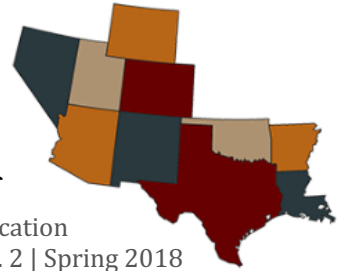


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## Breaking Bad News: Framing Depression Coverage in Three Prominent U.S. Newspapers

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*Breaking Bad News: Framing Depression Coverage in Three Prominent U.S. Newspapers*

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When a local magazine reported the details of Dallas County District Attorney Susan Hawk's treatment for major depressive disorder soon after she returned to work in October 2015, the opposing political party issued a statement calling for Hawk, a Republican, to resign, according to a report from *The Dallas Morning News* (Mervosh, 2015b). "Now we learn that just weeks ago, our top law enforcement official was involuntarily committed after threatening to kill herself," Democratic party chair Carol Donovan said. "Susan owes it to herself, not to mention her employees and the taxpayers, to resign and to concentrate on getting well" ("Dallas Democrats call," 2015, para. 5-6). The following week, the *Morning News* reported that a former employee had filed a petition on behalf of the state of Texas to remove Hawk from office, "citing, in part, her recent battle with depression as grounds for her removal" (Mervosh, 2015a).

Certainly, as in Hawk's case, there are instances when a mental illness like depression is relevant to a newsworthy story. But both the medical and journalism industries have developed guidelines in the past decade to address the news media's ability to affect public opinion about mental health. One style guide explains, "The emphasis a daily newsroom places on breaking news and crises can give people a skewed view of individuals living with mental illness, leading to misperceptions and even discrimination" (TEAM Up, 2012, p. 1). Some rules, for example, discuss ways to alleviate the stigma surrounding mental illness, and others address how to help people in crisis.

Mass media, including journalism, play a critical role in how the public perceives health issues. There exists extensive research on the ways journalists cover and frame a variety of health-related topics, including public health epidemics (Shih, Wijaya & Bossard, 2012), cancer (Fishman, Have, & Casarett, 2010), type 2 diabetes (Gollust & Lantz, 2009), the H1N1 flu (Liu & Kim, 2011), obesity (Gollust, Eboh, & Barry, 2012), and many others. Each of these provides an example of the multifaceted nature of health concepts and how their causes and outcomes are depicted through news coverage. Additionally, they exemplify the important role journalists have in communicating vital health information and narratives to the public. As such, journalists must devote great attention to the factors they include when reporting on health concepts and the extent to which certain topics receive coverage.

Depression is a prevalent public health concern in the U.S. and a leading mental health disorder worldwide. Estimates suggest that approximately 7% of American adults experienced a depressive episode in 2015 (National Institute of Mental Health, n.d.), which produced an annual health care bill of \$210 billion (Greenberg, 2015). Further, in visits to a general practitioner, 10% of the general population presented with depressive symptoms, as indicated by medical records (Centers for Disease Control and Prevention, 2013). At a global level, depression is tied to more disability cases than any other illness (World Health Organization, 2017). Depression is defined as a mood disorder, and depressed individuals experience ongoing sadness or feelings of emptiness. Additionally, depression makes concentrating difficult and yields a loss of interest in pleasurable activities as well as decreased energy in general (National Institute of Mental Health,

2016). Depression can be linked to the development of other negative health outcomes, including substance abuse, general anxiety (Hasin, Goodwin & Stinson, 2005), and suicide (National Institute of Mental Health, 2016; World Health Organization). Those living with depression note being stigmatized by others and/or being concerned about the stigma that surrounds depression (McNair et al., 2002). In many cases, this can act as a barrier to seeking help.

It is clear that depression is a specific health concern. It manifests in a way that is different from anxiety, schizophrenia, and bipolar disorder; receives unique treatment and recommendations; and exhibits prevalence across a specific subset of the population. Thus, it is imperative that depression receive distinct attention and analysis to facilitate understanding of this health topic among the public. Yet existing research in this area appears to lump depression in with other mental health issues to emphasize the broad concept of “mental health,” rather than attributing specific attention to depression.

As such, it is critical to explore how journalists frame their coverage of depression, specifically. In the current study, three prominent U.S. newspapers are examined for the ways in which depression is depicted in the news. Findings of this study have important implications for journalists and further the understanding of how sensitive health issues such as depression currently are covered. Namely, ethical guidelines exist for journalists who write about mental health, yet the extent to which these are followed is unknown. In addition to providing a better understanding of depression, findings from this project can further the conversation about how journalists should cover other mental health topics, such as schizophrenia, obsessive compulsive disorder, and bipolar disorder. This study aims to explore how three prominent U.S. newspapers framed coverage of depression in 2015.

The remainder of this paper outlines the existing literature on the ways journalists cover health topics, as well as the negative impact that inaccurate coverage and a lack of research have on the public. Then, the design and implementation of a research study that explores depression coverage in three newspapers will be outlined, followed by a summary of results from the study. Finally, implications for journalists and suggestions for future research will be described in the context of findings from the current study.

## **Literature review**

### ***Mental health in the news and in research***

Despite the existing guidelines designed to facilitate writing about mental health, journalists continue to infuse stigma in their reporting on these topics (Gwarjansk & Parrot, 2017), simplify or generalize stereotypes (Barnett, 2006; Boudry, 2008), and violate writing guidelines (Edwards-Stewart et al., 2011). In fact, some research suggests that these harmful depictions are growing. For example, through a two-decade comparison of news articles, McGinty and colleagues (2016) found that more recent

coverage was more likely to attribute mass shootings to mental health disorders, and a majority of articles in the full sample included a focus on violence. Indeed, the authors noted that news coverage of violence in conjunction with mental health issues did not parallel the true rates of these crimes, which were much lower than depicted in news media (McGinty et al., 2016). This news practice depicts mental health in a negative — as well as unfair and unjust — light to the public. It is important to monitor health news reporting closely and continue to offer guidelines and suggestions to avoid bias or misrepresentation when writing about sensitive topics.

Journalists are not the only groups applying bias to coverage of mental health. In examining news and media coverage, scholars are narrow in their analysis and definition of mental health. In an effort to explore *mental health*, one research team pulled news articles based on the terms “mental health,” “mental illness,” “schizophrenia,” and “schizophrenic” (Whitley & Berry, 2013). This severely limits the definition of mental health and would potentially exclude articles specifically devoted to “depression” in the case where it is not referred to as a “mental illness.” It is unclear why schizophrenia was selected without the inclusion of other mental health concepts, given the focus on “mental health” within the study. Similarly, in a study that aimed to explore stigma related to mental health news coverage, schizophrenia was selected as an exemplar and generalized to apply to “mental illness” (Gwarjanski & Parrot, 2017) without justification for why such a narrow focus was implemented to reflect such a broad set of health issues.

Most importantly, there exists little research on the specific news coverage of depression. Despite its notable distinctness and prevalence, depression tends to be glossed over in favor of research that focuses on mental health as a broad concept. A review of previous investigations finds that most scholars use the terms “mental health” and “mental illness” as their key search criteria (Blood & Holland, 2004; Klin & Lemish, 2008) when defining a sample of news articles for analysis. Other terms such as “suicide” (Blood & Holland, 2004), “madness,” “insane” (Cloverdale, Nairn & Classen, 2002), “psychiatric disorders,” and “mental disorders” (Klin & Lemish, 2008) are at times included, with little regard to specific, diagnosable disorders.

When depression is emphasized in mass media research, news/journalism and frames/sources are often overlooked as foci. Depression framing in mass media has been performed in the context of magazines (Gattuso, Fullagar, & Young, 2005; Clarke, 2009) as well as television news (Myrick, Major, & Jankowski, 2014). In other cases, depression is included in a news-focused study, but the disorder-specific results are not reported. For example, the terms “depression,” “depressed,” and “depressing” were implemented alongside many other words related to mental health, yet depression-specific findings were not reported (Kenez, O’Halloran, & Liamputtong, 2015). Still other studies fail to outline the many types of frames implemented by journalists. Rather, frames are collapsed into gain/loss (Myrick, Major, & Jankowski, 2014) or how a specific element of mental health is framed (e.g. responsibility for disorder) (Zang et al., 2016). Similarly, the frequency of “depression” as a focus of a news story might be captured, but

not the specific frames used by journalists. In this case, depression was one of the most common disorders referenced in newspapers (Slopen et al., 2007).

Given the widespread prevalence and impact of depression, it is critical that journalists utilize best practices and guidelines when reporting on this topic. Among the public, exposure to negatively framed news stories results in corresponding negative perceptions of individuals living with mental health challenges (Thornton & Wahl, 1996). In reviewing the relevant literature, it is clear that more research is needed regarding how journalists frame depression.

### ***Framing, agenda setting, and social responsibility***

Journalists employ common frames, or sets of expectations derived from social cues, to make sense out of news topics (Baran & Davis, 2015; D'Angelo & Kuypers, 2010; La Fleur, 2010). Frame analysis, developed by Erving Goffman in 1974, aims to identify frames within a text and demonstrate how they construct meaning through mass media. Research has shown that frames can influence the way media audiences perceive reality and react to certain situations, such as the stereotype of the “dangerous black man” perpetuated by television news (Baran & Davis, 2015; Entman, 2006). Journalists produce frames by following news routines, indoctrination to the profession, and production practices adopted by news organizations and journalism educators. For example, election coverage in news media usually is framed as a “horse race” and focuses on which candidates are ahead and behind in the polls. Through this framing, issues that may affect voters take secondary status to constant poll results and emphasis on candidate popularity (Baran & Davis, 2015). These frames then influence public opinion, sometimes in helpful ways and sometimes in damaging ways. Reese defines frames as “organizing principles that are socially shared and persist over time, that work symbolically to meaningfully structure the social world” (D'Angelo & Kuypers, 2010, pp. 5-6).

Mass media set an agenda of what is important in society, as McCombs & Shaw noted in 1972 when they coined the term “agenda-setting.” The notion that news media choose and highlight a small number of issues they deem important assumes mass media have enormous power and influence (Baran & Davis, 2015; DeFleur, 2010). News media accomplish this by constructing a reality based on news values and presentation guidelines deemed as standard industry practices. For example, news values tell journalists to concentrate on stories that have impact on large numbers of people, proximity to readers/viewers/listeners, prominence of people involved, conflict/controversy, public concern, human interest, timeliness, and unusual happenings (DeFleur, 2010; Shoemaker & Reese, 1996). These values are passed along to other news workers and are considered the industry standard. However, these practices do not necessarily address issues that may be of value to audiences. They present a relatively narrow and selective view of reality.

Journalists also are dependent on routines that impose daily deadlines, expectations of objectivity, and use of sources to verify information. They rely on each other to get ideas and to follow specific stories (Barlow & Mills, 2009; Shoemaker & Reese, 1996). Sources who provide information on which frames are based usually are “official,” meaning that they come from carefully selected spokespersons, specific people in authority, and sometimes, simply the person who will answer the question or return the phone call. Journalists choose which sources they interview for news stories. Reasons for selecting these sources may include convenience, professional relationships, willingness to talk, and/or expertise. Media workers depend on these official sources, such as military officials during a war, to provide information. Sources then have the ability to shape media coverage to accommodate their own interests, which contribute to perpetuating stigmatizing frames. Because of journalists’ constricted routines and practices, they tend to depend more on official sources than seeking those outside, thereby rarely giving “voice to the voiceless” as spelled out in the Society of Professional Journalists’ Code of Ethics (“SPJ Code,” 2014). These practices, in turn, may create biased news coverage (Baran & Davis, 2015; Shoemaker & Reese, 1996).

Social responsibility theory, the standard under which the United States press operates, allows media to self-regulate, free from government intervention. In turn, media professionals are charged with accepting an obligation to contribute to the social good, follow high standards, reflect various points of view, and be accountable to the public (Baran & Davis, 2015). Ethics codes and *The Associated Press Stylebook*, considered the primary guide for American news media coverage, are two ways media organizations attempt to achieve social responsibility through professional standards. The stylebook, for example, spells out specific guidelines on mental illness. For example, “Do not describe an individual as mentally ill unless it is clearly pertinent to the story and the diagnosis is properly sourced” (The Associated Press, 2016, p. 170). In addition, the stylebook recommends journalists obtain firsthand knowledge of a diagnosis rather than speculating, identify specific illnesses or disorders whenever possible, avoid derogatory terms such as “deranged,” and do not assume that mental illness is linked with violent crime. The stylebook also advises that journalists avoid descriptions that “connote pity,” such as “suffers from” or “victim of” (p. 171).

Journalists work in the context of demanding, time-sensitive deadlines and existing regulations for writing about mental health topics such as depression. To our knowledge, research is absent on the ways journalists frame their coverage of this sensitive health issue. Findings of this study have important implications for journalists and further the understanding of best practices when it comes to detailing a stigmatized illness. As such we asked the following research question:

How did three prominent U.S. newspapers frame coverage of depression in 2015?

## **Method**

Because this research examines the question of how media coverage frames depression, we chose a qualitative content analysis method. Qualitative research methods are appropriate for research that explores a social phenomenon and attempts to ascribe meaning to patterns (Hesse-Biber & Leavy, 2011, p. 39). We specifically chose content analysis as an applicable approach because research can be conducted without researcher interference, a key benefit that Hesse-Biber and Leavy (2011) identify in designing qualitative research. Additionally, content analysis of historical documents, even relatively recent history such as this analysis, is often used to understand and analyze media coverage (Hesse-Biber & Leavy, 2011).

We chose three prominent daily newspapers to analyze how newspapers frame depression: *The New York Times*, *Los Angeles Times* and *The Dallas Morning News*. In addition to the lack of research on depression frames in newspapers, we selected this medium rather than broadcast organizations because newspaper content generally is more in-depth than television or radio (except public radio and podcasts) and because newspapers employ copy editors to rigorously follow established style guides. We selected these particular newspapers (and their websites) to represent mental health and depression reporting from three major areas of the U.S.: East and West coasts and the south-central region. The papers' audience reach was also a factor. At the end of 2015, *The New York Times* had a digital-only subscriber list totaling 1.2 million and a daily print circulation of 590,000 except on Sunday, when it ballooned to 1.1 million (Ember, 2016). Based on 2015 information (Fast Facts, 2016), the *Los Angeles Times* has a weekday circulation of 690,870 that increases on Sundays to 955,319. The most recent circulation numbers from the *The Dallas Morning News* show a similar trend. Daily circulation is 672,284, and Sunday's numbers increase to 707,792 (Alliance for Audited Media, 2014). As such, these newspapers capture high reader volumes, setting the agenda on mental health for many.

To define the sample, we included news articles with the search terms "mental health" and "depression" that appeared in any of the three papers between the dates of July 1, 2015, and December 31, 2015, which was the most recent six-month period at the time of the study. We used both terms to increase the likelihood of capturing medical issues and exclude extraneous topics. Additionally, we analyzed news articles, editorials and letters to the editor, but not image captions and reader comments.

A total of 141 articles were analyzed by two researchers. One of the researchers worked for *The Dallas Morning News* at the time, but was not part of the coverage of any of the stories examined for this study. Thirty-three of the stories came from *The Dallas Morning News*, using the newspaper's website. The remaining articles from *The New York Times* (86) and the *Los Angeles Times* (22) were found using the LexisNexis database. The coding procedure used was taken directly from Hesse-Biber and Leavy (2011), who suggest a three-step approach to inductive reasoning: open, axial, and analytical coding.



During the first stage of open coding, each researcher separately noted general themes and patterns of the articles. Initially, the reporting seemed to run the gamut of framing and the descriptions were inscribed in the margins of each article. Since each researcher coded the articles separately, common codes were determined by looking at how often the researchers used similar words to describe the articles. This follows closely with the concept of percent agreement, which is a method commonly used to determine the reliability of data analysis between two coders (Lavraks, 2008).

During open coding, we noted whether an article framed depression and mental health as a problem that was manageable or a problem that had a hopeless outcome. Sometimes there was no description of depression as a medical condition at all; rather it was a term that was framed as simply a problem. This was especially prevalent in the *Morning News*' coverage. This is just one example of a theme identified during the open coding stage.

The second stage of axial coding produced categorical themes. To identify these, we reviewed the articles again. We implemented memoing, an iterative process that Hesse-Biber and Leavy (2011) describe as “diving in and out of the data” (p. 236), to identify categorical themes. It was during this process that coding became more descriptive and narrow. Finally, the third analytical coding stage revealed that the reporting coalesced into four major themes discussed below.

## **Results**

Through qualitative content analysis of three major U.S. newspapers, four key frames emerged: industry guidelines were ignored; dramatic anecdotes were used as a storytelling technique; suicide, violence, and depression reporting were intertwined; and depression was framed as a systemic issue.

### ***Industry guidelines ignored***

*The Associated Press Stylebook* provides journalism organizations with guidelines on everything from spelling and grammar to word usage and controversial topics. The Associated Press added an entry on mental illness to its stylebook in 2013, citing the importance of relevance, sourcing, and other considerations. “It is the right time to address how journalists handle questions of mental illness in coverage,” Kathleen Carroll, an Associated Press senior vice president and executive editor, said in the press release. “This isn’t only a question of which words one uses to describe a person’s illness. There are important journalistic questions, too” (The Associated Press, 2013).

Analysis of newspaper stories about depression from *The Dallas Morning News*, *The New York Times* and the *Los Angeles Times* in 2015 shows that two years after the mental illness entry was added to the stylebook, the news content largely did not conform to The Associated Press guidelines. Nowhere was this more apparent than in the *Morning News*'

coverage of Dallas County District Attorney Susan Hawk, whose depression diagnosis made local news when she took a leave of absence to undergo psychiatric treatment amid claims of turmoil in her department. Questions that arose included whether Hawk should have disclosed information about her health to voters during the election, whether her diagnosis affected her behavior toward employees, and whether she was competent to continue serving as district attorney.

Mental illness was relevant to the story, and the newspaper's coverage of Hawk adhered to certain stylebook standards, such as identifying a specific mental illness and allowing a person to talk about his or her own diagnosis. However, reporters and editors repeatedly disregarded other guidelines, such as avoiding "descriptions that connote pity" (The Associated Press, 2016, p. 171). For example, articles referred to Hawk's "mental health struggles" and others "suffering from mental illness" (Mervosh, 2015d; Willey, 2015). When journalists use this kind of language, they diminish mental illnesses like depression as problems, rather than diagnosable illnesses that can be treated. In addition, a person living with mental illness may or may not view himself or herself as "suffering."

Guidelines for avoiding certain wording in mental health coverage were also overlooked in *The New York Times* and the *Los Angeles Times*. For example, *The Associated Press Stylebook* added an entry on suicide in May 2015 that tells journalists not to use the phrase "committed suicide" outside of quotations from officials "because it may imply an illegal act" (The Associated Press, 2015). However, the phrase appeared in both newspapers' content about suicide later that year. The *Los Angeles Times* used the phrase in a story about patients who killed themselves while receiving mental health services from the health management organization Kaiser Permanente (Pfeifer, 2015). In *The New York Times*, a review of a play notes that one character "committed suicide" (Isherwood, 2015). In addition, a story about more than a dozen suicides in one Marine Corps unit used this phrasing (Philipps, 2015b).

Moreover, coverage of Hawk in *The Dallas Morning News* did not adhere to broader guidelines for mental health reporting from the Entertainment Industries Council's Tools for Entertainment and Media program, known as TEAM Up. While not as widely known as *The Associated Press Stylebook*, the program's recommendations from September 2012 are available online at [eiconline.org/teamup/for-journalists/](http://eiconline.org/teamup/for-journalists/) and were developed with the backing of professional journalism and mental health organizations. The TEAM Up style guide advises balance in mental health reporting, noting that, "an emphasis on breaking news and dramatic events can lead to a distorted view of mental illness" (TEAM Up, 2012, pp. 1). Because breaking news often comprises stories about crime and violence, mental health coverage in this context tends to portray people who are mentally ill as violent criminals. For example, breaking news about mass shootings often relies on sources who speculate about the mental state of the shooters (Slopen, Watson, Gracia, & Corrigan, 2007). However, according the U.S. Department of Health and Human Services (2014), "The vast majority of people with mental health problems are no more likely to be violent than anyone else" (para. 4).

The *Morning News*' coverage of Hawk plays out like a soap opera — so much so that a reader sent a letter to the editor asking, “Was it really necessary to publish all of that? I find it inconsistent with (a) your support for destigmatizing mental illness and (b) your excellent journalistic standards” (Mermelstein, 2015). A newspaper column headlined “The Susan Hawk story goes on, in detail, with a deadline of sorts approaching” touted its reporters' coverage of Hawk and concluded, “The parlor game now is informal polling with two choices: You think she's lying, or you're a dupe” (Hashimoto, 2015). Another column refers to Hawk's “personal demons” and states, “As political theater goes, this promises to be good” (Ragland, 2015). While diminishing mental illness as a mere problem rather than a disease, comments like these also contribute to the stigma surrounding mental health. Such cynicism would seem distasteful if used to describe any other serious medical condition — any physical condition — but editors in this case have accepted its use for mental illness.

### ***Dramatic anecdotes as a storytelling technique***

News values such as timeliness and impact can conflict with recommendations for covering mental illness. This is particularly apparent in the frequent use of detailed, dramatic anecdotes to tell mental health stories in *The Dallas Morning News*, *The New York Times*, and the *Los Angeles Times*. While much of the *Morning News*' coverage of mental illness in 2015 focused on one person, the Dallas County district attorney, both *The New York Times* and the *Los Angeles Times* employed dramatic anecdotes as a storytelling technique in articles aimed at a national audience.

While writers often use detailed reporting to draw readers into a story, *The Associated Press Stylebook* advises against providing certain details in stories about suicide, saying they “should not go into detail on methods used” (The Associated Press, 2016, p. 265). TEAM Up (2012) offers similar guidelines, noting research on suicide contagion, or an increase in suicides linked to media coverage (p. 2). However, analysis of newspaper stories revealed repeated use of dramatic details in anecdotes about suicide plans, attempts, and deaths (Gould, Jamieson, & Romer, 2003). This is just one example of professional advice contradicting the reality of producing news. Research into news production from Bennett found that reporters' use of dramatic anecdotes were key to engaging readers (as cited in Baran & Davis, 2015) because it followed the structure of a narrative story. Reporters routinely seek out sources who represent opposing views in an effort to achieve balance. However, as Baran and Davis point out (2015), by employing the protagonist/antagonist nature of a storyline, complexities and nuances of news stories often go unexplored. This may explain why journalists continually portray people with a mental illness such as depression in dramatic terms.

For example, *The New York Times* used the story of 19-year-old Frank to introduce its coverage of a schizophrenia treatment program. The story's lead, or introduction, comprises the details of Frank's suicide plan:

The idea was to go out in an emotional swan dive, a lunge for the afterlife that would stretch his 17-year-old imagination. He settled on a plan and shared the details with a Facebook friend: He would drop DMT, a powerful psychedelic, and then cut his throat. (Carey, 2015b)

The *Los Angeles Times* also employed this technique, leading the story about health maintenance organization Kaiser Permanente with the details of 83-year-old Barbara Ragan's death by suicide at a company parking garage (Pfeifer, 2015). "When she stepped off the roof and fell to her death, her suicide stunned onlookers — but was really directed, her husband believes, at her healthcare provider," the story said, providing information about the location and method of Ragan's suicide and framing her death as the result, at least in part, of insufficient care (Pfeifer, 2015).

While industry guidelines discourage the media from providing information about the cause of death when covering a suicide, this information seemed relevant in at least one case. The story in *The New York Times* about more than a dozen suicides in one Marine Corps unit repeatedly noted methods used in suicides and suicide attempts (Philipps, 2015b). However, the use of guns in suicide is noteworthy among Marines, who by the nature of their employment have training and experience using such weapons. In cases like this, reporters and editors must balance guidelines for covering suicide with other ethical considerations like the public's need to know information. However, industry guidelines must be factored into such editorial decisions.

### ***Suicide, violence, and depression reporting intertwined***

Although the words suicide and violence were not search terms for this study, reporting about suicide and violence frequently accompanied reporting on mental health and depression reporting in *The Dallas Morning News*, *The New York Times*, and the *Los Angeles Times*. In the *Morning News*, the subject of suicide appeared in letters to the editor responding to a column titled "Let's not romanticize suicide — It's simply wrong to think of killing oneself as the solution for a broken heart" ("Patti Stevens' tragedy was unspeakable, but her suicide was still selfish" online). While the letters were included in the study, the column was not. In it, the columnist argues that suicide is a selfish and personal choice (Grigsby, 2015). In a letter about the column, Amy Haller (2015), chair of the North Texas chapter of the American Foundation for Suicide Prevention, criticized the characterization of suicide as a choice and provided the phone number for the National Suicide Prevention Lifeline. The column repeats old stereotypes, simplifying the act of suicide and failing to address the complexity of factors that lead to it.

Additionally, while 90 percent of suicides involve underlying mental health problems and/or substance abuse (TEAM Up, 2012, p. 2), *The Associated Press Stylebook's* mental illness entry notes, "Studies have shown that the vast majority of people with mental illness are not violent, and experts say most people who are violent are not mentally ill" (The Associated Press, 2016, p. 170). Therefore, it is important to provide such context in

stories that link mental illness with suicide, as well as homicide and other violent crimes. Some stories, such as a *New York Times* piece about mass killers, did this. “Many had evidence of mental illness, particularly those who carried out random mass killings,” it said. “But others did not, and most people with mental illness are not violent” (Kleinfield, Buettner, Chen, & Stewart, 2015, p. 1A). Others, such as a *Los Angeles Times* column headlined “6 children who should have been protected,” did not — and conjectured on the mental state of killers without attributing that knowledge to mental health professionals (Banks, 2015).

Haller’s (2015) letter to *The Dallas Morning News* about suicide brought to light two other recommendations for covering mental health that sometimes are absent in news coverage: first, that stories “include . . . perspectives from mental health experts, who can provide context and data from the latest research,” and second, that news organizations “include the phone numbers or websites for hotlines, or local resource centers for those who want to learn more or get help” (TEAM Up, 2012, pp. 1-2). The *Morning News*’ coverage of Hawk, the Dallas County district attorney, barely referred to mental health professionals. Out of 33 articles, only four included perspectives from the mental health community, and only one included resources for getting help. The other mental health sources were used for their responses to the lawsuit filed to remove Hawk from office (Mervosh, 2015a) and to affirm that depression is a difficult mental illness. This a problem because the mental health professionals weren’t included to help readers understand that depression is a complex health issue. Instead, they were used to dispute an opposing view or give general details about the daily hospital schedule at a psychiatric hospital. Furthermore, only a letter to the editor from the Dallas chapter of Mental Health America included resources for getting help with depression treatment.

In fact, contact information for mental health resources appeared mostly in letters like Haller’s (2015). This information was absent in all documents from the *Los Angeles Times*. In all three newspapers’ staff content about mental illness and suicide, resource contact information appeared only twice, in *The New York Times*’ story about suicides among members of a Marine unit, and its story about one such hotline losing funding (Philipps, 2015a; Philipps, 2015b). According to reportingonsuicide.org, the inclusion of information about mental health resources is important in stories that discuss suicide because it can reduce the risk of suicide contagion and encourage those in need to seek help.

All three papers also linked mental health and depression reporting to violence, separately from suicide. Again, intertwining violence to stories that feature a mental illness angle, which in this case is the specific diagnosis of depression, repeats the false stereotype that people with a mental illness are prone to violence.

One of the most common ways reporters linked mental illness and violence in this set of articles was through the use of stories about juveniles who were either incarcerated, at risk of being incarcerated, or victims of a crime. Most of these types of articles appeared

in *The New York Times* and the *Los Angeles Times*. For example, the *Los Angeles Times* ran an article about a depressed father who stabbed his three children (Therolf & Mejia, 2015). The article focused on the absence of treatment for depression, which was cited as a possible cause for the father's crime. The article fails to expand on other mitigating factors, which include the father's own trauma as a child, possible substance abuse, and poverty. Instead, these details are mentioned briefly while the depression diagnosis and lack of treatment received considerable attention. This is a problem because journalists influence the coverage of every story they write by choosing which details to include and the placement of those details in the story. By focusing on depression as an underlying factor, journalists fail to give readers appropriate context to the complex subjects of crime and mental illness.

The *Morning News* sample included one article that fit this theme, but the frame was identical to the others. The *Morning News* article cited a Dallas County program to keep offenders age 18 to 25 who are mentally ill out of jail by improving access to medication and housing (Mervosh, 2015d). It could be argued that this article is an example of positive coverage of mental illness because the reporting focuses on getting this population help. However, linking mental illness, specifically depression and anxiety as Mervosh (2015c) does, also portrays mental illness as component of criminal behavior.

### ***Depression framed as a systemic issue***

Among its recommendations for balancing “the preponderance of stories that link mental illness with violence,” TEAM Up (2012) suggests that news organizations “Publish profiles of people with a mental illness who are part of the community, living satisfying lives with rewarding relationships” (p. 1). However, much of the mental health coverage in *The Dallas Morning News*, *The New York Times*, and the *Los Angeles Times* focused on systemic issues, either framing mental illness as a problem for a specific group of people — immigrants, students, doctors, law enforcement officers, veterans, prisoners, etc. — or identifying issues, such as a lack of resources, in the mental health field. While it's positive that many of these stories portray people facing mental health concerns while leading satisfying lives, the categorization reduces mental illness to a problem that affects only certain communities, especially those in stressful situations, rather than a disease that can affect anyone in any population.

Many stories about mental illness focused on its prevalence in certain populations, particularly groups of people in high-stress environments. For example, in addition to *The New York Times*' coverage of mental illness among veterans, the *Los Angeles Times* ran stories about doctors in training, college students, first responders, and children in military families (Kaplan, 2015; Philipps, 2015b; Rivera, 2015; Zarembo, 2015). Often these stories noted that mental illness is highly stigmatized or viewed as a weakness within these populations. While it's notable that community leaders are recognizing the need for mental health services for these groups, framing stories in this manner in some

ways overlooks the fact that mental illness is a medical concern that can affect people regardless of lifestyle or occupation.

Also significant are stories that address the need for more widespread, improved mental health services, either for specific groups of people, such as veterans, or for the general population. Some of these focused on alternative ways to provide or receive treatment. One *New York Times* story, for example, covered a low-cost initiative in Ghana and noted the possibility for similar programs in the United States, and a *Los Angeles Times* story described an online service that offers resources and support to people with mental illness (Carey, 2015a; Sun, 2015). However, there were very few stories in this research study that showed depression as either a manageable health condition or as something that people can recover from. Instead, the stories fell into categories that Smith (2007) identified in a large study on media depictions of health issues 10 years ago. The stories either promoted or challenged a stigmatized view of depression — and the stories more often promoted a stigmatized portrayal of depression.

Portraying mental illness as a manageable condition diminishes its stigma and promotes attitudes that are more inclusive (Corrigan, Powell, & Michaels, 2013). Showing the nuance of any medical condition, whether it is depression or heart disease, educates the public about important health topics. Continuing to show only the extremes of depression is a disservice to readers because it does not reflect reality.

## **Discussion**

The coverage in these three newspapers reveals that news organizations often do not follow their industry's ethical guidelines when it comes to mental health coverage. News organizations set the agenda and therefore have the power to frame these kinds of issues (Baran & Davis, 2015; DeFleur, 2010; McCombs & Shaw, 1972). Because news media set the agenda of what is important in society, the way they present depression in their coverage shapes public opinion on these issues. Furthermore, news media have the ethical responsibility to help, not harm, their audiences (Baran & Davis, 2015; "SPJ Code," 2014).

The newspapers in this study framed depression as a difficult health condition that substantially interferes with daily life, particularly within populations that share characteristics, such as veterans or the homeless. At first glance, this type of coverage may seem like it is shining a light on a significant health issue of specific communities that are not usually covered in the news. However, journalists frequently used dramatic details to illustrate depressive episodes that, while interesting to read, did not reflect a representative example of what it is like to live with depression. Dramatic stories emphasize conflict as a storytelling technique, contributing to the stigma that people with mental illness cannot lead fulfilling lives. An example is the columnists at *The Dallas Morning News* who discussed the district attorney's depression not as a health issue but as an entertaining saga — and readers, of course, could count on the *Morning News* for

updates. The content — especially the opinion pieces — often read like gleeful tabloid scoops rather than responsible news reporting. Instead of providing straightforward information and resources to help those with depression, the newspaper followed the district attorney's illness as if it were a scandal.

News producers may not think stories about everyday people who live with depression have much news value, but when that perspective is largely missing, consumers get a skewed view regarding management of the disease. Additionally, by relying on populations of people to illustrate depression as a medical condition, journalists framed it as something “others” have. This is problematic because it stereotypes a large population of people and a common health condition.

The way stories were framed reflects news production values taking precedence over ethics. News organizations strive to provide the public with important, useful information. But they may be missing their goal when they ignore the repercussions of how that information is provided, from the topics a newsroom monitors to the stories chosen for publication, to the terminology used in those stories. Making professional guidelines more visible through informal communication and formal communication among newsroom employees may reinforce how journalists cover depression, and by default, other mental illnesses. For example, reiterating guidelines during editorial meetings as well as the kind of ad-hoc meetings that frequently occur in newsrooms, could remind journalists that providing context, appropriate sources, and hotline numbers (when appropriate) is important when a story includes a mental illness component.

Specific guidance to journalists covering mental illness is already readily available. An obvious problem is the reluctance to adhere to the guidance that may be a result of reporters and whole newsrooms not keeping up with important updates. Reporters and editors must be aware of changes to the AP Stylebook — as well as the availability of more extensive style guides — in order to learn and adhere to the recommendations. A significant step media organizations could take is to make sure that updated AP Stylebooks are accessible to all journalists. Additionally, newsroom editors and news executives could highlight the importance of covering mental illness with context at editorial and other meetings with professional journalism organizations that hold annual conferences, such as the Society of Professional Journalists. Other news training organizations, such as Poynter, offer online modules (e.g. <https://www.newsu.org/reporting-mental-health-suicide>) to improve mental illness reporting. This is a low-cost, efficient way to engage journalists in improving their reporting skills.

Journalists might also benefit from a website that serves as a hub for the various resources available regarding coverage of mental illness. This would make it easier for reporters and editors, who are often working on tight deadlines, to access these guidelines. For example, the Ohio Suicide Reporting Guidelines website, available at



[mha.ohio.gov/Default.aspx?tabid=882](http://mha.ohio.gov/Default.aspx?tabid=882), offers a simple checklist for stories about suicide, in-depth recommendations and links to other resources.

To mitigate the pressure of deadlines, journalists as individuals should seek out and develop a deep bench of sources who are qualified to comment on mental illness, as well as recognize the differences in mental illness diagnoses. Journalists also should keep in mind that these types of stories are not only about individuals, but affect millions of people who need to be informed on the facts, where to get help, treatment options, and other valuable information.

Additionally, intertwining the subjects of suicide, depression, and violence is appropriate at times (i.e. when essential to the story), but frequently combining the subjects together erroneously or without warrant presents a cumulatively skewed understanding of both topics. This is especially true when considering that our research showed journalists using dramatic examples to illustrate depression. Moreover, findings from the current study echo those from previous journalism research, in which violent acts covered in the news were often attributed to speculations about the perpetrator's mental health (McGinty et al., 2016). Also, it should be noted that depression is a risk factor for suicide (Hawton, Casanas I Comabella, Haw, & Saunders, 2013), but suicide is not always the end result of depression. It is a dramatic ending, one that, this research showed, journalists continue to employ, most likely as a result of the news production process and to engage readers.

### **Limitations and future research**

We looked at only three large newspapers during a certain period of time and used a qualitative, framing approach to our research. The results may have been different had we examined different news organizations at a different time.

Other ways to study this topic could include quantitative analysis of more types of news organizations, including multi-platform news, a survey of journalists, or qualitative ethnographic studies of decision-making in newsrooms. It also could be helpful to search for additional, colloquial terms that are substituted for depression in local news coverage, such as "sad," "down," or "blue." While depression is the appropriate term for a specific mental illness, people who have depression may not describe it in those terms. A study that looks at the language used to describe depression by individuals who have it would offer insight into the perception of the community closest to this diagnosis.

Another topic to consider is whether reporters describe depression and other mental illnesses as diseases and/or a disabilities. The Diagnostic and Statistical Manual of Mental Disorders lists various types of depression with standards for diagnosis and treatment (Moran, 2013). The Social Security Administration also lists depression and other mental disorders as eligible for disability claims ("Disability Evaluation Under Social Security," n.d.). In addition, how does media coverage of depression differ from

coverage of other types of disabilities and diseases? It is critical to understand how news stories affect the public's understanding of these disorders.

## Conclusion

This research showed that newspaper accounts of depression continue to contribute to a stigmatizing narrative of this health topic. This is problematic because numerous resources exist to address the accurate reporting of a health condition that avoids negative stigma. In addition to the resources already cited in this study, such as the *Associated Press Stylebook*, Poynter, and others, the American Psychiatry Association, the National Alliance on Mental Illness, and the Carter Center Mental Health Program have also developed guidelines for journalists who are reporting on mental health and mental illness.

These types of stories portray extreme examples of people diagnosed with depression because dramatic stories are thought to engage readers. However, given the vital implications of agenda setting, journalists must remember that they play a critical role in informing the public and must first and foremost, help rather than harm their readers and society (Baran & Davis, 2015; SPJ Code of Ethics, 2014). Instead, journalists could serve as important and needed leaders in the process and conversation on reducing harmful stigma surrounding depression and other mental illnesses. This should start with imparting greater importance on the existing journalism guidelines for reporting and writing. Coverage on mental health should receive specific emphasis through high school and college-level journalism programs and be focused on, discussed, and asked about throughout a journalist's career in the field, as it is expected that guidelines are regularly updated. Communication is ever-changing and new guidelines and strategies for covering emerging areas of interest should be expected to appear and adapted as a reflection of the changing needs of society.

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