4].

Stigmatisation of mental health problems occurs worldwide, across first, second and third world countries. Due to stigma, half of those in the western world may fail to seek treatment or get appropriate care; this statistic is close to 90% in the third world (Hinshaw et al., 2007). Some statistics show as many as nine out of 10 people with mental health problems say that stigma and discrimination have a negative effect on their lives (Mental Health Foundation, 2013). Although stigma for mental illness in general is decreasing, stigma for severe mental illness (like schizophrenia and bipolar disorder) is thought to be increasing (Hinshaw et al.,

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[3] The link between mental illness and violence is explored in the section *Increased propensity for violence?*

[4] Anybody who might experience the typically adverse effects of mental illness first-hand or through association via family or social ties with a sufferer is purported to be 'affected' by mental illness.

2007). People with mental health problems are amongst the least likely to be able

to find employment; be in steady, long-term prosocial relationships; live in decent

housing; and be included socially in mainstream society. The stigma that people

with mental illness experience can be seen as worse than the debilitating effects of

mental illness itself by those affected by mental illness; stigma adversely impacts

the experience, coping and recovery of people with mental illness where people can

be trapped in a vicious cycle of mental illness and unhelpful/harmful social

support/feedback (Laurance, 2012).

The power of media

The media exist within social cultures that are constantly developing in

society; they do not necessarily create the whole world and singlehandedly control

our thinking about it (Hodgetts et al., 2010; Philo et al., 1994). Nairn et al. (2001)

pointed out that studies that investigate media portrayals of mental illness do so

under the implicit assumption that readers are passive consumers of content.

Readers engage with stories actively by relating them to the past, present stories,

images and events (i.e. intertextuality); and readers' personal experiences (Hazelton,

1997; Kalafatelis & Dowden, 1997; Nairn, 1999; Wilson, Nairn, Coverdale, &

Panapa, 1999a, 1999b, 2000) These interpretive processes affect existing factual

content in newspaper articles to control what the reader focuses on and understands

and encodes in memory[5].

In saying this, media have been found to have a strong influence on the ideas

generated and popularised or unfamed in society (Anderson, 2012). While it is

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[5] This factor affects the audience reception of media portrayals of mental illness and has not
been examined in this thesis. The Discussion chapter includes further conversation about this.

certainly true that media does not dictate how people conceptualise and behave in regards to mental illness, media depictions can have strong adverse effects on attitudes that caregivers, family and society on the whole hold about mental illness and people experiencing mental illness (Angermeyer & Schulze, 2001; Baun, 2009; Hyler, Gabbard, & Schneider, 1991; Paterson, 2006; Shain & Phillips, 1991). The media play an important role in both the perpetuation and reduction of stigma surrounding the experience of mental illness (Byrne, 2000; Rosen, Walter, Casey, & Hocking, 2000; Wahl, 1992). Unfortunately, media, especially mass media[6], are often said to increase and/or, at least, maintain the stigma of people experiencing mental illness (Baun, 2009; Coverdale, Nairn, & Claasen, 2002; Francis, 2004; Kesic et al., 2012; Nairn & Coverdale, 2005; Nairn, Coverdale, & Claasen, 2001; Nunnally, 1957; Patel, 2010; Philo et al., 1994; Wahl, 1992).

People report forming ideas about mental illness through various media sources but several studies have repeatedly found that the primary sources of information in society about mental illness are the mass media (Borinstein, 1992; Coverdale et al., 2002; Kalafatelis & Dowden, 1997; Philo et al., 1994). This information should be considered in light of media infiltrating the lives of consumers both when we are connected and disconnected from them (Anderson, 2012). This effect has been becoming more pronounced as people are increasingly getting connected to the internet (and each other) with the improvements in (social communication) technology. The proliferation of the various types of devices and services through which people remain in contact is one main reason. The lines

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[6] Mass media refer to television, news and radio here.

between media (information being broadcasted to a typically large audience) and personal communication (information directed towards specified recipients) is being blurred with the advent of these new technologies entering the world of media (Brewer & Robinson, 2011). It can be argued that media is evolving as rapidly as technology itself and this highlights an ever-present need to understand media, especially in terms of mass media and how information about mental illness is conveyed through it. This need to understand media should be prioritised even more because research has shown that stigmatic coverage is a mainstay in media that relate to mental illness. The damaging effects of stigma (discussed earlier in this chapter) are further amplified by this fact.

Production practises

The analysis of the media materials must incorporate the appreciation of the production practises of the medium analysed (Fairclough, 1993; Nairn et al., 2001; Wilson, Nairn, Coverdale, & Panapa, 1999b, 2000). Editors and journalists follow certain news practises when deciding to collect, write and publish newsworthy stories (Allan, 2004; Fowler, 1991; Nairn et al., 2001). The construction of a new-story emphasises recency, conflict, clarity and examination of the perceived impact on the audience. Journalists are not researchers and they usually present arguments with at least two or more sides to create balance or, even to produce imbalance in the minds of the audience. This master's thesis has not focussed on media production strategies specifically. The aim of this study has been to gain an understanding of the portrayal of mental illness in news articles which is the product of media production processes.

Themes in media coverage on mental illness

This section describes the themes associated with mental illness in relation the previous studies on this topic. First, *themes* as a concept are explained then the specific themes observed in previous research are explained. The section ends with commentary on what other researchers have recommended as valid responses to the way mental illness is portrayed in news articles. A summary of the themes in previous research on mental illness in media is provided.

What is a theme?

For the purposes of this thesis, a *theme* is described as any important finding or realisation that a reader comes to while examining previous studies and analysing news articles[7]. Using this as a working definition for *themes* I am able to discuss and, compare and contrast results across studies. There are problems with comparing and contrasting studies which have very different theoretical backgrounds and methodologies. The style of the study will affect whether something can be identified as a *theme*; this is especially true when comparing across quantitative and qualitative studies.

The construction of themes across and within studies is affected by many things; the researchers' background and engagement with the research topic is one of these factors. An important factor to bear in mind here is that every piece of scholarship has a set of arguments of that it attempts to make; this is separate to the

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[7] *Theme(s)*, as a concept, are discussed further in the Method chapter of this thesis.

fact of whether this process is made apparent or not. A case in point, Nunnally (1957) found in his case study that mental health experts (like psychiatrists and psychologists) draw different meanings from media representations of mental illness to the layperson. Mental health experts were more likely to interpret media information in light of their professional experience with mental illness compared to the layperson who understood this information through stereotypes based on typically more severe mental illnesses. This was interesting to me as I actively paid attention to and interpreted information as a clinical psychology student (among other personal variables) while I coded information and noticed themes in data for this study. This occurred during all stages of the thesis process including the literature review, collecting news articles, analysing news articles and producing themes for this study. The findings of this research project will have undoubtedly been coloured by these processes. Being open and transparent about such factors in any study is essential to responsible scholarship (Hodgetts et al., 2010). I have attempted to outline important assumptions and reasoning that I have employed in doing research and writing this thesis[8].

Mental illness in media

This sub-section includes a review of previous research on the representation of mental illness in media, with a special emphasis on news-text[9]. The research used to inform this literature review includes a variety of methodologies, sample sizes, studies from many countries and various media types. The flavour of themes across

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[8] The importance of context in the development and communication of themes (and the entire research process for that matter) is explained further in the Research methodology section.
[9] News-text refers to text in news articles not the news article database, Newstext.

the literature on the portrayal of mental illness tends to be negative in nature (Angermeyer & Schulze, 2001; Coverdale et al., 2002; Hyler et al., 1991; Laurance, 2012; Mental Health Foundation, 2013; Nairn & Coverdale, 2005; Nairn et al., 2001; Philo et al., 1994; Wahl, 1992; Wilson et al., 1999b, 2000). One of the central links created and perpetuated in media is the correlation of violence with mental illness, this link is often over-exaggerated[10] and people with mental illness are depicted as dangerous, criminal, violent, evil, and often incapable of living fulfilling lives as pro-social citizens of society. There were a few positive themes but they were not common and definitely not as strong in their presence as the negative themes. I will begin the description of themes with the most prominent and overarching ideas that previous research on media found with respect to mental illness.

People with mental illness are a threat to the public

Arguably the most prominent theme I noticed was the presentation of people experiencing mental illness as a threat to the safety of the public (Coverdale et al., 2002; Day & Page, 1986; Kesic et al., 2012; Monahan, 1992; Nairn et al., 2001; Patel, 2010; Philo et al., 1994; Shain & Phillips, 1991; Wahl, 1992; Wilson et al., 1999b, 2000). Link, Phelan, Bresnahan, Stueve and Pescosolido (1999) stated that perceived dangerousness of people experiencing mental illness in mass media precipitates and perpetuates social distance on the part of the public and people who are experiencing mental illness. This process is part of the active generation of stigma and the adverse effects that follow. People with mental illness were seen as

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[10] This is explicated further in the section of Increased propensity for violence?Increased propensity for violence later in this chapter.

threats to the public in many ways. One of the most frequently mentioned ways was through the actual or potential risk of violence to others or themselves.

Increased propensity for violence?

Many studies on media representations and public opinion have found strong links between mental illness and an increased propensity for violence to others (Coverdale et al., 2002; Day & Page, 1986; Kesic et al., 2012; Nairn et al., 2001; Patel, 2010; Philo et al., 1994; Shain & Phillips, 1991; Wahl, 1992; Wilson et al., 1999b). These studies have been a mix of audience reception[11], content, discourse and thematic analysis of news and other mass media items done in New Zealand and overseas. These media items invariably focus on and re-produce isolated events in relation to mental illness and violence (Coverdale et al., 2002). There were no studies that reported results that were different to this dominant trend. Mullen (1997) conducted a study that did not find such a trend but still found that about one in every five media items conveyed the idea that people with mental illness are a danger to themselves.

The media portrayals of the risk of violence from people who are mentally unwell does not corroborate with actuarial research insights. While people with mental illness are believed to be at high risk of violence and dangerous behaviour, statistically, they are more at risk of being attacked or victimised themselves (Mental Health Foundation, 2013). A large amount of research has been done to investigate the statistical relationship between mental illness and criminal behaviour, with a specific focus on violence (see Dorn, Volavka, & Johnson, 2012;

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[11] Audience (reception) studies refer to studies that involved the use of focus groups or interviews with people in relation to media items about mental illness.

Elbogen & Johnson, 2009; Eriksson, Romelsjö, Stenbacka, & Tengström, 2011; Fazel, Lichtenstein, Grann, Goodwin, & Laangström, 2010; Glied & Frank, 2014; Huguelet & Perroud, 2010; Monahan, 1992; Volavka & Swanson, 2010). In regards to the statistical relationship between increased propensity for violence and mental illness, this quote rings very true: "Most people with mental health problems do not commit violent acts, and most violent acts are not committed by people with diagnosed mental disorders." (Glied & Frank, 2014, p. e6). Although mental health problems are widespread, less than two per cent of people meet the criteria for severe and persistent mental illness; this is the sub-group of people that are often seen as dangerous, in mass media and amongst people consuming such media (Coverdale et al., 2002). Even those who have the highest risk within sub-groups of people with severe mental illness are much more likely to be victims of violent acts than perpetrators (Frank & McGuire, 2010).

The international research concluded that mental illness by itself did not significantly increase risk of committing violent acts when compared to the general population (Dorn et al., 2012; Elbogen & Johnson, 2009; Fazel, Gulati, Linsell, Geddes, & Grann, 2009; Fazel et al., 2010; Glied & Frank, 2014; Huguelet & Perroud, 2010; Monahan, 1992; Swanson et al., 2008; Volavka & Citrome, 2008; Volavka & Swanson, 2010). Nonetheless, risk of violence increases significantly if a person is in an active phase of severe and persistent mental illness with coexisting substance abuse/dependence problems. Severe and/or persistent mental illness accounts for a very narrow set of disorders/presentations like schizophrenia, major depressive disorders and bipolar disorder. The risk of violence among individuals with serious mental illness requires consideration of various factors including, but not limited to, prolonged history of antisocial behaviour beginning in childhood;

childhood maltreatment; trauma history; homelessness; adverse social environments and stressors; cognitive impairment; psychotic symptoms; genotype and personality patterns indicative of psychopathy and personality disorders; and, a range of general criminogenic factors. These factors are rarely mentioned, explained or explored in mainstream media when links between mental illness and violence are established. Interestingly, criminality in individuals with severe and persistent mental illnesses like schizophrenia tended to follow similar pathways to criminality of individuals in the general population. This indicates that mental illness may not account for a significant amount of variance in the prediction of violence.

People with mental illness are bizarre

Another prominent theme in the literature is the depiction of mental illness in various types of media (including more severe presentations) with a disproportionate attendance to bizarre behaviours (Coverdale et al., 2002; Glied & Frank, 2014; Hyler et al., 1991; Philo et al., 1994; Wilson et al., 1999b). Hyler et al. (1991, p. 1) said it well, "stereotypes that contribute to the stigmatization of mentally ill persons include the mental patient as rebellious free spirit, homicidal maniac, seductress, enlightened member of society, narcissistic parasite, and zoo specimen." There tends to be a disproportionate attendance to things that may stand out, extremes behaviours and things that tend to catch people's attention and make a good story (Allan, 2004; Fowler, 1991; Glied & Frank, 2014). Portrayals of people with mental illness as "violent criminals", "helpless victims" or "laughable lunatics" are examples of this image (Philo et al., 1994, p. 279). Various other depictions of people with mental illness include them being: simpletons or lacking in comprehension, appearing lost, unpredictable, unproductive, asocial, vulnerable,

dangerous to self or others because of incompetent behaviours, untrustworthy, social outcasts, and overly caring or empathic. These depictions contribute to the stigmatisation of mental illness and the people who experience them. Two main themes in media about mental illness derogatory in nature. Positive themes were harder to find in the literature.

Few positive images

Amongst the overwhelming mass of negative themes extant on mental illness in media and audience studies there were some positive themes. It should be remembered that the effect of the positive themes tends to be overwhelmed by the majority of negative themes. Patel (2010) analysed the content of news articles in four different countries—China, India, United States and Russia. She identified many news articles that advocated for raising the awareness of mental illness which the researcher hypothesised to be efforts to lift stigma. These articles nevertheless portrayed mental illness as a stigmatic disease. This is important because while the news articles wanted work against stigma, this effort tends to possibly be undermined by the general stance of news articles portraying mental illness in a stigmatic manner.

Coverdale et al. (2002) identified that positive themes relating to the preservation of human rights, leadership, sporting prowess and educational accomplishments were mentioned in association with people with mental illness. These occurred in slightly more than a quarter of the items they analysed. These positive themes were far less prevalent than negative themes in their study findings.

Nairn and Coverdale (2005) found that including the views of psychiatrists in news articles made very little positive difference in offsetting the negative depictions of mental illness and people with mental illness. However, when they

analysed items that included views of those experiencing mental illness, journalists had positioned the speakers as credible, expert sources who, in representing their lives and experiences, drew on five clusters of resources: Ordinariness/Living Well; Vulnerability; Stigma; Crisis; and Disorder/Treatment. Including the views of those affected by mental illness first-hand increased the chances of positive themes appearing in news coverage.

People with direct experience of mental health problems of their own can have very different views to those of others interviewed. For instance Nairn and Coverdale (2005) described personal stories of those affected by mental illness as being heavily laden with positive themes. In contrast to this, other research (see Nairn, Coverdale and Claasen, 2001; Patel, 2010; Philo et al., 1994 and others) has found themes about state involvement, management and containment of people with mental illness which are potentially negative in nature.

Philo et al. (1994) found that the sympathetic coverage of mental illness in their study almost always contains the views of medical experts. This is outweighed by reporting on violence as well. The sympathy coverage raises questions about the image of mental illness presented, the coverage was well-intentioned but saturated with the opinion of media experts. This adds to the social perception of people with mental illness requiring information and advice from mental health experts rather than presenting their own stories. This contributes to the lack of agency given to people with mental illness in the media.

Lack of agency for people with mental illness

An unresolved juxtaposition was observed by Patel (2010) where news articles would present mental illness as being part of the identity of the sufferer versus an affliction of the sufferer. The former stance internalised responsibility,

perpetuated stigma and the latter externalised responsibility for the disease, possibly taking away agency from the sufferer. Throughout almost all coverage agency is denied for the mentally ill individuals and solutions are always portrayed as external to the individuals, especially those with depression. Nairn and Coverdale (2005) stated that this tends to isolate people with mental illness further as they struggle to fulfil their needs in society like employment, housing and social connection among others. Paterson (2006) found that, in news articles discussing crimes committed by those with mental illness, the government was usually blamed for not having done enough or having enacted polices to safeguard the rights of people. Thus portraying people who are mentally ill as needing guardianship and denying them agency. Two trends are apparent here: First, the need for society or people other than those affected by mental illness being in a position to remedy these situations; second, news media try to provide quick treatments/solutions and management strategies for mental health problems in society.

Coverage depicting people living competent, independent lives was relatively unusual (Philo et al., 1994). Pescosolido, Monahan, Link, Stueve and Kikuzawa (1999) observed that the type of mental illness tended to influence participant responses. People with alcohol or drug dependence, or schizophrenia were largely seen as not being able to manage their money and as likely to be violent toward others. Respondents indicated a willingness to coerce such individuals into treatment. This raises important considerations for the amount of decision making rights that people might be willing to afford those experiencing certain mental illness.

A study by Coverdale, Nairn and Claasen (2002) found that individuals with mental illness are seen as people that need to be monitored and controlled. Nairn et

al. 2001 identified a cluster of what they described as discursive resources that led to the construction of personal helplessness, an inability to cope with or control one's life (as described by the authors). Mental health patients are often treated as vulnerable and passive. Unpredictability was shown as an inability to anticipate consequences and/or account for one's behaviour, and risk to self (self-harm or suicidal behaviour) were less depicted (i.e. in less than quarter of the items) (Coverdale et al., 2002).

There were only a few occasions in which a person with a mental illness was given a voice or quoted in the news article (i.e. less than five percent) (Coverdale et al., 2002). Researchers who studied Australian newspapers found that dominant sources used to inform articles on depression were medical professionals, researchers and politicians; there were very few articles focussed on the views of people with mental illness. This further promotes the lack of agency for people with mental illness (Paterson, 2006).

Nairn et al. found that positive themes dominated the personal stories (i.e. stories that were told by people with mental illness about their experiences) yet these were not included in news media majority of the time. Nairn and Coverdale (2005) only found five of six hundred articles quoted individuals living with mental health disorders. They found no self-descriptions for people with mental illnesses when investigating a prospective national sample to see how speakers portrayed themselves. Less than one per cent of the articles analysed by these authors met the criteria of the person with mental illness being interviewed directly. Philo et al. (1994) also found that the views of people with mental illness are rarely expressed in the media items they analysed.

Rowe, Tilbury, Rapley, and O'Ferrall (2003) observed that even when views of people diagnosed with depression were included, the views of professionals were supported more by people who read these articles (i.e. the audience). It can be argued that the ownership of the problem is placed in the hands of the professionals rather than the people diagnosed with depression (Patel, 2010). The lack of agency being given to people with mental illness was fairly clear as a theme. What was less clear and differed from study to study was the variation in thematic content according to demographic variables of people with mental illness in media items.

Demographic differences

Patel (2010) found that the representation of mental illness in news-text was somewhat dependent on socio-demographic differences. For instance, women were mentioned more in articles that discussed depression. Certain populations were treated differently by journalists. Slopen, Watson, Gracia, and Corrigan (2007) stated that news articles about children more commonly were feature stories rather than common news articles that included information about adults and mental illness; articles on children in relation to mental illness were given clearer, lengthier narratives. A greater portion of the articles that were focussed on children discussed behavioural problems while a big portion of the adult articles focussed on criminal acts committed. The focus was on outward unexpected behaviours that an audience might be able to easily recognise. According to Patel, articles about children were written with far less stigmatising language than articles about adults. Slopen et al. (2007) found a greater focus on health care issues relating to mental illness in children. While the difference and children was noticed by researchers, Coverdale et al. (2002) found a disparity in reporting on mental illness in relation to gender; majority of the news items in their study were about males and only a small

percentage of items referred to females alone. They found no references to children with mental illness in their study. The trends in reporting on mental illness in relation to demographic variables is unclear with various studies finding various, and sometimes contradictory, patterns.

Representations depend on the type of mental illness

Different types of mental illnesses were associated with different themes/messages in audience reception and media analysis studies (Patel, 2010; Rowe, Tilbury, Rapley, & O'Ferrall, 2003). Depression was far less likely to be associated with violence and criminality than schizophrenia or other psychotic disorders were. Depression was more likely to be linked with messages that emphasise the need of care and protection of people with depression from the state. Patel noticed that depression was also more likely to be normalised and accepted in news-text when compared other mental illnesses like schizophrenia.

Generic mental illness terminology without the reference to diagnostic considerations or explanation of the meanings of labels occur frequently in news media (Coverdale et al., 2002; Wilson et al., 2000). "Mental illness" itself as a descriptor tends to take on the characteristics of all or many of the mental illnesses that tend to gain media attention (usually in a negative light)[12].

How should we respond?

Nairn and Coverdale (2005) recommended that reporting specific clinical symptoms of each diagnosis and talking about the explicit repercussions of mental illness is a starting strategy to reduce stigma being reproduced through

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[12] This is expected because I myself used "mental illness" as a search term in this thesis which returned (arguably) generalised results; more on this in the Discussion chapter.

misinformation. Violent acts in the news tend to need/beg an explanation (Glied & Frank, 2014). Journalists more often than not satisfy this need by 'finding' explanations for aberrant, abhorrent, violent, bizarre behaviour by discussing often erroneous details about the mental health history of perpetrators. It is a struggle to find unbiased and balanced stories. This is congruent with the media production strategies used by news agencies to produce strong sellable news stories (Allan, 2004; Fowler, 1991; Nairn et al., 2001). A recent literature review found no change in the relationship between the rates of violence and incarceration with the changing trend in de-institutionalisation of people with severe and persistent mental illness. Up to half of the world's population is expected to experience mental illness symptoms over their lifetimes (Glied & Frank, 2014). This high rate of mental illness prevalence can possibly explain the success of the erroneous connection hinted at in the news about mental illness and increased risk of violence, virtually every story of a violent act can be linked to some clues of psychological abnormality or mental health treatment. The Discussion chapter includes further material on how society should (and, more importantly should not) respond to mental illness as a societal problem.

Summary of Themes

These were themes that became apparent to me during the literature review: *people with mental illness are a threat to the public*, *people with mental illness are bizarre*, *few positive images*, *lack of agency for people with mental illness*, *demographic differences*, *representations depend on the type of mental illness*. The literature review may not have captured all the essential themes in regards to mental illness in media. In fact, if someone else were to do a literature review on this topic it is likely that they might notice different themes; it is probable that the themes

may not be entirely different but they would not be exactly the same as those found in this literature review. The tendency for this to happen is discussed in the next section and later chapters.

Research methodology

The aim of this thesis is to produce a thematic analysis of mental illness in news articles. While themes from conducting a literature review on this topic help in forming hypotheses for the current study, I have not chosen to make clear, explicit hypotheses. This is because of the type of thematic analysis that I have conducted- inductive thematic analysis. This is explained later in this section. Before, this method is explained it is useful to understand the theoretical background and reasoning behind using a certain type of method. To begin with, the concepts of methodology and method are explained.

Methodology and method refer to separate things (Willig, 2001). Methodology is the study of the theories and epistemological positions behind methods which are techniques used to answer research questions. Qualitative research is the research tradition of choice when the aim of a project is to provide rich, in-depth and insightful accounts of naturalistic social phenomena like mental illness (Braun & Clarke, 2006; Guest, MacQueen, & Namey, 2012; Frost, 2011; Harper & Thompson, 2011;and, Saldana 2011). Qualitative research encompasses research that is usually non-quantitative in nature where the data analysed are usually textual materials like interview transcripts and field notes, or visual materials like photographs, artefacts, websites and videos that document human experiences in social and/or reflexive states (Saldana, 2011).

There are several genres within qualitative research (see Saldana, 2011 for explanations on the various genres in qualitative research). These genres do not

necessarily dictate the techniques utilised for any particular research project but they influence the epistemological and/or theoretical platform from which the study is approached, the aims of the researcher(s) and how the study is written/communicated. The aims of this thesis could be categorised as being part of the critical enquiry genre of qualitative research. Critical enquiry refers to a piece of research that is built in a way so as to focus on one or more topical issues in society; this is done to expose issues that need/beg attention or to expose social injustices. In this thesis, the (largely stigmatic) portrayal of mental illness has been identified as a significant social issue. As highlighted in the previous chapter, stigma is a significant moderator of impact in the lives of people experiencing mental illness.

Apart from stating the genre of a particular research project, researchers also need to be cognisant about and communicate the epistemological position from which they launch their investigation(s) (Willig, 2001). Epistemology is a branch of philosophy concerned with theories of knowledge; this includes consideration of things that are possible and not possible to be found out within a theoretical framework. There are several epistemological positions in (psychological) research: Positivism, empiricism/interpretivism, hypothetico-deductivism and social constructionism or postmodernism (see Saldana, 2011 and Willig, 2001 for explanations on these positions). This thesis takes on the social constructionist or postmodern approach which derives findings from data and research that has been coloured by human experienced rooted in culturally, historical and linguistic spaces; results of a study are contingent ultimately upon time, place and context (Flick, 2014; Saldana, 2011; Willig, 2001). This thesis is contextualised among many variables like the researchers' current level of tertiary education; the other coders'

understanding of mental illness; the technology used to analyse the material for this study; the aim of the thesis; and, the flavour of results from previous studies. The basic assumption here is that there is not bias-free or objective lens in qualitative research. Our perceptions or ways of viewing the world are captured when we collect and analyse data; this is in opposition to the idea of accurately capturing 'reality'.

Thematic analysis

There are many commonalities across qualitative analytic methods like finding patterns, creating categories, interaction between various textual elements, data intimacy and the process of coding (Saldana, 2011). This study is textual-based. There exist various data analytic methods with their own philosophical backgrounds, aims and processes such as grounded theory, discourse analysis, memory work, phenomenological analysis (Frost, 2011; Hammersley, 2013; Saldana, 2011; Willig, 2001). Several methods could have been employed to answer how mental illness might be portrayed in news articles.

Certain data analytic techniques like phenomenological analysis and grounded theory seek to develop theories from data. So, unlike thematic analysis they are essentially theoretically bound. Thematic analysis is a qualitative research technique that meets the requirements of answering the research question and is useful in mapping a terrain of ideas and concepts within and across data sets (Braun & Clarke, 2006; Guest et al., 2012; Harper & Thompson, 2011; Howitt & Cramer, 2007; Marks & Yardley, 2004). This method is able to offer the systematic characteristic that methods like content analysis can offer but also allows the researcher opportunities to combine the frequencies of codes with their meanings in context (Marks & Yardley, 2004). A major reason for the use of thematic analysis

in this thesis is its increased utility to be used across scholarly traditions, ontologies and epistemologies (Boyatzis, 1998; Braun & Clarke, 2006; Guest et al., 2012; Marks & Yardley, 2004). Data is described and trends and interconnections within it interpreted with minimal prior organisation. Thematic analysis is regarded as one of the most useful, easiest and commonly used techniques to capture complexities of meaning within textual data (Braun & Clarke, 2006; Guest et al., 2012; Kabay, 2003).This method is known by other names depending on the qualitative research methods text one is reading; for instance, thematic analysis is called assertion development by Saldana (2011) and postmodern narrative inquiry by Frost (2011). Sometimes the name used to identify this method is dependent on the style of thematic analysis being described.

Any theoretical framework (and, by extension, methodology and method) carries with it certain assumptions about the data and these directly and indirectly affect the results generated; a well-planned study will make these assumptions transparent (Braun & Clarke, 2006). Qualitative research is by nature subjectively influenced and the entirety of the assumptions, attitudes and worldviews that researchers might hold when conducting research can arguably never be communicated fully. According to Braun and Clarke (2006), conducting qualitative research (and thematic analysis) requires the investigator to be an active researcher who accepts the fact that thematic analysis is going to require the immersion of the researcher and his/her ideas in the data. When conducting thematic analysis, if themes emerge from anywhere at all, they emerge from the contact that occurs between the researcher's mind and the data (Willig, 2001). The analysis conducted in this study does not suppose an objective reality or give voice to pre-existing themes in newspaper articles, the researcher is purported to be the active extractor

and synthesiser of themes in data (Guest et al., 2012). Fine (2002) put it well: When conducting thematic analysis researchers end up "carving out unacknowledged pieces of narrative evidence that we select, edit, and deploy to border out arguments" (as cited in Braun & Clarke, 2006, p. 80).

According to Boyatzis (1998), Braun and Clarke (2006) and Saldana (2011) three primary approaches for developing themes in thematic analysis include: (1) theory driven (i.e. coding data according to a previously derived theory), (2) prior data or prior research driven (i.e. coding data according to trends discovered from previous research on the topic), and (3) inductive (i.e. identifying themes from data without prior explicit theories or frameworks of knowledge). This research used an inductive approach whereby data were coded without any attempts at classifying sections of text into particular explicit sets of pre-determined coding frames or a priori epistemological constructs. The inductive style of theme development was chosen over the other two approaches because this way the current picture of newspaper reporting on mental illness would be more clearly represented. This way the results of this study would be less likely to be coloured by conclusions from previous research.

Data-driven/inductive coding enhances the appreciation that the coder will have for the data as the information is allowed to speak for itself. The gross (i.e. easily evident) and intricate (i.e. finer details) aspects of the information are brought to the researchers consciousness more easily (Boyatzis, 1998). It must be acknowledged that one cannot fully abandon their theoretical leanings and biases/assumptions even if they are coding inductively. The researchers' prior reading on this topic will colour the analytical process and, by logic, the identification of themes in the data items.

Several authors like Boyatzis (1998), Marks and Yardley (2004), and Thomas and Harden (2008) discuss the use of inter-rater reliability for various analytical techniques, particularly prior research driven or theory driven thematic analysis. However, Braun and Clarke (2006) argue that establishing inter-rater reliability when doing inductive thematic analysis is not useful. Inter-rater reliability measurements are underpinned by the (realist) assumption that there is an accurate reality that is to be captured through coding data (Saldana, 2011; The University of Auckland, 2013).

Coding for thematic analysis is flexible and organic, and, as I found, coding (and codes) evolve throughout the coding process. Coding is "an active and reflexive process that inevitably and inescapably bears the mark of the researcher(s). With no one 'accurate' way to code data, the logic behind inter-rater reliability (and multi-independent coders) disappears." (The University of Auckland, 2013, sec. Why don't we advocate multiple–coders and inter–rater reliability for TA?). Inter-rater reliability scores can be conceptualised as demonstrating that researchers have practised coding data in the same or a similar way, rather than their coding being 'accurate'; this accuracy, as discussed above, is unattainable. Nevertheless, a selection of news articles from this study were distributed to my colleagues to replicate the coding process and ascertain the variety of identified themes across coders. The specific steps involved in this method of data analysis are described in the Method chapter.

Chapter summary

This chapter provided an overview on mental illness and its pertinent issues. Mental illness has a significant impact on individuals and society worldwide. The way mental illness is defined and understood is important in the development and

maintenance of stigma. Stigma is a very strong moderator of adverse impact on people affected by mental illness. The major themes present in media, particularly news-text, in regards to mental illness typically present mental illness and people with mental illness in a negative manner. A qualitative research method called inductive thematic analysis has been utilised for this project.

Method

Sample

Electronic news articles were chosen for this study because of their relative ease of accessibility, and the logistical and financial costs associated with obtaining transcripts from radio and television. Six popular New Zealand newspapers (circulation size > 25,000) were included in this study (New Zealand Audit Bureau of Circulation, 2013). The selected newspapers (including their circulation size) were: The New Zealand Herald (148,702), The Dominion Post (76,299), The Press (71,079), Otago Daily Times (37,577), The Waikato Times (33,099) and The Southland Times (25,667). Together these newspapers represent six different major cities and regions of New Zealand (Auckland, Wellington, Christchurch, Dunedin, Hamilton and Invercargill, respectively) and account for a significant proportion of the country's readership of published daily newspapers.

'Opinion' articles and editorials were not included in the analysis. Each article was viewed on-line and checked against selection criteria. Only those articles (last updated anytime during 2013) that had an explicit focus on mental illness and/or people with mental illness were considered for analysis. For the purposes of this study, mental illness was broadly defined as a condition which causes disorder in one or more persons' behaviour or thinking whereby their ability to keep themselves and/or others safe is impaired[13]. Persons with mental illness were any

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[13] For more information on how mental illness, as a concept, was used in this thesis see the Defining mental illness section in the previous chapter.

individuals who were purported to be affected by mental illness currently or having

been affected by this in the past. The first five articles that appeared in searches in

each newspaper database (and met the selection criteria) were chosen for analysis[14].

This amounted to a total of thirty articles that were part of the final analysis[15]. These

30 articles produced enough thematic content necessary to answer the research

question within the scope of this master's research project- How is mental illness

represented in New Zealand news articles?[16]

News articles were obtained in electronic form from the following news

websites: The New Zealand Herald from http://www.nzherald.co.nz/; The

Dominion Post, The Press, The Southland Times and The Waikato Times from

http://www.stuff.co.nz/; and, The Otago Daily Times from http://www.odt.co.nz/.

These websites provide visitors with the facility to search for articles within certain

time periods using keywords that appear in headlines and text. The search phrase

used for this study was *mental illness 2013* on individual news websites. For

searches on http://www.stuff.co.nz the newspaper name was added to the search

phrase, for example *southland times mental illness 2013*. This is because

http://www.stuff.co.nz has electronic news articles from four of the newspapers that

were part of the analysis and this way articles only from select newspapers were

retrieved.

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[14] A qualitative research method called thematic analysis was used to analyse selected news articles. To assist with producing and organising thematic networks amongst the source articles, the Weft QDA 1.01 software was used. This programme was used an electronic aid to produce codes, sub-themes and themes within and across news articles. This was accessed from http://www.softpedia.com/get/Office-tools/Other-Office-Tools/Weft-QDA.shtml.

[15] The references of the news articles chosen for this study are included in Appendix A through to E.

Procedure

Published guidelines on systematically conducting thematic analysis are not well-established and is an area in need of development (Boyatzis, 1998; Braun & Clarke, 2006; Guest, MacQueen, & Namey, 2012). A lack of structure and transparency exists in current research utilising thematic analysis. Very often less than appropriate detail is provided by the researchers about the process they went through to use this technique for their projects.

Prior to describing the steps necessary to conduct thematic analysis for this project, clarity of the units of analysis and coding are critical. Boyatzis (1998) describes the unit of analysis as the entity on which the results of this study are anchored. The unit of analysis of this study is the representation of mental illness amongst electronic news articles. The units of coding are basic segments of raw data that can be assessed in meaningful ways in relation to phenomena (Boyatzis, 1998). The units of coding for this study were phrases, sentences and paragraphs in the electronic news articles that met selection criteria for this study[17].

The steps for doing thematic analysis for this project have been informed by commentary from Auerbach & Silverstein (2003); Boyatzis (1998); Braun and Clarke (2006); Howitt and Cramer (2007); Kabay, (2003); Marks and Yardley (2004); Thomas and Harden (2008); and, Saldana (2009, 2011). These stages are not necessarily unique to thematic analysis and they do not represent a linear process of simply moving from one phase to the next. I had to move back and forth

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[17] The use of computers for documentation and analysis of qualitative information can help with thematic analysis; computer technology helps produce quick, flexible categories, and improved methods of organisation (Weitzman & Miles, 1995; Kabay, 2003).

between the steps when needed. To repeat the steps of this study, a prospective researcher would have to:

(1) Familiarise themselves with the data: Transcribe data (where necessary); read and re-read data; and, note down initial ideas. These initial ideas are most likely to be initial categories (or codes) for information that is being classified.

(2) Generate codes: For any type of qualitative analysis there is a need to create conceptual tools to understand the phenomena under study. This usually involves abstraction from the data those features most salient to answering the research question. This is done by way of coding, which is the name for the process of categorising data; taking chunks of data/text and placing them into categories that allows for later retrieval and analysis.

Codes refer to pieces of raw data that contribute meaningfully to themes which are broader in nature. There are several different types of coding available to the qualitative researcher (see Saldana, 2011). I have used descriptive coding for thematic analysis in this thesis. Descriptive coding is the use of primarily nouns as anchors to label and describe sections of text.

Only the text that made up the title and the body of the newspaper article were coded in this study. According to Boyatzis (1998), a good code will satisfy the following criteria:

a. Function as a label which should be meaningful, clear, concise and close to the data

b. Define the issue that the theme/category concerns

c.   Serve as a marker to identify the occurrence of the theme/category[18]

d.   Serve as a descriptor that can provide qualifications or exclusions to the identification of the theme/category

e.   Provide examples, both positive and negative in regards to the identification of the theme/category

(3) Search for themes: To identify themes in the data, a prospective researcher would go about coding interesting features of the data in a systematic fashion across the entire data set and collate data relevant to each code. Themes are built from multiple codes that triangulate the same idea or concept. "A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p. 82). The importance of a theme is not necessarily decided by quantifiable measures but by the question of whether it captures something of significance in relation to the research question (i.e. it answers whole or part of the research question). This approach, though flexible, needs to remain consistent when analysing the entire data set.

Collate codes into potential themes. This can be done with the use of mind maps and/or computer software like spreadsheets and data analysis programs. One way of grouping and sorting codes and themes is to allocate codes that point to the same theme with the same digit. All the codes with the same numbers are grouped together. Gather all data relevant for each potential theme, sub-theme and code; further numbers can be added behind each previous number to classify different

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[18] As mentioned previously, Weft QDA 1.0.1 is able to help track insertions of codes, within and across news articles, and retrieve them.

codes within themes (and sub-themes). It is easier to see patterns in data when the researcher's attention is not interrupted or guided by unrelated, disorganised information. Grouping information like this also paves the way for detection of hitherto-undetected patterns.

(4) Review themes: Check if the themes and sub-themes make sense in relation to the coded extracts (Level 1) and the entire data set (Level 2) (Braun & Clarke, 2006). These decisions should be guided by the need to maintain internal homogeneity and external heterogeneity for both themes and sub-themes. These are essential steps towards ensuring the reliability of the data collection and analysis. The themes, sub-themes and the entire thematic map should be subjected to scrutiny regarding how well they fit the data and if the fit is not satisfactory, themes and sub-themes should be recoded.

(5) Define and name themes: Ongoing analysis should take place to refine the specifics of each theme, and the overall story that the analysis tells the researcher. Clear definitions and names are to be generated for each theme. Internal coherence and consistency for each theme and sub-theme will be checked repeatedly with every change in coding.

(6) Produce the report: This is the final opportunity for analysis. Vivid, compelling extract examples are to be selected; selected extracts are analysed one final time and related back to the research question and literature. The final product of the analysis is designed to be more than just a description of the themes in the data but an argument, supported by evidence, used to address the research question.

Findings

This chapter describes the prominent themes on mental illness that were observed in news articles analysed for this study. The three major themes in this study were *things that compromise mental health (and/or physical health)*; *characteristics of (people with) mental health problems that caused public concern*; and, *ways of helping people and communities affected by mental illness*. Several sub-themes from the news articles in relation to mental illness are identified and described below. An overview of the themes and sub-themes found amongst the news articles is provided in Appendix G. Appendix H includes identification of news articles that speak to each theme and sub-theme.

Things that compromise mental (and/or physical) health

This theme includes the following sub-themes: *Natural disaster and mental health/illness (of young people); unethical treatment/care of people with mental illness; and, inappropriate/excessive exercise regimes*. Several other minor themes are also described.

Natural disaster and mental health/illness (of young people)

The effect that natural disaster, specifically earthquakes, had on young people and children in Canterbury, New Zealand was discussed extensively.

Difficulty in predicting mental health issues

The relationship between mental illness and natural disaster was not seen as necessarily linear. The prediction of the effects of natural disaster on the rates and

severity of psychiatric problems was complicated because of the recurrence of aftershocks; the complexity of the variables involved in predicting mental illness; and the issues of recognising, categorising and tracking mental illness symptoms.

> *2013-02-17 P Will we keep on sharing[19]:*
>
> *Demand has eased off, but predictions have been difficult…*
>
> *2013-10-10 ODT 'It's nice to be able to say I work':*
>
> *He said anyone could get a mental health diagnosis "out of the blue" and the clubhouse provided an encouraging environment*

Increased rates (and severity) of psychiatric referrals post-quakes

The rates and severity of psychiatric problems among children and young people increased post-earthquake. This was presented as an epidemic of sorts. Even though the earthquakes affect many different kinds of people in the community, the mental health of children and young people in the Christchurch region had a special focus. The rates of young people having contact with mental health services was a point of interest in news articles. Statistics were also provided by journalists to further this point.

> *2013-05-17 P More kids in emergency psych care:*
>
> *More kids in emergency psych care*
>
> *The number of children and young people being referred to specialist mental health services in Canterbury has skyrocketed*

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[19] When quoted, news articles will be identified firstly with the date they were last updated (in yyyy-mm-dd format) and abbreviations of the name of the newspaper immediately after this (i.e, The Press (P); The New Zealand Herald (NZH); The Dominion Post (DP); The Waikato Times (WT); The Southland Times (ST); and, The Otago Daily Times (ODT)). The title of the news article follows.

as their parents and teachers struggle to cope with the effects of the region's earthquakes...

Referrals to the board's Child, Adolescent and Family (CAF) Mental Health Service jumped 27.7 per cent after the September 2010 and February 2011 quakes but have rapidly increased this year.

The service has seen 62 acute admissions to its specialist in-patient services during the first four months of this year, almost 70 per cent of what it saw over the whole of last year.

There have been 19 crisis admissions between January and April - exactly half the number seen in 2012.

The service had dealt with just over 100 emergency incidents during each of the past three months - double what it normally saw.

By the numbers Christchurch's adolescent mental health

- 27.7 per cent increase in referrals between 2010-11 and 2011-12.

- 62 acute admissions to in-patient services from January to April.

- 19 crisis admissions to in-patients services from January to April.

- 104 emergency incidents during each of the past three months.

- 56 per cent of referrals seen within a week.

- 94 per cent of referrals seen within eight weeks.

In a presentation to board members yesterday, CAF clinical director Dr Harith Swadi said the severity of the cases was also increasing.

Everyday challenges contribute to trauma in families

The challenges that people encounter in day-to-day life were seen as complicating and contributing the trauma that families were experiencing from the natural disaster. These everyday challenges were identified with such a label as they occurred in people's lives whether or not disasters were threatening their mental health.

> *2013-05-17 P More kids in emergency psych care:*
>
> *Dr Harith Swadi, the clinical director of Child, Adolescent and Family Mental Health Service of the Canterbury District health Board states that "It's everyday stuff that makes people stressed ... people with displacement, people who've lost jobs, people having to navigate through the traffic cones," he said.*
>
> *I'm guessing that's coming about at least partly because of everything that's going on - marriage breakups, loss of homes or in other cases the uncertainty about homes and the loss of schools because of the gormless decisions being made there, he said.*

The mental health of children is linked with that of the family and community

According to mental health commentators, the mental health of children can is a reflection of the mental health of the family unit and wider community. This relationship signified interconnections between noticing symptoms at the individual or micro and community or macro level. This points to the fact of mental health problems not only affecting the sufferers of mental illness but people in their social and support circles as well.

> *2013-05-17 P More kids in emergency psych care:*

"Young people are the ambassadors of their families. They have come to us with a message and I think we should listen to them", *Swadi said.*

That message is that this community is stressed and this is what happens when the community is stressed.

CDHB member Andy Dickerson, of Parklands, said parents and teachers in his community had told him of teenagers being verbally and physically aggressive towards their parents, having suicidal thoughts and displaying isolating behaviour.

In a media release last month, Sole talked of the strain on family life post-quake that includes behavioural and psychological issues.

Family violence, alcohol-related problems and adult mental health problems were among the key issues affecting young people in Christchurch.

Parents often have to be close to their child for them to go to sleep, Sole says. The child may experience separation anxiety when away from the parents making childcare difficult. They may try to avoid places making family outings or visits to the shops more difficult, there may be financial impact if the parent is trying numerous avenues to help their child.

Parents can be stressed and tired themselves because they find it hard to help their child and see them unhappy.

Sibling relationships can also be affected when a child is anxious.

Certainly Christchurch children have had to cope with much more than a lot of children do, so we would expect that some of these children will struggle.

Unethical care of people with mental illness

People with mental illness felt ill-supported by society or infrastructure. An example of this was a person who was living with schizophrenia being worried about their safety if they were to behave strangely in front of an audience.

> *2013-12-13 NZH Fake signer at Mandela event says he hallucinated:*

> *And remember those people, the president and everyone, they were armed, there was armed police around me. If I start panicking I'll start being a problem.*

> *I was in a very difficult position, he added.*

> *I'm suffering from a very difficult illness…*

> *The illness that you are not in position of understanding yourself at times.*

> *2013-12-13 NZH Sign language interpreter claims illness:*

> *I was alone in a very dangerous situation*

Stigma of mental illness

This lack of adequate support was mostly fuelled by the stigma that accompanies mental illness. The community as a whole was given the responsibility to build or break down stigma about mental illness. Stigma is usually preceded by erroneous associations made by the public between mental illness and some unwanted events occurring in their communities. In 2013-05-29 WT 'Neighbours have a right to know', people with mental illness living in residential care facilities was paired with the undesirable, increased possibility of being attacked by a person with mental illness.

2013-10-11 ST Father's birthday suicide etched in daughter's memory:

The stigma society had created around mental health issues had become communities' role to deconstruct. The conversations we are starting to have will help - we need people to realise the way they feel just makes them human.

2013-05-29 WT 'Neighbours have a right to know':

'Neighbours have a right to know'

Mr Moyle said residents had a right to know if they were living next door to people with mental health problems.

In Colin's case it was a flatmate situation, so it's pretty hard to police, but where there is dedicated housing provided for people with mental illnesses, I think their neighbours have a right to know, he said.

The woman, who cannot be identified, didn't learn she was living near a residential care facility until after the attack.

Mr Moyle said patients' privacy rights were often placed ahead of concerns for public safety.

Lack of agency

There was a general lack of agency provided to people experiencing mental illness, especially historically. The historic trend was more prevalent in psychiatric settings.

2013-10-10 ODT 'It's nice to be able to say I work':

In the past, psychiatric places ordered people to do things.

The clubhouse way was a stark contrast to the past, when people with mental illness were told what to do and unco-operative people were "locked up", he said.

Officials commended

Officials who had dealings with people who were potentially experiencing mental health problems tended to be commended/revered. This was in contrast to the stigma and negative imagery associated with the people who were mentally ill. Working with this group of people was seen to be a burden that deserved respect and commendation of officials/staff in the news.

2013-11-26 ODT Camper trembles recalling 'Jesus' shooting:

The police were so heroic. They gave him so many warnings.

2013-01-21 DP Mentally ill clogging up emergency 111 number:

Call centre staff did a fantastic job, often dealing with incredibly complex and stressful situations while people with mental illness frequently called when they were stressed and frightened, he said.

2013-02-17 P Will we keep on sharing:

Education lecturer Veronica O'Toole has been looking at the emotional impact of the earthquakes on Christchurch teachers, exploring the idea that, as in New York after 911, teachers were the unsung heroes.

Inadequate infrastructure

Unsafe hospital and, agency practises and policies have seen many people with mental illness and others get harmed. The level of harm was often illustrated with serious (often violent) incidents that have occurred or could have easily occurred due to ineffective policies and procedures.

2013-05-29 WT 'Neighbours have a right to know':

The brother of a man killed by a mentally ill former flatmate says not enough is being done to care for mental health patients living in the community - often with tragic results.

2013-12-13 NZH Fake signer at Mandela event says he hallucinated:

Jantjie said that on the day of the memorial service he was due for a regular six-month mental health checkup to determine whether the medication he takes was working or needs to be changed, or whether he should enter a mental health facility for treatment.

He did not tell SA Interpreters that he was due for the checkup, but said an owner of the company was aware of his condition.

2013-09-27 ST South third highest patient events in NZ:

Serious and adverse events can include suicides, attempted suicides and other serious events involving both mental health in-patients and outpatients.

The report revealed there were 177 cases of serious adverse events nationwide, with one of those being a Wellington mental health patient who slipped his minders and stabbed a stranger several times.

Of the 177 cases, 136 happened while clients were classified as outpatients and five while they were on leave from a facility.

A further 12 happened when mental health patients went missing from an in-patient unit, and 24 more happened within a mental health facility.

Suicide was the most common serious incident reported, with 134 mental health patients taking their own lives between July 2012 and June this year. Of those, 122 were outpatients.

South third highest patient events in NZ

The Southern District Health Board has reported 21 serious adverse events by people accessing mental health and addiction services - the third highest number nationally.

Agencies not sharing information between themselves was identified as a pressing problem that was part of the picture of inadequate functioning of services.

2013-11-23 ST Suicide sparks communication call:

A coroner has called for better communication between mental-health organisations after the death of an Otago woman last year.

Mr Crerar said Miss Findlay was cared for by several health services.

While there was no fault by any health professional in their care for Miss Findlay, it appeared the agencies had not shared information, he said.

"The evidence provided to the inquest hearing did show a disconnect between the mental-health services provided by the several health boards approached by Amberley Findlay for assistance," he said.

The incidents that cause harm to people and communities tend to happen because of the lack of support available in out-patient or community settings.

2013-05-29 WT 'Neighbours have a right to know':

The brother of a man killed by a mentally ill former flatmate says not enough is being done to care for mental health patients living in the community - often with tragic results.

I believe not enough resources are available to care for mental health patients in the community, especially at the higher end.

The reason many are on the street is because there's not enough beds for them and there's nowhere to put them.

The hostile environments of in-patient mental health care facilities increase the potential for harm especially among vulnerable people.

2013-12-26 DP Son given cannabis in mental care unit:

The unit had a full staff of doctors and nurses, but did have a shortfall of registrars, which has had an impact on the availability of medical time…

The unit was chaotic and short-staffed. Patients often got into fist fights, and were kept in seclusion too often, Ms Copland said.

Other people have lashed out at him, he's lashed out at other people, and then they drag him in and lock him up.

There were occasionally physical altercations between patients, the board said. These events were reviewed to prevent further disturbances.

People experiencing mental illness felt targeted by the public due to the potential) harm their behaviours might bring others.

2013-12-13 NZH Sign language interpreter claims illness:

Thamsanqa Jantjie told the Associated Press last night that his hallucinations began while he was interpreting and that he tried not to panic because there were armed policemen around me.

And remember those people, the President and everyone, they were armed, there was armed police around me. If I start panicking I'll start being a problem.

2013-11-26 ODT Camper trembles recalling 'Jesus' shooting:

"I thought to myself, kill the c***," Mr Home said.

"I had a hammer and I was going to smash his head in with one blow."

The court has heard Sen Const Peasley fired her Taser before Sgt Knyvett discharged his firearm a number of times, hitting Mr Pringle in the lower back.

Inadequate treatment (strategies)

The current treatment for people with mental health difficulties appears inadequate in the news. The inadequacies include a lack of funding, staffing and appropriate policies and procedures. Among the many types of shortcomings identified amongst treatment/follow-up strategies, early detection of difficulties associated with mental illness was seen a useful tool which was not employed when needed.

2013-12-08 DP ACC to rethink abuse link:

The reality is that actually these people are underserviced in terms of therapy and psychological intervention. This is a way to get people more therapy and more psychological help.

2013-10-10 ST Support organisation marks quarter-century:

Margaret Klemick called a meeting in her Invercargill home after becoming frustrated with the lack of support she received while caring for her son who was diagnosed with schizophrenia.

2013-12-13 NZH Fake signer at Mandela event says he hallucinated:

Jantjie said that on the day of the memorial service he was due for a regular six-month mental health checkup to determine whether the medication he takes was working or needs to be

changed, or whether he should enter a mental health facility for treatment.

He said he has been on medication for nine years, and had taken it the day of the memorial service.

He did not tell SA Interpreters that he was due for the checkup, but said an owner of the company was aware of his condition.

2013-09-15 P Disturbing trend in boomer suicides:

Conwell said there needed to be improved detection and treatment of depression in older adults, social programmes to reach out to isolated seniors, and access to good health care that allowed them to remain as independent as possible.

Inappropriate/excessive exercise regimes

Thirdly, excessive and/ or inappropriate exercise was stated as causing a whole host of serious mental and physical problems for a significant number of people. A major trend of people putting their lives at risk with certain types of exercise was reported in this article with warnings having come from people who were seen as professionals in this field. The impetus for this article was the death of a young gym goer after excessive exercise.

2013-11-04 WT Fitness fanatics risk death:

A Hamilton-based expert on exercise has warned fitness fanatics may be risking their health, if not their lives, from their obsessions with working out.

While his death last year on September 24 is still before the coroner, Dr Thakker said she was worried others might also come to his fate by taking their passion too far…

She had seen several cases where young men were using supplements and then exercising excessively, some to the point of hospitalisation…

Healthy exercise was distinguished from unhealthy/obsessive exercise. Moving from healthy exercise to unhealthy ways of doing so was observed when people were exercising to the point of noticing mental and physical side-effects; unhealthy exercise presents itself as a mental disorder.

2013-11-04 WT Fitness fanatics risk death:

But is there a line where leading a healthy lifestyle borders on obsession

His rigorous training regime had been taxing on both his body and his mind, he said…

Each week, the calories would be reduced and cardio would be added, and as you lose body fat, your mind starts to play tricks on you, he said…

I lost my desire for everything. All I could think of was food…

The side effects were both mental and physical in nature. These physical side-effects are severe enough to be warranting attention as they can lead to severe injury or even death.

2013-11-04 WT Fitness fanatics risk death:

But the mental health factor is not the only problem facing keen gym-goer…

Over-exercising can lead to injury, fatigue and your results may even go backwards. Personal trainer and nutritionist Jake Campus said that in the 10 years he had been involved in the fitness industry, he had seen many cases of people pushing themselves too hard…

This became a problem when people's bodies were not accustomed to their workouts, which led to overuse injuries and fatigue…

Injuries can be severe enough to cause death…

While injury was the most common danger of training too much, there were more serious things such as the potentially fatal condition rhabdomyolysis. This is a serious renal condition which is characterised by muscle cell breakdown…

People exercising in an unhealthy manner warranted attention from professionals due to the apparent large numbers of people being part of this trend.

2013-11-04 WT Fitness fanatics risk death:

Mr Campus believed about 20 per cent of gym-goers would fall into the overtraining category…

First Place Fitness personal trainer Michael Briggs also saw overtraining frequently…

Mr Briggs said he believed almost everyone who trained went through a period where they pushed themselves too hard, and part of his job was reigning them back in…

Dr Thakker said some were taking exercise too far and displaying disorder-like behaviours…

While excessive exercise was not a recognised diagnostic category, it was an aspect of a range of eating disorders, Dr Thakker said…

Mr Alkadhi said he believed all bodybuilders had some form of obsessive compulsive disorder, as they scrutinised every inch of their body to achieve perfection.

Reasons for overtraining

The psychological reasons for people engaging in these excessive/harmful behaviours were explored. The social pressure to look a certain way and the addiction associated with obtaining visible results from training were key issues.

> *2013-11-04 WT Fitness fanatics risk death:*
>
> *They're willing to risk their lives to look a certain way…*
>
> *Young men were being bombarded with images of bulky athletes and feeling like they needed to match up…*
>
> *The reality was that not everyone could achieve such physiques.*
>
> *It was a case of excitement about training and striving too hard to reach their goals that saw most of them getting addicted, he said.*

Also, it appeared that people had to be informed by others that they were over-exercising. This adds weight to the heavy social component to over-exercising to build or maintain a muscular physique.

> *2013-11-04 WT Fitness fanatics risk death:*
>
> *You never tell yourself that you are overtraining; someone has to tell you.*

Lastly, it was noted that exercise is not always a threat to mental/physical health. It can and should be part of a healthy lifestyle.

> *2013-11-04 WT Fitness fanatics risk death:*
>
> *I think the health risks of not exercising are far greater than the risks of exercising. Exercise should be part of a balanced lifestyle, he said.*

The current theme explored factors that compromise mental (and/or physical) health in communities. The next theme explores the characteristics of people with mental health problems that gained attention in news articles.

Characteristics of (people with) mental health problems

Mental illness symptoms were described as being on a continuum of complexity and severity ranging from mild to severe. The vast majority of people with mental health problems tend to experience mild disability due to mental health problems but few people tend to suffer with severe mental illness. Complexity of the cases increase at the severe end of the mental illness continuum.

> *2013-10-11 ST Social contact vital for mental health:*
>
> *Dr Knight described mental health as a continuum which could be illustrated in the shape of a triangle.*
>
> *The pointy part at the top of the triangle represents the small number of severe and persistent or sometimes complex cases . . . but the base is very broad, he said.*
>
> *That means there is a continuum of mental health problems from mild depression and anxiety to those who can't live outside of institutionalisation.*

Signifiers of mental illness

Mental illness was conceptualised on a spectrum according to severity, as seen above. News articles used various signifiers to identify mental health presentations/diagnoses/symptoms.

Drugs and/or alcohol

Drugs and alcohol were seen to be threats to people's safety and wellbeing, contributing to suicidal ideation and suicide; producing or aggravating other mental health problems; financial grievances; and, legal action coming against those using or trading these substances.

> *2013-12-06 ODT SDHB will not talk about drug impact:*
>
> *Det Snr Sgt Inglis told the ODT the kind of drugs being supplied by the alleged offenders had resulted in one user becoming suicidal.*
>
> *After eight Wanaka men were arrested for large-scale dealing of the drugs this week, Southern district organised crime squad head Detective Senior Sergeant Malcolm Inglis spoke of the "wreckage" the drugs had caused in the lives of people in the town, some of whom had suffered "serious mental health issues" as a result.*
>
> *Another had spent all his savings on the drugs.*

Drugs and alcohol were particularly harmful to people who were vulnerable due to their incompetence in making safe decisions in their own and other's best interests.

> *2013-12-26 DP Son given cannabis in mental care unit:*
>
> *Complaints of recreational drugs being smuggled into Hutt Hospital's mental health unit and shared among vulnerable patients are being investigated by the Ministry of Health.*
>
> *The mother of an in-patient at the acute mental health unit, who was admitted under a compulsory treatment order, says she was appalled when staff revealed that her son had been given cannabis by another patient.*

It was not clear whether it was real cannabis or the synthetic kind, but either way he should not have had access to it, she said.

The ministry has confirmed an investigation has been started after Lyn Copland complained that her 30-year-old son, who has bipolar disorder and psychosis, had gained access to the drug.

She said her son should not have taken the drug. I mean, he's stupid and I told him off, but the thing is he's not acting normal because of his illness.

…but he's very vulnerable at the moment.

Escaping the effects or influence of substance and substance use is a challenge.

2013-12-26 DP Son given cannabis in mental care unit:

The mental health unit promotes a zero tolerance approach to illegal and synthetic drug use.

They said the problem is that patients or relatives are bringing this in, bringing synthetic highs and marijuana into the ward.

No town was immune to more serious drugs and their effects, she said.

At times reporters were investigating whether or not drug/alcohol (ab)use was a significant problem in Wanaka in the South Island of New Zealand. The responses of mental health professionals were used to answer this question in the articles.

2013-12-06 ODT SDHB will not talk about drug impact:

The Otago Daily Times put a series of questions to Ms Scurr, through the Southern DHB's media liaison, asking how common ecstasy and LSD use was in the Wanaka area and if there had been an increase in that type of drug use in the community.

SDHB will not talk about drug impact…

> *Mental health practitioner Heather Clay, who works for the Southern PHO's brief intervention service, had not encountered LSD and ecstasy problems…*

> *Robyn Cousins, a field worker for Supporting Families in Mental Illness and Addiction, was unaware of an issue with ecstasy and LSD in Wanaka and had not worked with anyone affected.*

Schizophrenia

Schizophrenia was one of the most mentioned mental illnesses amongst the news articles. There was no diagnostic information given about the illness. Instead, it was often mentioned as something that 'happened' to people.

> *2013-12-13 NZH Fake signer at Mandela event says he hallucinated:*

> *… suffers from schizophrenia…*

> *… he has schizophrenia…*

> *… a sudden attack of schizophrenia…*

> *2013-10-13 P When mum or dad gets sick:*

> *She developed late-onset schizophrenia.*

It was seen as an 'unfair' illness that is particularly damaging (compared to other mental illnesses) to individuals, families and communities.

> *2013-12-13 NZH Sign language interpreter claims illness:*

> *Life is unfair.*

> *This illness is unfair.*

> *Anyone who doesn't understand this illness will think that I'm just making this up.*

There was considerable dispute over the causes of schizophrenia. The part that trauma from abuse played in the later development of schizophrenia was heavily debated.

2013-12-08 DP ACC to rethink abuse link:

In the decision, released recently, Judge Grant Powell in the Wellington District Court agreed with a psychiatrist who said a man's schizophrenia had been caused by trauma from sexual abuse in childhood.

Two ACC-employed psychiatrists had earlier said there was no evidence schizophrenia was anything other than a biological condition passed down through families and so the man's abuse had nothing to do with his condition.

However, the judge agreed with a growing body of research that says traumatic events can cause psychosis.

Read said it was alarming that the two ACC psychiatrists either knew nothing about the many studies documenting the relationship between child abuse and psychosis or were trying to mislead the judge.

Hallucinations

Hallucinations were mentioned frequently, especially in relation to schizophrenia. All mentions of hallucinations were made in one of the two news articles about an interpreter who was signing at a Nelson Mandela remembrance service.

2013-12-13 NZH Fake signer at Mandela event says he hallucinated:

Fake signer at Mandela event says he hallucinated…

…hallucinated and saw angels …

…he began hallucinating while onstage…

What happened that day, I see angels come to the stadium...

Sometimes I will see things that chase me, he said.

…he saw angels at the event…

…his hallucinations began while he was interpreting…

Delusions

Delusions, like hallucinations, were mentioned in relation to schizophrenia and illicit drug use effects. These were persecutory towards the person experiencing the delusion.

2013-11-26 ODT Camper trembles recalling 'Jesus' shooting:

He told them he was Jesus Christ and they were demons who had to be "punished", the inquest has heard.

"He looked me in the eyes and said, 'Get away from me, you're the f***ing devil'," Mr Home said.

2013-10-13 P When mum or dad gets sick:

As the schizophrenia intensified, her mother became convinced she was Anne Frank, that other people - including her husband and children - were Germans seeking to take her captive.

Depression

Depression was seen as an important mental health issue. Particular mentions of this mental illness were made about baby boomers and professional cricket players.

2013-09-15 P Disturbing trend in boomer suicides:

Seeing friends die, family moving away and one's home becoming increasingly hard to maintain are losses that are hard to bear, and older people may become depressed about their ability to manage alone, yet not want to see their GP about the black dog that sits on their shoulder.

2013-12-23 NZH Cricketers feel depressed after retirement – survey:

A survey of retired Australian players has found that a quarter of them experienced depression and feelings of helplessness after quitting professional cricket.

Loneliness

Loneliness or a lack of social connection was seen as a cause for mental health problems like depression.

2013-10-11 ST Social contact vital for mental health:

The recent Wellbeing Index showed that only 30 per cent of Kiwis are connecting socially with others more than once a week, Mr Norriss said.

Many people are inadvertently isolating themselves because they have so many competing demands on their time, but the effects of loneliness on both physical and mental health are too serious to ignore.

2013-12-23 NZH Cricketers feel depressed after retirement – survey:

One reason is the international guys spend so much time away from home and that can be difficult.

Suicide

The news articles depicted suicide causing considerable harm and loss to the communities. Suicide and its effects were described across several articles. Suicide was discussed alongside depression, stress and anxiety.

> *2013-10-11 ST Father's birthday suicide etched in daughter's memory:*
>
> *... her father had committed suicide.*
>
> *He drove far enough away that immediate family wouldn't find him . . . he left a note with his name and asking whoever found him to call police, she said.*
>
> *2013-11-23 ST Suicide sparks communication call:*
>
> *...her death, on May 4, was suicide.*

Baby boomers[20] were seen to be at particular risk of suicide.

> *2013-09-15 P Disturbing trend in boomer suicides:*
>
> *Baby boomers risk pushing our already high suicide rate to new levels as the rate of elderly people committing suicide skyrockets.*
>
> *So as [baby boomers] move into later life, a period of increased risk, the number of suicides may rise higher, he said.*
>
> *Statistics released by chief coroner Neil MacLean showed men aged 80 and over have higher rates of suicide than any other age group in New Zealand.*

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[20] Baby boomers are people born in the years following World War II roughly between the 1946 and 1964 (Mangold, 2007).

Contributing factors

Suicide occurs in the contexts of many other psychological and social and environment risk factors. Increasing health complications; losing loved ones and social connections; stressful lifestyles; unbalanced work and home lifestyles; self-esteem issues; and, keeping up appearances of life being good are such risk factors.

2013-09-15 P Disturbing trend in boomer suicides:

Conwell, a geriatric psychiatrist, said common contributing factors to older people committing suicide included clinical depression or other mental illness, physical illness and functional impairment, and social disconnection.

Seeing friends die, family moving away and one's home becoming increasingly hard to maintain are losses that are hard to bear, and older people may become depressed about their ability to manage alone, yet not want to see their GP about the black dog that sits on their shoulder.

2013-10-11 ST Father's birthday suicide etched in daughter's memory:

His daughter, Anna, said it verged on ridiculous to talk about a work-life balance for farmers.

They live where they work; they are on call 24/7; and are at the mercy of the elements, the bank, government policy.

At the end of the day her dad was burnt out and he confused his self-worth with the numbers on a balance sheet, she said.

New Zealand reveres the stoic man but it's not a healthy image - someone who locks up their emotions.

Her father was not a selfish or cowardly man - quite the opposite.

Stress and anxiety

Stress and anxiety were identified as factors that adversely affect mental health. Being under scrutiny and performance pressure were two examples of these risk factors in play for professional cricketers.

> *2013-12-23 NZH Cricketers feel depressed after retirement – survey:*

> *I don't think there is any definitive research on this but I think cricket is a game that lends itself to the types of mental health issues that we've seen, Marsh said.*

> *Survey 39 per cent of cricketers experience high levels of stress and anxiety for two weeks or more after retirement.*

> *… Jonathan Trott was forced to quit the Ashes tour of Australia because of a stress-related illness.*

> *And there are not many sports that I can think of that your own personal performances are so identifiable and therefore under scrutiny.*

A drastic change in life situation is one of the reasons for the development of stress amongst professional cricket players.

> *2013-12-23 NZH Cricketers feel depressed after retirement – survey:*

> *43 per cent felt they had lost a sense of their identity after finishing their cricket career.*

> *…more had to be done to help players approaching retirement which is a very difficult time in a player's life.*

> *That's when the reality hits so we've got to transition them from one career to the next career...*

A huge part of what we do is trying to get them ready whilst they're playing cricket. You try and soften that blow by preparing them. Some players don't see the end coming for various reasons. It's obviously a pretty brutal career path, professional sport, and you can be on a contract for as little as one year.

This section explained how various signifiers of mental health problems were used to describe the topic of mental illness in news articles. The next section describes how people with mental illness are depicted as nuisances to the public and themselves.

Nuisances

People with mental illness were seen as nuisances. For instance, this was shown clearly in an article that focussed on people (purportedly) experiencing mental health difficulties clogging emergency service phone lines; these people were seen as nuisances for making calls that would not be classified as emergencies.

2013-01-21 DP Mentally ill clogging up emergency 111 number:

Police's main concern was that nuisance calling was hindering vital emergency response, often at just the wrong time.

When we're dealing with emergencies, every second or minute that someone's tied us up is preventing us getting to a real emergency quicker - speed of response is mission critical.

The signer at the memorial for Nelson Mandela was accused of malingering rather than suffering from a psychotic episode when he was thought to signing incorrectly for the deaf audience. Comments from professionals in the fields of mental health and sign language were used to support these claims.

2013-12-13 NZH Fake signer at Mandela event says he hallucinated:

A medical expert with University College London said Jantjie's unusual sign language didn't look like it was caused by schizophrenia or another psychosis.

The disruption of sign language in people with schizophrenia takes many forms, but this does not look like anything I have seen in signers with psychosis, said Jo Atkinson, a clinical psychologist and researcher at the Center for Deafness, Cognition and Language.

2013-12-13 NZH Sign language interpreter claims illness:

The man accused of faking sign interpretation…

Jantjie, 34, was branded as a scurrilous fake after members of South Africa's deaf community said his signing had amounted to nothing more than flapping his arms around.

Cara Loening, director of Sign Language Education and Development in Cape Town, labelled him a complete fraud whose signing looked like someone trying to swat a few flies away from his face and his head.

The actions of this interpreter were framed as having brought shame to South Africa as a nation. His actions were also seen as offensive to deaf people worldwide.

2013-12-13 NZH Sign language interpreter claims illness:

I'm afraid this thing has left the whole of South Africa with egg on its face.

I have to deal with this in a manner so that I mustn't embarrass my country, Jantjie said.

2013-12-13 NZH Fake signer at Mandela event says he hallucinated:

She apologized to deaf people around the world who were offended by the incomprehensible signing.

Unpredictable/untrustworthy

People with mental illness were not seen as predictable or trustworthy. This usually led on to people with mental illness being seen as (potentially) dangerous.

2013-10-13 P When mum or dad gets sick:

There was an obsession with cleanliness. The children were urged to bathe several times a day.

Sometimes the television would be blaring or they would come home from school to find a wall completely pasted over with magazine and newspaper clippings.

2013-12-13 NZH Sign language interpreter claims illness:

We suspect there was something underhand about him…

How else was he working on such an important occasion when he did not seem to know what he was doing…

The South African Translators' Institute earlier said it already had reservations about the interpreter…

2013-12-13 NZH Fake signer at Mandela event says he hallucinated:

South African officials scrambled Thursday to explain how they came to hire the man and said they were investigating what vetting process, if any, he underwent for his security clearance.

…the problem, I don't know the attack of this problem, how will it comes.

Jantjie said he received one year of sign language interpretation training, though advocates for the deaf say qualified interpreters in South Africa must undergo five years of training…

2013-11-30 WT Jail for 'Hitler' after two days of terror in Waitomo:

He's bewildered how he could have hurt people he had nothing against at the time.

Dangerous

People with mental illness were often portrayed as dangerous because of their behaviour towards others and at times to themselves. This was assertion was particularly strong among people (suspected of) having severe and/or persistent mental illness.

Risk of (and actual) violence/harm

Violence to the person (mostly towards others) was mentioned frequently across many news articles. Acts of violence mentioned included threats to hurt/kill, sexual assault, physical assault and murder.

2013-12-19 Trial set for suspect in Guam crash-stabbing case - World - NZ Herald News:

HAGATNA, Guam (AP) — A Guam man accused of killing three tourists and hurting 11 others in the tourist area of Tumon is expected to go on trial April 7.

Judge Anita Sukola on Wednesday scheduled jury selection and trial for Chad De Soto, who is charged with three counts of aggravated murder and 11 counts of attempted aggravated murder.

De Soto is accused of driving his car onto the sidewalk of a busy tourist area, hitting pedestrians until the vehicle slammed into a wall. ...

2013-05-29 WT 'Neighbours have a right to know':

Graeme Moyle's brother was killed by a psychiatric patient.

Cambridge man Graeme Moyle's older brother, Colin Moyle, was bludgeoned to death in his Auckland home by psychiatric patient Matthew Ahlquist in May 2007.

... an elderly woman who was allegedly sexually assaulted in her home by a mentally ill neighbour.

Ahlquist, who was later found not guilty of murder on the grounds of insanity...

People say not all mentally ill patients are violent and I totally agree with that, but there are a small portion that are and from my research they are easily identifiable.

2013-09-27 ST South third highest patient events in NZ:

Another 17 incidents were described as serious adverse behaviour, and involved allegations of patients assaulting staff or other patients, or committing criminal acts.

The report revealed there were 177 cases of serious adverse events nationwide, with one of those being a Wellington mental health patient who slipped his minders and stabbed a stranger several times

2013-11-19 WT Cancer, mental illness behind driver's attack:

... mental illness behind driver's attack

The 44-year-old had tried to hit her partner with her car twice, before she fled down Normandy Ave, swerved off Cobham Drive and over a 10 metre-high cliff into the river.

2013-11-26 ODT Camper trembles recalling 'Jesus' shooting:

… was shot dead by police at a Rainbow Gathering in northern NSW after he threatened campers with a knife and a crossbow.

He hit a female camper before arming himself with a knife and threatening a number of campers with death at the School of Happiness campsite.

2013-10-04 ODT Anger at sentence for horror attack:

But they said it was difficult to say how severe his depression was at the time of the killing, or how much blame for what happened could be apportioned to his depression.

… it was impossible to say whether Gottermeyer would have killed if he wasn't depressed.

…sentenced to life imprisonment for what a judge described as a "horrible attack of the utmost gravity".

On July 11 last year he knifed the woman to death in her Christchurch home…

He was let inside where he knocked her to the ground, and stabbed her 12 times in the head, hands, chest, and back, before slashing her throat.

2013-11-30 WT Jail for 'Hitler' after two days of terror in Waitomo:

Another victim had a gun pointed at him.

The risk of violence was sometimes derived from the previous history of violence that people with mental illness had.

2013-10-21 P Mental health patients escape:

Christchurch mental health patients - some deemed at high risk for violence - have escaped from locked wards more than a dozen times in the past two years.

2013-12-13 NZH Fake signer at Mandela event says he hallucinated:

… has been violent in the past.

Asked if he had ever been violent, he responded Yes, a lot.

…his past violence by suggesting his illness was behind it.

Sometimes I react violent…

The disclosures raised serious security concerns for Obama, U.N. Secretary-General Ban Ki-moon and other dignitaries who stood next to Jantjie…

The actions of people with mental illness had left a profound impact and traumatised victims many instances.

2013-11-26 ODT Camper trembles recalling 'Jesus' shooting:

A visibly shaken camper has described how he crawled under a van to escape a drug-crazed man armed with a crossbow…

Douglas Home closed his eyes for long periods and took several draughts of Rescue Remedy as he told the Coroners Court in Parramatta how the events of April last year had "screwed with (his) mind".

2013-10-04 ODT Anger at sentence for horror attack:

On July 11 last year he knifed the woman to death in her Christchurch home before her 3-year-old daughter found her lying in a pool of blood.

"Mummy did bleed everywhere .... and mummy scream," she told police.

2013-11-30 WT Jail for 'Hitler' after two days of terror in Waitomo:

...another has trouble sleeping, worried that you might hold a grudge and wanted to know that you are fully rehabilitated before release.

He thought he was a dead man.

Your rampage not only affected one [victim] but the wider community.

...there's concern about you being released back into that community because of the fear that you caused

Considerations for people's actions

Reasons for the (usually dangerous) behaviours of people with mental illness were provided by others. For instance, a friend of a person suffering from mental illness attempted to explain events leading up to her friend's violent acts.

2013-11-19 WT Cancer, mental illness behind driver's attack:

A close friend has spoken out about the woman, on condition of anonymity, to give some balance to the public perception of someone she describes as lovely and caring.

It's likely no-one knew about the health problems she faced…

There was nothing I could do.

The woman was not a 'monster' according to her friend. The friend was hurt when members of public defamed this person who was reportedly dealing with many personal issues at the time of her attack against her partner.

2013-11-19 WT Cancer, mental illness behind driver's attack:

The events in Hamilton were horrifying yet her friend is not a monster, she says.

Yet it hurts when people on social media call the woman crazy.

I may just be a family friend but imagine what it's doing to her daughter when she sees people calling her a crazy b . . . . It hurts because that's not who she is…

The friend described the woman being a close friend who supported her through difficult issues in her personal life. The woman with mental illness was said to be a caring, non-violent person prior to the incident.

2013-11-19 WT Cancer, mental illness behind driver's attack:

When I have my stupid relationship issues, she's amazing…

She's such a great person, such a happy person when she's in a good place.

I know how much love she has inside her and how much she cares for things - for people, her friends and family.

The woman isn't a violent person, the friend said.

The friend gave many reasons for the woman's actions including a tumultuous struggle with cancer, loss of pets, dilapidating mental illness, strong medication and a loss of sound judgement.

2013-11-19 WT Cancer, mental illness behind driver's attack:

She was really, really down before her operation.

It would have been because of the fact she was told [the cancer] wouldn't come back and it came back.

And she's scared she'll have to keep going in and out of hospital to have it removed for the rest of her life.

The friend said the woman has just one cat now. The other one was put down after being diagnosed with a brain tumour. That set her back quite a bit. She called me absolutely distraught because every time she's come out of hospital and been bedridden, she's had that cat beside her.

Because it's a fact that when you have bi-polar or personality disorders you do things you don't even know you're doing.

With the medication she was on and how low she has been, I don't think she would have actually known what she was doing.

The friend believes the medication was part of what made the woman flip, as well as the state of her mental health and issues with her partner.

With the medication she was on and how low she has been, I don't think she would have actually known what she was doing.

To me, I'd imagine it was more the fact she wasn't in the right head space, just not even thinking properly, or at all.

I don't think she would have been seeing straight or known what she was doing until she hit the water, because she did get out herself and did say to the person who pulled her out 'I really hurt someone'.

In another case, a man was described as being hardworking and likeable prior to his use of drugs and alcohol. His frightening, bizarre and violent behaviour appeared after this.

2013-11-30 WT Jail for 'Hitler' after two days of terror in Waitomo:

He was a hard working young man.

It would not be an exaggeration to say he was a champion shearer . . . and neighbours were expressing shock and surprise and spoke highly of him.

Marshall's lawyer Roger Laybourn said the absolute tragedy, from my client's point of view, is that until he became addicted to drugs and a user of methamphetamine and alcohol and did this absolutely bizarre and frightening behaviour, everybody only had good things to say about him.

Employment and financial standing of people with mental illness

The weekly amount of government funded sickness benefit available to people claiming it under conditions of mental illness was mentioned.

2013-12-08 DP ACC to rethink abuse link:

He had sought to gain an independence allowance from ACC in December 2010.

An independence allowance covers people who are permanently impaired as a result of an injury. The maximum weekly allowance is $84.97.

2013-08-16 WT Mental illness driving people out of the workforce:

A single person can get up to $204.96 a week on the sickness benefit, or $256.19 for the invalids benefit.

The number of people on this type of benefit was enough to warrant media attention.

2013-08-16 WT Mental illness driving people out of the workforce:

A big proportion of people claiming benefits have mental problems, writes Nicola Brennan-Tupara.

She said the figures showed mental illness was definitely affecting a lot of people - from depression right up to psychotic disorders.

Figures for the end of June show 43 per cent of the 4642 Waikato people on the sickness benefit were on it because of a psychological or psychiatric condition.

That's a 5 per cent, and 4 per cent, increase, respectively, since June 2007 and dwarfs all other reasons for being on those benefits.

Just under 30 per cent of the 7171 people on the invalids benefit also list such conditions as a reason they couldn't work.

Do they deserve it?

There was some debate over whether someone should qualify for assistance because of having a mental illness in comparison to people on the benefit due to physical injuries/ailments. It was said that people with mental illness undergo the same/ similar level of scrutiny as those on the benefit due to physical disabilities/illnesses.

2013-08-16 WT Mental illness driving people out of the workforce:

Like all of the other conditions, a person claiming a benefit for a psychological disorder had to have a medical certificate from their GP, or another registered medical practitioner…

She said a client had to fill certain criteria before that medical certificate would be given and would then be reassessed after four weeks; then eight and 13 weeks…

After one year they had to undergo an extensive assessment by Work and Income themselves.

Ms Bristow did not think it was easier to get a sickness benefit due to a mental illness, than a physical condition…

She said mental illness, for some people, was just as debilitating as a physical injury.

There was a decision made over whether ACC covers mental injury due to abuse and this causing schizophrenia. The wider impact of this was the support now being available to those who might have met criteria previously but did not have this opportunity for assistance available. The details of each client's individual case would have to be carefully considered.

2013-12-08 DP ACC to rethink abuse link:

In 2011, ACC decided it would not cover the allowance because it said his schizophrenia was not linked to his covered injury - a significant history of sexual abuse between five and 13.

After another appeal, psychiatrist David Codyre provided a report that completely disagreed with the previous psychiatrists.

New Zealand Association of Psychotherapists public issues spokesman Kyle MacDonald said the judgement was encouraging and could mean entitlements for many other people.

The reality is there a lot of people who would be in the mental health system who would have a diagnosis of a psychotic disorder who may now be entitled to access some treatment under the ACC.

The increase in the rate of benefits being claimed due to mental illness was purported to be because of mental illness being better understood and accepted more openly in the community.

2013-08-16 WT Mental illness driving people out of the workforce:

Work and Income regional disability adviser Sue Bristow said the increase was most likely due to a better understanding and acceptance of mental illness in the community.

Mental illness is a barrier to employability

It is hard for someone to remain employed for, various reasons, when they are affected by mental illness.

2013-12-08 DP ACC to rethink abuse link:

The man referred to in the finding had been covered by ACC for his history of sexual abuse but it was schizophrenia that had stopped him from working.

2013-08-16 WT Mental illness driving people out of the workforce:

While she said many people with mental health conditions succeeded in a work environment, for some it was a hindrance.

Mental illness is driving more and more Waikato people to leave work and go on the benefit, recent figures show…

…some employers' wariness to hire people with mental health issues…

Mental Health Foundation chief executive Judy Clements said several barriers had pushed up the numbers of those on the benefit.

One was a person's own fear of returning to work…

The foundation was working with both sides to reduce the barriers and get people back in to work.

It's like any incapacity, it does make it more difficult and can establish barriers to employment.

Ways that people and communities affected by mental illness are helped

The last major theme included several ways that people, families and communities are currently assisted with mental health issues. Ways for better support to be offered at the individual, family and societal levels are also offered.

An individual plan of care was seen as a requirement for managing and treating mental health problems.

2013-05-29 WT 'Neighbours have a right to know':

Dr Rees Tapsell, Director of Clinical Services for Mental Health and Addictions Services, said the level of support and clinical oversight for mental health patients was based on each individual's clinical needs.

The frequency of follow-ups was dependent on patients' needs and guided by a team-based, multidiscipline assessment and management plan.

Employment

People with mental illness stated that they do enjoy being employed. Work was seen as empowering to some people who had or currently were experiencing

mental illness. It was seen as a vehicle to recovery and living a fulfilling life, not an end in itself.

2013-08-16 WT Mental illness driving people out of the workforce:

The majority of people with mental health issues want to work…

…working also aided their recovery…

2013-10-10 ODT 'It's nice to be able to say I work':

Work was a vehicle, not a goal…

He had worked at the polytechnic on the transitional employment programme for 11 months, which had been "empowering"…

"It has enriched my confidence and self-belief."…

It boosts your self-esteem a great deal…

You feel physically and mentally better and you are interacting with good people…

It gets you involved and energised…

'The clubhouse is more about getting out of your head and doing it off your own back…

…the clubhouse provided an encouraging environment…

People experiencing mental illness were given vocational opportunities in community projects at an organisation referred to as the "clubhouse". They felt that they were offered work opportunities rather than forced into it giving volunteers/workers a sense of empowerment.

2013-10-10 ODT 'It's nice to be able to say I work':

The clubhouse staff never ordered members to work - jobs were offered…

And every time somebody puts their hand up. It makes them feel more included…

The staff were peers and members participated in the daily decision-making of clubhouse life, Mr Grieve said…

"That kind of old rubbish has gone and that's what makes Tapestry so good; it's all volunteer."…

He urged anyone with a mental health illness to "step out" from their "comfort zone" and seek support from the clubhouse.

A Dunedin service is weaving people with mental health issues back into the workforce.

Tapestry Clubhouse member Ken Grieve (54), of Dunedin, has been a clubhouse member for the past 10 years.

He said he was diagnosed with depression and had been unemployed for five years before gaining transitional employment, through the clubhouse, at Otago Polytechnic.

Although the general focus of activities - such as clerical work, public relations, cleaning, shopping, maintenance and administrative tasks - was vocational, the clubhouse was not a work training centre.

Self-help books

There was information about how people could get help for themselves others in their lives in conjunction with other support services. This was through prescribed resources from the library on specific mental health topics.

2013-12-11 ODT Advice on prescription:

A range of specifically selected and recommended self-help books are now available on prescription to help people dealing with issues such as stress, anxiety and depression…

… health professionals and social services would be able to prescribe books which had been reviewed and recommended as beneficial to people's wellbeing in dealing with issues such as anxiety, stress and depression…

People would then be able to take the prescription to a Dunedin Library or the University of Otago Medical School library and get the recommended book on loan…

The books would be spread throughout the library's collection so readers could pick up titles on similar subjects…

Advertising

There were mentions of agencies/organisations that could help people who were experiencing mental health problems. This included some tips on how to approach mental health problems.

2013-10-10 ODT 'It's nice to be able to say I work':

Mental Health Awareness Week started on Monday.

2013-10-11 ST Social contact vital for mental health:

Mental Health Awareness Week finishes on Sunday.

2013-11-04 WT Fitness fanatics risk death:

If you or someone you know needs help with an eating disorder, contact Eating Disorders Association of New Zealand

2013-09-15 P Disturbing trend in boomer suicides:

If you or someone you know is feeling depressed contact the following services, available 24 hours a day, seven days a week unless otherwise specified.

Lifeline, 0800 543 354; Depression Helpline, 8am to midnight, 0800 111 757; Kidsline, for children up to 14, 4-6pm weekdays, 0800 54 37 54 (0800 kidsline); Suicide Crisis Helpline, noon to midnight, 0508 828 865 (0508 TAUTOKO); Youthline, 0800 376 633, free text 234 or email talk@youthline.co.nz; www.thelowdown.co.nz or email team@thelowdown.co.nz or free text 5626 (emails and text messages will be responded to between noon and midnight)

2013-10-11 ST Social contact vital for mental health:

The Ministry of Health has combined efforts with community organisations to encourage New Zealanders who are feeling isolated or lonely to connect with their communities.

Mental Health Foundation director of policy and development Hugh Norriss said connecting with others was a powerful tool that contributed to feelings of happiness and wellbeing.

Medical methods and/or hospitalisation

Medical treatments for people with mental illness were mentioned frequently; often involving hospitalisation.

2013-12-13 NZH Sign language interpreter claims illness:

… schizophrenia, for which he takes medication.

He added that he was once hospitalised in a mental health facility for more than one year.

2013-12-26 DP Son given cannabis in mental care unit:

…admitted under a compulsory treatment order

2013-12-13 NZH Fake signer at Mandela event says he hallucinated:

… was once hospitalized in a mental health facility for 19 months…

2013-11-19 WT Cancer, mental illness behind driver's attack:

The woman is now under mental health care at the Henry Rongomau Bennett Centre.

Electro-Convulsive Therapy [ECT]

This therapy was explained due to its supposed usefulness in treating severe depression, schizophrenia, catatonia, mania and posttraumatic stress disorder. It was emphasised that ECT is used in certain specialised circumstances for a narrow range of disorders/ mental disturbances.

2013-12-23 NZH A shocking way to wipe bad memories – study:

Developed in the 1930s, ECT was once widely used to treat a variety of psychiatric conditions but is now regarded as a drastic remedy for certain more serious conditions.

ECT triggers a brief epileptic fit by delivering a jolt of electricity to the brain via electrodes placed on the head.

However, in Britain electroconvulsive therapy (ECT) is reserved only for certain forms of mental illness, including severe depression and mania.

The discovery raises the possibility of helping victims of post-traumatic stress disorder by freeing them of their demons.

Our data provide evidence for disruption of reactivated emotional episodic memories by invasive interference with normal neural activity.

Unpleasant memories can be wiped out by electric shock therapy used to treat psychiatric patients, a study has shown.

However, treatment using ECT is currently restricted to specific conditions (depressive illness, schizophrenia, and catatonia and mania). As such, any possible applications are at present limited to specific patient groups.

Seclusion

Seclusion was used a means to ensure the safety of and/or treat people with difficult and complex mental illness presentations. This process is heavily debated amongst professionals, district health boards go and families of people with mental illness. The standards in seclusion have been brought into question.

2013-11-11 DP Son's seclusion no solution, says father:

Seclusion is defined as forcibly confining or restraining a person in a room in isolation, which is often kept barely furnished.

Seclusion was allowed under the Mental Health Act, but was used as a safety mechanism.

It was a requirement for patients to have access to food and fluids during seclusion.

Ashley Peacock Supplied IN SECLUSION Ashley Peacock is in the care of Capital & Coast District Health Board as a compulsory treatment patient.

Ashley Peacock is in the care of Capital & Coast District Health Board as a compulsory treatment patient, with autism, post-traumatic stress disorder, a mild intellectual disability and mental health problems.

Son's seclusion no solution, says father

His father does not dispute that he needs care, but believes seclusion should not be a long-term solution.

He had not attacked staff recently, his father said.

Seclusion was described as an unpleasant environment for someone to be in for extended periods of time.

2013-11-11 DP Son's seclusion no solution, says father:

He doesn't read or watch TV . . . you put him in there, in an environment like that, and it's just like torture, his father, David, says.

He spends most of his days confined to a cell-like room alone, with nothing but a mattress and as little as an hour outdoors each day.

However, since the seclusion, his son had become increasingly withdrawn inside, refusing to leave his room and, on occasion, attacking staff.

Trust was given to mental health professionals to make decisions in the best interests and safety of people who are especially unwell; secluding someone is part of this.

2013-12-26 DP Son given cannabis in mental care unit:

Somebody like my son, because he's under a compulsory treatment order and is locked in the secure part and is seriously ill, I understand that it's up to the doctors and nurses to maintain his safety to himself and others.

A district inspector is also looking into allegations that her son was locked up in seclusion five times in two weeks, once with his cellphone when he texted family members to say he had been shut up with no water.

Concerns were raised over inadequate review processes in relation to seclusion. A mental health patient was secluded for an inappropriate length of time even after he was supposed to be moved to another type of facility.

2013-11-11 DP Son's seclusion no solution, says father:

Ashley Peacock has been locked up for more than three years - despite committing no crime, and after repeated demands from the Ombudsman that he be moved.

Mr Peacock's treatment has now been under investigation by the office for more than two years.

In September 2011, Ombudsman Dame Beverley Wakem recommended that Capital & Coast District Health Board move Mr Peacock out of seclusion into a more appropriate facility

Nine months later, she checked and found nothing had changed, so she again urged the DHB to move him out of seclusion.

But still he remained in the seclusion room, and she launched a wider investigation into the overall handling of his care.

This has since been shelved after the DHB secured funding to move Mr Peacock in August. But, as of Friday, he remained in seclusion.

But Dame Beverley said that, while she was satisfied the DHB was taking every step to fix a difficult situation, it was not equitable or right for a patient to be in semi-permanent seclusion.

A DHB spokesman would not discuss delays in his treatment but said alternative accommodation was being sought.

He could not say when Mr Peacock would be moved out of seclusion

The Ombudsman's concerns were historical stuff, and he was not aware of any outstanding problems.

The government's overall aim is to reduce the number of people in seclusion.

2013-12-26 DP Son given cannabis in mental care unit:

The Government's aim was to stop the use of seclusion - defined as forcibly confining or restraining a person in isolation in a room that is often kept barely furnished.

2013-11-11 DP Son's seclusion no solution, says father:

Overall, the Government's aim was to have fewer people in seclusion.

In the past six years, the overall number had dropped by 10 per cent, he said.

Ensuring decisions about people experiencing mental illness are based on clinical need was seen as important.

2013-11-11 DP Son's seclusion no solution, says father:

Decisions are made on a clinical basis, and every case will be different.

Recovery/coping in the midst of natural disasters

After earthquakes in Christchurch, New Zealand, the city was described as follows:

2013-02-17 P Will we keep on sharing:

City of sadness…

city of sorrow…

city of sharing…

Christchurch needed an installation of hope, he said.

The earthquakes were described as being part of everyday life for people who were affected by them.

2013-05-17 P More kids in emergency psych care:

"The earthquake is ingrained in everyday life now. It's like the war; it's become part of the fabric.

There was mention of how natural disasters affect mental health and what factors help some people cope better than others.

2013-02-17 P Will we keep on sharing:

Christchurch has become many things post-quake - that includes being the ideal human laboratory on how people respond to and cope with such a natural disaster. PHILIP MATTHEWS reports

What this really tells you is that people in post-disaster environments are an ideal human laboratory. Study follows study. Many relate to ways of coping.

Religion

Secular people might return to religion after disasters.

2013-02-17 P Will we keep on sharing:

In December, Chris Sibley and Joseph Bulbulia's paper, Faith after an Earthquake A Longitudinal Study of Religion and Perceived Health before and after the 2011 Christchurch New Zealand Earthquake, was picked up by the media because it found secular people might turn to religion after a disaster.

A loss of spirituality/religion were more likely to experience subjective distress.

2013-02-17 P Will we keep on sharing:

A more interesting part of their research was less discussed. They looked at whether having a religion made a difference to subjective ratings of personal health. Is religion a kind of panacea Not really, but among those affected by the earthquake, a loss of faith was associated with significant subjective health declines.

Those who lost faith elsewhere in New Zealand did not experience similar health declines. In short, religious conversion after a natural disaster is unlikely to improve subjective wellbeing, yet upholding faith might be an important step on the road to recovery. Or, if you lose your faith, you will feel worse than if you never had it.

The number of people who were religious grew in Christchurch post-disaster.

2013-02-17 P Will we keep on sharing:

As was reported, religious conversion in Canterbury bucked the usual trend of ongoing, gradual decline, with the proportion of believers growing from 35.5 per cent of the sample in 2009 to 39.5 per cent in 2011.

Thus, in the region where the church spires had fallen, faith soared, say the authors.

The comfort model is not as straightforward as it seems, as religious conversion is a complicated thing, yet although faith eroded elsewhere in New Zealand, there was a significant upturn in religious faith among those who experienced the misery of New Zealand's most lethal natural disaster in 80 years.

Fostering faith, religious activities and places of worship helped both religious and non-religious people cope with disaster.

2013-02-17 P Will we keep on sharing:

But the study also argued against the so-called superior buffering hypothesis, which says that the religious will feel subjectively better than the non- religious.

This brought the authors to a fairly provocative conclusion. Whether religious or secular, those who want to foster healing in the aftermath of a devastating earthquake should consider joining arms in rebuilding the broken churches, for those who have faith.

Social media

Social media were used as aids to comfort during disasters.

2013-02-17 P Will we keep on sharing:

But, for many in the quake- damaged city, church was online, according to a senior lecturer in management, Ekant Veer, who looked at social media's function. His research found that Facebook and Twitter became the place where people could share stories, comfort each other and find solace. As we communicated with each other, we also updated the world.

As we communicated with each other, we also updated the world.

Personality

People with more complex self-representations tended to do better post-disaster.

2013-02-17 P Will we keep on sharing:

Perhaps those who are predisposed to optimism, open to new experiences, who have what the jargon calls cognitively complex self-representations and hardy personalities are most likely to perceive benefit and cope effectively.

They found that those who perceived benefits soon after the event were less likely to have post- traumatic stress disorder three years

later. Those with high exposure who perceived benefit tended to have the best recovery, while those with high exposure who did not perceive benefit tended to have the worst.

Yet it remains premature to suggest a causal benefit between perceived benefit and adjustment.

Wealth

Wealthy societies may not necessarily cope better than their counterparts with disasters.

2013-02-17 P Will we keep on sharing:

Other studies tell us other things about life in the human laboratory. This month, University of Canterbury masters student Sarah Yanicki presented a study called East Side Stories Cases of Quake Related Innovation. The idea was to compare quake responses in Aranui and Sumner.

Again, the quake was a unique opportunity for a sociologist. One suburb is wealthy, one is poorer and both are in the east. Did any of this make a difference

Yanicki found that, in Aranui, groups remain focused on tackling social issues that follow earthquake disruption, while, in Sumner, they have moved on to restoring and even improving the suburb. But, in each case, the wisdom of local groups was invaluable straight after the quakes, and they moved more quickly than Government or Civil Defence. In Aranui's case, this response came from groups already in the community, such as the Aranui Community Trust. In Sumner, new groups emerged.

Initially, both suburbs were dealing with the same things - food, water, accommodation. But, as time went on, the focus changed, with Sumner getting into rebuild mode more quickly.

Immigrants

While immigrants in the Christchurch area did not feel like they received much assistance during the earthquakes, religion helped them cope.

2013-02-17 P Will we keep on sharing:

What else have researchers been looking at Last year, University of Canterbury health science graduate Mohamud Osman led a study that found former refugees living in Christchurch coped well with the earthquakes, even though more than 80 per cent of them got no help or support from the Christchurch City Council or Earthquake Commission and more than 60 per cent found it hard to access help and information.

Osman found that religion and spirituality helped his group, who were from Afghanistan, Kurdistan, Ethiopia, Somalia and Bhutan.

Employment

There was discussion about how earthquakes affected organisations and, in turn, employees. Burn-out was highlighted as an important issue.

2013-02-17 P Will we keep on sharing:

Research has shown that it is factors in the organisation, rather than in the person, that lead to burnout, van Heugten said in a media release. Factors that are implicated are not just high workloads. Workers are more likely to burn out in organisations where they experience lack of control over how they work, unreasonably tight regulations, and where they don't feel the organisation treats them with fairness and respect, or they feel disillusioned about the organisation's values.

She warns that people's capacity for work will be reduced after an ongoing major community crisis while demands may increase.

> *Research has shown that it is factors in the organisation, rather than in the person, that lead to burnout, van Heugten said in a media release.*

Disasters can be useful

Disasters were not seen as completely negative events. There were many positive effects identified post-earthquakes in Christchurch. In the midst of losing control and predictability in their lives, the earthquakes helped people identify the priorities in their lives.

> *2013-02-17 P Will we keep on sharing:*
>
> *You don't have to go very far into the literature about mental health after a disaster to come across references to perceived benefit.*
>
> *In the midst of disaster you can get, as writer Rebecca Solnit has put it, a paradise built in hell.*
>
> *I guess what you're saying is a disaster puts things into perspective for us, Gutschlag says. It does really crystallise what's important and what is not.*
>
> *Some big decisions about our lives were taken out of our hands in the immediate weeks afterwards, she remembers.*
>
> *The question as we approach the second anniversary of the worst quake is will this endure…*

A perceived benefit was that upon a repeat of such a disaster communities will be able to take solace and guidance from understanding what has happened in Christchurch.

> *2013-02-17 P Will we keep on sharing:*
>
> *I think that's got to be a good thing.*

Some of what is found out may seem self-evident to the stressed populations who have lived through the past two years. But, at the same time, it must be reassuring to think that, next time a disaster like this hits a major urban area, that community will be able to take guidance and maybe even comfort from reading about what has happened to us.

Those who were most afflicted by mental health problems tended to gain the most after the disaster, in terms of mental health.

2013-02-17 P Will we keep on sharing:

Put simply, those whose lives were in the worst shape before the disaster might have the most to gain.

But the same study found that a higher number of pre-incident mental-health diagnoses predicted perceived benefit.

Increased awareness of mental health issues

Natural disasters have brought mental health out in the open as a topic of discussion within affected communities. People have been more willing to let their guard down and discuss (mental health) issues at a deeper level.

2013-02-17 P Will we keep on sharing:

This openness about our mental health and sensitivity to others is one small version of that paradise.

If you go the supermarket, people still ask questions about repairs and how people are progressing, how's your family and how are people doing at school, and it is still easier to speak with people that you don't even know well about those areas or points of stress.

What we've seen within our services, but also what I and many others have seen just as members of the community, is that we're much more aware of the importance of mental health and the

impact of stress and it's able to be spoken about in a much more open way, she says.

Mental health had become more of a talking point since the quakes, and there is a greater awareness of the importance of mental health and wellbeing.

The stress and anxiety and worry and pressure that we've all experienced to different degrees since the earthquakes have meant that mental health is now something that can be spoken about without needing to whisper.

The sense of shame or embarrassment that might have been there before is not so prevalent.

Drawing on more than 20 years' experience working in mental health in Canterbury, Gutschlag said the Christchurch earthquakes had helped to break down some of the stigma that surrounds mental illness.

Community cohesion

The community grew more supportive of each other. These positive effects are numerous and systemic. Community cohesion and spirit grew after the earthquakes.

2013-02-17 P Will we keep on sharing:

It's relationships that matter, it's taking care of ourselves and our families and the people that are close to us.

Maybe before they had really kept to themselves.

We heard reports of people who maybe weren't working and had been very unwell for periods of time, they took on roles within their neighbourhood looking after neighbours, and became

known by people, and were and still are valued members of the community.

It has been often observed that the post-quake period in Christchurch resulted in an increase in community spirit, however you define that.

I think we are still a much more cohesive community than we were pre-quake.

There was a feeling that society worked as it should.

My personal view is, of course, it's not the same as when we were in the acute response and in shock, but there is still a genuine interest from a community perspective, Gutschlag says..

Increased research opportunities

There were increased research opportunities after the earthquakes. Research opportunities were explored in a variety of fields including psychology, law, biology, engineering and geology among others.

2013-02-17 P Will we keep on sharing:

The study looks at whether micronutrients can help these anxious children. Sole expects final answers later in 2013.

Last June, an entire conference at Canterbury was focused on earthquake-related research, drawing on everything from journalism to law to psychology to biological experiences. The open- air laboratory is on the university's back door.

In psychology, associate professor Neville Blampied has looked at the quake's effects on academic performance, towards a chapter in a book titled Forces of Nature and Cultural Responses.

Beyond the University of Canterbury's better-known input in areas like engineering and geology, there are also further

contributions from sociology and psychology. Masters student and trainee child psychologist Ellen Sole is researching post-quake anxiety in children.

Social and community support

The benefits of community cohesion post-disaster included better responsivity to mental health issues. Similarly, in ordinary circumstances mental illness is best tackled as a community issues. Communities working with each other and government agencies was seen as key. This included communities changing their attitudes towards people with mental illness and increasing the amount of support they provide individuals and families.

2013-10-10 ODT 'It's nice to be able to say I work':

"We all need to be nurtured at times."

2013-09-15 P Disturbing trend in boomer suicides:

...there needed to be improved detection and treatment of depression in older adults, social programmes to reach out to isolated seniors, and access to good health care that allowed them to remain as independent as possible.

2013-10-11 ST Social contact vital for mental health:

...in the past decade, mental health care had moved to a community-based model. For this model to be successful you need a community that works in partnership with service providers to create a place where people with mental health issues can live and feel accepted.

... encourage New Zealanders who are feeling isolated or lonely to connect with their communities.

... connecting with others was a powerful tool that contributed to feelings of happiness and wellbeing.

2013-10-10 ST Support organisation marks quarter-century:

She found that support in an organisation now known as Supporting Families.

Many members come to the organisation seeking peer support when their loved ones suffer from episodes of extreme mental health.

Margaret Klemick called a meeting in her Invercargill home after becoming frustrated with the lack of support she received while caring for her son who was diagnosed with schizophrenia.

2013-10-11 ST Father's birthday suicide etched in daughter's memory:

Living through it is better than the alternative; people need to understand how much they are valued. The stigma society had created around mental health issues had become communities' role to deconstruct. The conversations we are starting to have will help - we need people to realise the way they feel just makes them human.

She encouraged anyone struggling with depression to seek help.

2013-05-29 WT 'Neighbours have a right to know':

She also said patients deserved respect and as much lifestyle independence as was reasonable.

Changes to ineffective treatment strategies

There was a push to incorporate more psychological treatment for mental illness rather than working strictly with a medical model. This includes recognition of aspects of mental disorder and treatment that did not previously receive attention.

2013-12-08 DP ACC to rethink abuse link:

For a long time there has been a mindset of how schizophrenia and psychotic disorders are treated, which is that it is a biological disorder which needs to be medicated and managed.

Read said the finding would reduce the frequency with which psychiatrists dismissed abuse disclosures as irrelevant or imagined and increased the probability of people being offered trauma-based psychological therapy instead of anti-psychotic medication.

Improving technology to make communication of relevant information about people between and within agencies was also a target.

2013-11-23 ST Suicide sparks communication call:

"We are also currently working with the South Island Alliance partnership to implement a single regional electronic record tool specifically designed for mental health clinical care. It went live at West Coast District Health Board in September and will be rolled out across all South Island DHBs."

The new software brought together all of the client's relevant information including assessments, treatment plans and details of other people involved in their care, he said.

Mental health care has moved to the community. Work is needed to make people with mental health issues feel more supported and accepted in communities. This can be achieved through agencies and communities building and maintaining effective partnerships between each other.

2013-10-11 ST Social contact vital for mental health:

Southern District Health Board director of mental health, addictions and intellectual disabilities Dr James Knight said that

in the past decade, mental health care had moved to a community-based model.

For this model to be successful you need a community that works in partnership with service providers to create a place where people with mental health issues can live and feel accepted.

Other improvements included better communication between services, more effective technology and greater resource allocation.

2013-02-17 P Will we keep on sharing:

In general terms, both mental health and Relationships Aotearoa have had increased resources.

2013-11-23 ST Suicide sparks communication call:

The board's Mental Health, Addictions and Intellectual Disability service "works co-operatively with other providers to share appropriate information", he said.

"We are also currently working with the South Island Alliance partnership to implement a single regional electronic record tool specifically designed for mental health clinical care. It went live at West Coast District Health Board in September and will be rolled out across all South Island DHBs."

The new software brought together all of the client's relevant information including assessments, treatment plans and details of other people involved in their care, he said.

"The project has also been supported by a small dedicated consumer group representing the clients of mental-health services, that has been consulted and has made recommendations throughout the project."

Other coders' themes

The six other people coded the thirty news articles in this study. They had not been instructed to do so in any particular fashion by me, they were however provided with a draft of the Method chapter of this thesis. Most coders did not read the chapter thoroughly or sped the time that I did on coding and producing themes. The coders came from very different backgrounds in psychology and were not immersed in the research topic to the extent that I was. They were graduate students in psychology at the University of Waikato, New Zealand at the time of coding articles for this thesis.

The independent coders were largely in agreement with what I had noticed across the news articles. Comparing codes and themes across coders will not be necessarily fruitful. If inter-rater reliability is high it can be argued that coders can be trained to code a certain way, within a certain school of thought or according to a certain logic. This is especially relevant for inductive thematic coding (Braun & Clarke, 2006). In saying this, Marks and Yardley (2004) made an excellent point that counterevidence can be taken lightly or ignored in qualitative research projects such as this. The research aims, methodology, method and findings need to be understood and weighed up alongside these considerations.

The main themes identified by the independent coders were: mental illness/disorder is associated with blame or explanation for abnormal behaviour; addiction is a mental illness; mental illness is misunderstood/stereotyped by the public; mental illness leads to disability and impairment for the sufferer; communities can provide support (especially in the light of natural disasters); mental illness affects more than just the sufferer; people experiencing mental illness

require adequate support from the state and community to fair better; novel, eclectic

and systemic approaches to helping people with mental illness should be employed.

Discussion

In general, the findings of this study were largely in agreement with prior research on this topic discussed in the literature review. Glied and Frank's (2014) observation about news on mental illness being skewed towards negative event reporting was true for many of the articles I analysed. As hypothesised, majority of the themes were negative/stigmatic in nature towards mental illness and people affected by mental illness. Experiencing mental illness and coping/recovering/being treated for mental health problems were presented as undesirable scenarios for people. This was observed by several other researchers (see Angermeyer & Schulze, 2001; Coverdale et al., 2002; Hyler et al., 1991; Laurance, 2012; Mental Health Foundation, 2013; Nairn et al., 2001; Nairn & Coverdale, 2005; Philo et al., 1994; Wahl, 1992; Wilson et al., 2000, 1999). The tendency for media to have strong influences over the opinion of individuals, families and society amplifies the stigma associated with mental illness; this thesis showed that this stigma is largely perpetuated in news articles (see Angermeyer & Schulze, 2001; Baun, 2009; Hyler, Gabbard, & Schneider, 1991; Paterson, 2006; Shain & Phillips, 1991). There were only a few news articles that discussed mental illness in positive items (see *2013-10-10 ODT 'It's nice to be able to say I work'; 2013-12-11 ODT Advice on prescription; 2013-02-17 P Will we keep on sharing*)

Pescosolido, Monahan, Link, Stueve and Kikuzawa (1999) found the type of mental illness influenced how the mental illness was spoken about. In this thesis, suicide was spoken about in a softer manner; more compassion and support was provided for sufferers of depression and their families, especially children. Severe mental illness like schizophrenia were discussed more directly and the actions of

people with these illnesses were portrayed in a more negative light.   The

respondents in Pescosolido et al.'s study were more open to coercing people with

schizophrenia and, alcohol and drug dependence into compulsory treatment; the

ability of people suffering from these illnesses to make proper life decisions was

seen as hindered. This idea was echoed strongly in many news articles of this study

and can be seen across several themes like *upredicatable/untrustworthy* and mostly

stigmatic *signifiers of mental illness*. Like Coverdale, Nairn and Claasen (2002)

found in their study, the rights of people who were not seen as capable of making

sound decisions in their lives were more likely to be encroached upon, monitored

and controlled.

Slopen, Watson, Gracia, and Corrigan (2007) stated that children articles

focussed more on behavioural issues. News articles in this study discussed children

and adolescents behaviour being signs of mental illness and how this affected the

mental health of families and communities. Patel (2010) noticed that children were

spoken about in much less stigmatising matter when their mental illnesses were

described. This was evident through many of the articles where sympathy and a

spirit to assist children with mental health problems dominated; this was different

when the adult population with mental health problems was described. Almost all

the news stories reporting acts of violence were about adults experiencing mental

illness. Coverdale et al. (2002) noticed that majority of the news articles were about

men rather than about women. This was true for this study as well; women were

mentioned but it was the men who were mentioned in relation to serious mental

illness especially in relation to violence.

These ideals are in part generated and circulated through mass media which

as discussed earlier tends to have huge influence over society and peoples'

behaviours and attitudes (Anderson, 2012). The production practises of media are also important in considering the impact that media have on people's behaviour and attitude. This links in with the view that people with mental illness are bizarre or abnormal. This is paralleled with the bodybuilders having body dysmorphic thoughts even after extended periods of time spent training. The extreme behaviours that look like mental disorders related to the excessive attendance to severe presentations where people have been killed due to exercise overtraining and unrealistic expectations and schedules (Coverdale et al., 2002; Glied & Frank, 2014; Hyler et al., 1991; Philo et al., 1994; Wilson et al., 1999).

In the upcoming sections I will discuss the findings according to the three major themes in relation to past research and the insights I gained.

Things that compromise mental health (and/or physical health)

This section discussed how everyday things, exercise and overtraining, drugs and alcohol abuse all affect mental health and/or physical health. As found in previous research (see Coverdale et al., 2002; Glied & Frank, 2014; Hyler et al., 1991; Philo et al., 1994; Wilson et al., 1999b) most of this was in relation to infrequent mental illness like schizophrenia and symptoms like hallucinations, delusions and strange behaviours.

Patel (2010) found that children were treated more forgivingly in the media (i.e. news articles) with less blame and responsibility being allocated to them. This was evident in the reporting on mental illness among children and young people post-disaster.

Mental illness was presented in many news articles as a stigmatic disease. Stigma is one of the strongest moderators of the usually unpleasant experience of mental illness (Mental Health Foundation, 2013; Nairn & Coverdale, 2005). Laurence (2012) stated, stigma actively affects the coping and recovery of people with mental illness. This is important as news article reporting contributes to this stigma being perpetuated. An encouraging trend reported in some news articles was the lifting of stigma about mental illness after the earthquakes. In accordance, people with mental illness find it hard to find and keep employment which is echoed in some news articles.

Stigma is generally generated from stereotypically usually idiosyncratic ideas about mental illness that are circulated through society. Many news articles tended to focus on negative events where people with mental illness were more than anything else, presented as dangerous. The stories that involved the most dangerous/violent acts tended to include strong associations with mental illness. The mention of mental health diagnoses, symptoms and labels in these articles would tend to serve as markers for moral panic or public scares.

The inclusion of opinions from professionals about mental illness and related issues did not necessarily reduce the stigma in which people with mental illness were portrayed. The views of the professionals were often used strategically to produce certain angles that particular reporters wanted to make (Allan, 2004; Fairclough, 1993; Fowler, 1991; Nairn et al., 2001). This is echoed in the production practises of newspaper to grab the attention of readers. Stories were presented in a manner so as to be coherent; this made information more digestible.

Promotion of lack of agency through views of experts or others /outsiders dominated; this is in accordance with what Philo et al. (1994) found. Solutions and

management and treatment of mental illness were mostly seen to not include the person with mental illness. People with mental illness were seen as needing state involvement through many different avenues. Only a few articles discussed ways in which people and communities affected by mental illness could make steps to improve their own situation. This is discussed further in upcoming sections.

Like Coverdale et al. (2002) and Paterson (2006) observed, majority of the news articles did not include the views of those experiencing mental illness, in fact most of the time it was managers, government officials and professionals that were speaking about mental health. Similar to Patel's (2010) findings in her study with international newspaper, agency was often denied to people with mental illness; opinions of others were presented more often, without those of people experiencing mental health symptoms. At times it did appear that the views of the professionals were given a lot of weight. In the articles about the Christchurch earthquakes views of professionals saturated the articles and the views of those experiencing mental illness were not reported at all. These views shape the opinion of the news reporter and ultimately the message the article was communicating (see Rowe, Tilbury, Rapley, and O'Ferrall (2003); Patel (2010)).

Characteristics of (people with) with mental health problems in news articles

The theme, *characteristics of (people with) mental health problems in news articles*, was the most well-supported by previous studies (see Kesic et al., 2012; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Patel, 2010; Paterson, 2006; Pescosolido, Monahan, Link, Stueve, & Kikuzawa, 1999; Philo et al., 1994). By this I mean, mental illness has been consistently linked with causing concern,

especially the link with violence, as it is written in news-text. This has been echoed in audience studies and is disconnected from the research related to understanding the actuarial link between criminal acts (especially violence) and mental illness. The likelihood of people with mental illness being violent is only elevated significantly more than the rest of the population if there is co-existing substance use problems, certain personality characteristics and the person is suffering acute severe mental illnesses like schizophrenia, depression, mania or bipolar disorder. Even then, this covers a minute section of the population and does not represent as big a risk as the impression given in news articles. This is further complicated by most of the reported serious crimes being associated with severe and persistent mental illnesses. These people could arguably fit the research profile of being at high risk of violence. Unfortunately, as previous researches found mental illness as a general concept tends to get associated with the likelihood of violence or other dangerous behaviours.

Glied and Frank (2014) explained that violent acts in news tend to need/beg an explanation. And this was seen in the people who committed these acts. The chances of violent acts being associated with illnesses like schizophrenia are exaggerated when the research in the previous chapter showed that it would be very unlikely. As there are several factors that need to be considered when thinking about mental illness and violence as stated by population (Dorn et al., 2012; Elbogen & Johnson, 2009; Fazel, Gulati, Linsell, Geddes, & Grann, 2009; Fazel et al., 2010; Glied & Frank, 2014; Huguelet & Perroud, 2010; Monahan, 1992; Swanson et al., 2008; Volavka & Citrome, 2008; Volavka & Swanson, 2010). Also these articles with mental illness and violence usually had something to do with drugs and alcohol which somewhat reflects what the research says but does not project the full picture.

It is easier to write a news story with fewer variables so as to create an easy-to-follow storyline (Anderson 2006). Unpredictability was often described in relation to people with mental illness possibly harming themselves or others. More often than not the harm or risk of harm was directed towards others. Similar to Paterson (2006) the government was often blamed for the misdemeanours of people with mental illness. Not having adequate support structures in place was one of the main criticisms. This was echoed in the news articles of this study.

Expanding treatment to those with mental illnesses will only have modest effects on the rates of violence from these populations (Glied & Frank, 2014). Policy initiatives like extended treatment and containment like institutionalisation are unlikely to create significant change in reducing violence rates in society, especially from the broad population of those with mental illness. Population level screening for mental illness would do more harm than good because of the high prevalence of mental illness and the relatively low odds of violence associated with these disorders. There would be too many false positives according to these authors, diverting resources away from services and people who need the attention more. Also, the population screening would identify far too many than what would be realistically treated, returning to policies of greater control will not be helpful (Nairn et al., 2001). Glied and Frank (2014) propose that it is better for policy makers to think about addressing the link between violence and severe and persistent mental illness by targeting specific high-risk populations within this broader population. Importantly, most perpetrators are/were in contact with mental health services, so Glied and Frank argue for an improvement in these services. Mental health interventions are unlikely to have a strong impact on the rates and impact of violence extant in society by themselves, targeting established

criminogenic factors for violence are a better bet to reduce violence (and other crimes) in society (Andrews & Bonta, 2010).

The difficulty in finding and maintaining employment whilst having a mental illness has been supported by previous research on the subject (see Kesic, Ducat, & Thomas, 2012; Kessler, Foster, Saunders, & Stang, 1995; Marcotte & Wilcox-Gök, 2001; Unite For Sight, 2013; World Health Organization, 2003). Mental illness can be debilitating and the amount this affects someone's capacity for employment was debated heavily in the news articles.

For the various types of mental illnesses only a few were identified in the news articles: schizophrenia, depression, anxiety and symptoms like hallucinations, delusions, stress, anxiety and suicidal ideation.

Ways of helping people and communities affected by mental illness

As stated before there were only a few articles that included opinions and voices of people with mental illness themselves. Coverdale et al. (2002), Nairn and Coverdale (2005), Paterson (2006) and Philo et al. (1994) found the views of people experiencing mental illness were usually dominated with messages that were positive like how things have helped them survive and thrive rather than explicating the 'plight' of having a mental illness more. This was observed strongly amongst the news articles that focussed on primarily the views of those dealing with mental illness. Media coverage depicting people living independent fulfilling lives was uncommon.

Natural disaster and mental health/illness (of young people) was not discussed in previous studies. This could be due to the topicality of the subject with New

Zealand having had major earthquakes in Christchurch in 2011. Nevertheless, this theme involved some valuable insight it not how people cope with natural disaster and the effects this has on mental health/ illness. Generally, people with mental illness were not necessarily worsened in the wake of the quakes. This was surprising and interesting to learn because it did not draw such an unbalanced or polarised view of mental illness being a necessarily stigmatic or 'bad' thing. There were a few positive ideas presented in the wake of the earthquakes: normal needs of people with mental illness (and possibly any human); the ability for natural disasters to teach society valuable lessons on caring for each other; and, improving the mental health of young people and families.

Reflections

The reader should bear in mind certain considerations when interpreting the findings and ascertaining the applicability of the study. This research was based on the use of a general search term- *mental illness 2013*. It might have been more beneficial to have used a narrower search term. In fact, this thesis could have been a more focussed, in-depth study if I had chosen to analyse the portrayal of certain types/presentations of mental illness in news articles.   The portrayal of mental illness in general was, as I realised upon reflection, possibly too broad a topic. As a result this study has not gone into enough depth about the various issues associated with this topic. This is further accentuated with people's pre-existing stigma in society about mental illness. Conducting a mix methods research project with focus groups and/or interviews alongside this thematic analysis would have added additional weight to these findings; this may have helped increase the generalisability of the findings from this thesis.

Many of the news articles included direct quotes from various individuals but it was difficult to recognise where they began/ended. However, this study did not focus on this and cannot report on whether opinions were reported or not. This study also did not control for who the authors were of the news articles. There is a chance that several of the articles were written by the same reporters or groups of reporters. Several of the articles used did not list an author name or simply had initials at the end. I have also not controlled for the types of news stories outside of them meeting selection criteria for this study. Whether or not articles pertained to mental illness was judged by me the author of this thesis. Quite probably, if someone else undertook this study, the choice of articles for analysis might be different. There are some news stories that have been repeated within and across the newspapers. This has affected the thematic content that was generated as a result.

It should also be noted that four of the six newspapers that were part of this study are owned and run by Fairfax media and stuff.co.nz. Thus the views/opinions of this media company are likely to have filtered down to the news articles that reported on material relating to mental illness.

In this thesis, I have not considered how and from where information about mental illness is compiled. Since this study has only focussed on a thematic analysis of thirty news articles the findings may not generalise to what news or media portray across New Zealand or internationally. Certain news articles tend to focus on topical/sensational stories; for instance, this study included news stories about an interpreter possibly having a psychotic episode while deaf-signing at Nelson Mandela's remembrance service.

Conclusion

This study set out to understand how mental illness and people with mental illness are portrayed in news articles. The flavour of the important themes in the literature in regards to the representation of mental illness in news-text and audience studies was primarily negative/stigmatic. As highlighted earlier, the information being presented in news articles has a tendency to undermine efforts of patients, families and their carers to respond empathetically because of the stigmatic coverage on mental illness and associated topics.

Future studies in this area of research should focus on how these depictions might be constructed both in the media and amongst consumers of this information. Understanding how readers interact with these articles will also lead to additional insights. Various authors have put forward several ideas to help alleviate the unhelpful situation that this style of news reporting produces for people with mental illness and society in general (see Coverdale, Nairn and Claasen, 2002; Hyler, Gabbard, & Schneider, 1991; Dorn et al., 2012; Philo et al., 1994). It is useful for journalists and broadcasters to have good practice guidelines but more efforts than this are needed. These authors suggest that mental health professionals can fight sources of stigma by increasing their collaboration with patient advocacy groups in monitoring negative portrayals of mentally ill people. Increased association with and participation in public information campaigns such as Mental Illness Awareness Week can be used to call attention to the process of stigmatisation and to support accurate dramatic and documentary depictions of mental illness. For us to work towards destigmatisation of mental illness we as a society will have to work media to provide more accurate, sensitive and affirming images of mental illness. For this push for reducing stigmatisation to be successful a multipronged approach

of a combination of methods will be necessary. Collaboration between communities, government agencies, news agencies is key to improve efforts in destigmatising mental illness through the media and social support.

If there are breaches in what is considered appropriate conduct by news and media agencies complaints can be made to broadcasting standard councils or other relevant agencies. In some sates concerned citizens have set up 'media watch' campaigns to monitor negative or unhelpful reports and programmes these are identified and responses to editors and producers are organised. It is equally important to recognise good practice and promote it by providing accurate and up to date information to people in the media industry. An example of this is in the United Kingdom where two voluntary organisations recognise good practice in press reporting and broadcasting with awards.

Mental illness as a concept is convoluted enough already without the views of various types of interest groups having a saying in what these types of illnesses entail. Information about mental illness being disseminated by people and through media without consultation from those with appropriate expertise in this field leads to the development of misinformation and idiosyncratic stereotypes. These stereotypes are rampant in social and media dialogue. Remedying this situation will take a combined effort across agencies of various levels and the community; the analogy for this is closer to a marathon than a race due to the ongoing work needed. Among the social problems in the world mental illness is one of the leading causes of disability. Stigma plays a large part in augmenting the level of disability and quality of life of those affected by mental illness. It is imperative that efforts are made across countries to deal with the development and contribution of stigma in relation to mental illnesses.

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Appendix B - The New Zealand

Herald Articles

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    recalling-jesus-shooting

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    February 8, 2014, from

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    Times Online News : Otago, South Island, New Zealand & International

    News. Retrieved February 10, 2014, from

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SDHB will not talk about drug impact | Otago Daily Times Online News : Otago,

    South Island, New Zealand & International News. (2013, December 6).

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Appendix D - The Press Articles

Children of parents with mental illness or addiction... | Stuff.co.nz. (2013, October 13). Retrieved February 9, 2014, from http://www.stuff.co.nz/the-press/news/9278099/When-mum-or-dad-gets-sick

Disturbing trend in baby boomer suicides | Stuff.co.nz. (2013, September 15). Retrieved February 9, 2014, from http://www.stuff.co.nz/the-press/news/9167374/Disturbing-trend-in-boomer-suicides

Hillmorton hospital patients escape locked wards... | Stuff.co.nz. (2013, October 21). Retrieved February 9, 2014, from http://www.stuff.co.nz/the-press/news/9305932/Mental-health-patients-escape

Mental health services sought by young Canterbury... | Stuff.co.nz. (2013, May 17). Retrieved February 9, 2014, from http://www.stuff.co.nz/the-press/news/8684877/More-kids-in-emergency-psych-care

Will we keep on sharing? - News - the-press | Stuff.co.nz. (2013, February 17). Retrieved February 9, 2014, from http://www.stuff.co.nz/the-press/news/8312551/Will-we-keep-on-sharing

Appendix E - The Southland

Times Articles

Father's birthday suicide etched in daughter's memory... | Stuff.co.nz. (2013, October 11). Retrieved February 9, 2014, from http://www.stuff.co.nz/southland-times/news/9269553/Fathers-birthday-suicide-etched-in-daughters-memory

Social contact vital for mental health | Stuff.co.nz. (2013, October 11) Retrieved February 9, 2014, from http://www.stuff.co.nz/southland-times/news/9270344/Social-contact-vital-for-mental-health

Southland bipolar support group supporting families... | Stuff.co.nz. (2013, October 10). [News]. Retrieved February 9, 2014, from http://www.stuff.co.nz/southland-times/news/9264263/Support-organisation-marks-quarter-century

South third highest patient events in NZ | Stuff.co.nz. (2013, September 27). Retrieved February 9, 2014, from http://www.stuff.co.nz/southland-times/news/9215536/South-third-highest-patient-events-in-NZ

Suicide sparks call for better communication in... | Stuff.co.nz. (2013, November 23). Retrieved February 9, 2014, from http://www.stuff.co.nz/southland-times/news/9433581/Suicide-sparks-communication-call

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Articles

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Fitness fanatics risk death | Stuff.co.nz. (2013, November 4). Retrieved February 9, 2014, from http://www.stuff.co.nz/waikato-times/news/9357713/Fitness-fanatics-risk-death

Mental illness driving people out of the workforce... | Stuff.co.nz. (2013, August 16). Retrieved February 9, 2014, from http://www.stuff.co.nz/waikato-times/news/7488098/Mental-illness-driving-people-out-of-the-workforce

"Too little resourcing" for mentally unwell | Stuff.co.nz. (2013, May 29). Retrieved February 9, 2014, from http://www.stuff.co.nz/waikato-times/news/8728197/Neighbours-have-a-right-to-know

Two days of terror - news - waikato-times | Stuff.co.nz. (2013, November 30). Retrieved February 9, 2014, from http://www.stuff.co.nz/waikato-times/news/9461720/Jail-for-Hitler-after-two-days-of-terror-in-Waitomo

Appendix G - Themes and Sub-Themes

1. Things that compromise mental health (and/or physical health)

    a. Natural disaster and mental health/illness (of young people)

    b. Unethical care of people with mental illness

    c. Inappropriate/excessive exercise regimes

2. Characteristics of (people with) mental health problems in news articles

    a. Signifiers of mental illness

    b. People with mental illnesses can be nuisances

    c. Employment and financial standing of people with mental illness

3. Ways that people and communities affected by mental illness are helped

    a. Employment

    b. Self-help books

    c. Advertising

    d. Medical methods and/or hospitalisation

    e. Recovery/coping in the midst of natural disasters

    f. Social and community support

    g. Changes to ineffective treatment strategies

Appendix H - Summary of Themes and Sub-Themes across News Articles

1. Things that compromise mental health (and/or physical health)

   a. Natural disaster and mental health/illness (of young people)

      i. Difficulty in predicting mental health issues

2013-02-17 P Will we keep on sharing[21]

2013-10-10 ODT 'It's nice to be able to say I work'

      ii. Increased rates (and severity) of psychiatric referrals post-quakes

2013-05-17 P More kids in emergency psych care

      iii. Everyday challenges contribute to trauma in families

2013-05-17 P More kids in emergency psych care

      iv. The mental health of children is linked with that of the family and community

2013-05-17 P More kids in emergency psych care

   b. Unethical care of people with mental illness

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[21] When quoted, news articles will be identified firstly with the date they were last updated (in yyyy-mm-dd format) and abbreviations of the name of the newspaper immediately after this (i.e, The Press (P); The New Zealand Herald (NZH); The Dominion Post (DP); The Waikato Times (WT); The Southland Times (ST); and, The Otago Daily Times (ODT)). The title of the news article follows this.

2013-12-13 NZH Fake signer at Mandela event says he hallucinated

2013-12-13 NZH Sign language interpreter claims illness

i. Stigma of mental illness

2013-10-11 ST Father's birthday suicide etched in daughter's memory

2013-05-29 WT 'Neighbours have a right to know'

1. Lack of agency

2013-10-10 ODT 'It's nice to be able to say I work'

2. Officials commended

2013-11-26 ODT Camper trembles recalling 'Jesus' shooting

2013-01-21 DP Mentally ill clogging up emergency 111 number

2013-02-17 P Will we keep on sharing

ii. Inadequate infrastructure

2013-05-29 WT 'Neighbours have a right to know'

2013-12-13 NZH Fake signer at Mandela event says he hallucinated

2013-09-27 ST South third highest patient events in NZ

2013-11-23 ST Suicide sparks communication call

2013-12-26 DP Son given cannabis in mental care unit

2013-12-13 NZH Sign language interpreter claims illness

2013-11-26 ODT Camper trembles recalling 'Jesus' shooting

iii. Inadequate treatment (strategies)

2013-12-08 DP ACC to rethink abuse link

2013-10-10 ST Support organisation marks quarter-century

2013-12-13 NZH Fake signer at Mandela event says he hallucinated

2013-09-15 P Disturbing trend in boomer suicides

c. Inappropriate/excessive exercise regimes

2013-11-04 WT Fitness fanatics risk death

i. Reasons for overtraining

2013-11-04 WT Fitness fanatics risk death

   2. Characteristics of (people with) mental health problems in news articles

      a. Signifiers of mental illness

         i. Drugs and/or alcohol

2013-12-06 ODT SDHB will not talk about drug impact

2013-12-26 DP Son given cannabis in mental care unit

         ii. Schizophrenia

2013-12-13 NZH Fake signer at Mandela event says he hallucinated

2013-10-13 P When mum or dad gets sick

2013-12-13 NZH Sign language interpreter claims illness

2013-12-08 DP ACC to rethink abuse link

         iii. Hallucinations

2013-12-13 NZH Fake signer at Mandela event says he hallucinated

         iv. Delusions

2013-11-26 ODT Camper trembles recalling 'Jesus' shooting

2013-10-13 P When mum or dad gets sick

         v. Depression

2013-09-15 P Disturbing trend in boomer suicides

2013-12-23 NZH Cricketers feel depressed after retirement – survey

         vi. Loneliness

2013-10-11 ST Social contact vital for mental health

2013-12-23 NZH Cricketers feel depressed after retirement – survey

         vii. Suicide

2013-10-11 ST Father's birthday suicide etched in daughter's memory

2013-11-23 ST Suicide sparks communication call

2013-09-15 P Disturbing trend in boomer suicides

           1. Contributing factors

2013-09-15 P Disturbing trend in boomer suicides

2013-10-11 ST Father's birthday suicide etched in daughter's memory

viii.   Stress and anxiety

2013-12-23 NZH Cricketers feel depressed after retirement – survey

b.   Nuisances

2013-01-21 DP Mentally ill clogging up emergency 111 number

2013-12-13 NZH Fake signer at Mandela event says he hallucinated

2013-12-13 NZH Sign language interpreter claims illness

c.   Unpredictable/untrustworthy

2013-10-13 P When mum or dad gets sick

2013-12-13 NZH Sign language interpreter claims illness

2013-12-13 NZH Fake signer at Mandela event says he hallucinated

2013-11-30 WT Jail for 'Hitler' after two days of terror in Waitomo

d.   Dangerous

i.   Risk of (and actual) violence/harm

2013-12-19 Trial set for suspect in Guam crash-stabbing case - World - NZ Herald News

2013-05-29 WT 'Neighbours have a right to know'

2013-09-27 ST South third highest patient events in NZ

2013-11-19 WT Cancer, mental illness behind driver's attack

2013-11-26 ODT Camper trembles recalling 'Jesus' shooting

2013-10-04 ODT Anger at sentence for horror attack

2013-11-30 WT Jail for 'Hitler' after two days of terror in Waitomo

2013-10-21 P Mental health patients escape

2013-12-13 NZH Fake signer at Mandela event says he hallucinated

ii.   Considerations for people's actions

2013-11-19 WT Cancer, mental illness behind driver's attack

2013-11-30 WT Jail for 'Hitler' after two days of terror in Waitomo

e. Employment and financial standing of people with mental illness

2013-12-08 DP ACC to rethink abuse link

2013-08-16 WT Mental illness driving people out of the workforce

i. Do they deserve it?

2013-08-16 WT Mental illness driving people out of the workforce

2013-12-08 DP ACC to rethink abuse link

ii. Mental illness is a barrier to employability

2013-12-08 DP ACC to rethink abuse link

2013-08-16 WT Mental illness driving people out of the workforce

3. Ways that people and communities affected by mental illness are helped

2013-05-29 WT 'Neighbours have a right to know'

a. Employment

2013-08-16 WT Mental illness driving people out of the workforce

2013-10-10 ODT 'It's nice to be able to say I work'

b. Self-help books

2013-12-11 ODT Advice on prescription

c. Advertising

2013-10-10 ODT 'It's nice to be able to say I work'

2013-10-11 ST Social contact vital for mental health

2013-11-04 WT Fitness fanatics risk death

2013-09-15 P Disturbing trend in boomer suicides

d. Medical methods and/or hospitalisation

2013-12-13 NZH Sign language interpreter claims illness

2013-12-26 DP Son given cannabis in mental care unit

2013-12-13 NZH Fake signer at Mandela event says he hallucinated

2013-11-19 WT Cancer, mental illness behind driver's attack

i. Electro-Convulsive Therapy [ECT]

2013-12-23 NZH A shocking way to wipe bad memories – study

      ii. Seclusion

2013-11-11 DP Son's seclusion no solution, says father

2013-12-26 DP Son given cannabis in mental care unit

    e. Recovery/coping in the midst of natural disasters

2013-02-17 P Will we keep on sharing

2013-05-17 P More kids in emergency psych care

      i. Religion

2013-02-17 P Will we keep on sharing

      ii. Social media

2013-02-17 P Will we keep on sharing

      iii. Personality

2013-02-17 P Will we keep on sharing

      iv. Wealth

2013-02-17 P Will we keep on sharing

      v. Immigrants

2013-02-17 P Will we keep on sharing

      vi. Employment

2013-02-17 P Will we keep on sharing

      vii. Disasters can be useful

2013-02-17 P Will we keep on sharing

        1. Increased awareness of mental health issues

2013-02-17 P Will we keep on sharing

        2. Community cohesion

2013-02-17 P Will we keep on sharing

        3. Increased research opportunities

2013-02-17 P Will we keep on sharing

f.   Social and community support

2013-10-10 ODT 'It's nice to be able to say I work'

2013-09-15 P Disturbing trend in boomer suicides

2013-10-11 ST Social contact vital for mental health

2013-10-10 ST Support organisation marks quarter-century

2013-10-11 ST Father's birthday suicide etched in daughter's memory

2013-05-29 WT 'Neighbours have a right to know'

g.   Changes to ineffective treatment strategies

2013-12-08 DP ACC to rethink abuse link

2013-11-23 ST Suicide sparks communication call

2013-10-11 ST Social contact vital for mental health

2013-02-17 P Will we keep on sharing