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Kate Holland (2018) Making Mental Health News : Australian journalist's views on news values, sources and reporting challenges. *Journalism Studies* 19:12, pages 1767-1785

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<https://doi.org/10.1080/1461670X.2017.1304826>.

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MAKING MENTAL HEALTH NEWS:

Australian Journalists' Views on News Values, Sources and Reporting Challenges

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This study is based on interviews with Australian journalists about their experiences of reporting on mental health issues, including how they see their role and their views about characteristics of newsworthy stories and sources and reporting challenges. The analysis draws out the following themes: Exposing problems with psychiatry and mental health care; Highlighting gaps between rhetoric and reality; Humanising case studies; Putting vulnerable people at risk; and Negotiating pushy and shy sources. The study draws upon the concept of biocommunicability to consider these themes in the context of biomedical authority, patient-consumer and public sphere orientations to reporting. Journalists tended to convey a public sphere orientation, but they also gave examples of how the concerns of sources and audiences could work against this. The study suggests that factors such as competition for funding within the mental health field and pressures within the media industry play an important role in shaping the models of biocommunicability found in mental health news and in the mediatised practices of actors within the mental health field. The article argues that a preoccupation with the potential harms of reporting could work to constrain journalism that challenges and moves beyond the privileging of biomedical authority and patient-consumer models.

KEYWORDS: biocommunicability; biomediatiation; health journalism; journalism; journalism studies; media; media criticism; mental health

Acknowledgement

I would like to thank the journalists who participated in the research, Professor R. Warwick Blood for his feedback on an earlier draft of this manuscript and the journal reviewers for their valuable feedback.

Funding

This work was supported by an Australian Research Council Discovery Early Career Researcher Award DE140100100 'Mediating Mental Health: An Integrated Approach to Investigating Media and Social Actors'.

Introduction

Media representation studies have offered valuable insights into how news values and journalistic routines shape the reporting of health issues, but relatively little is known about journalists' experiences of reporting on particular areas of health. The role of health reporters has typically been seen as one of accurately transmitting medical and public health information to the 'lay' public and, as some scholars have argued, the complexity of journalists' roles has not been taken seriously (Briggs and Hallin, 2016; Seale, 2003). The communicative work of health journalism can be understood in terms of mediation, popularisation, creating frames and narratives, and 'pre-mediatisation' (Hallin and Briggs, 2015). Factors such as news values, professional routines, resource constraints, imagined audiences and the relationships journalists have with their sources all play an important role in what health issues are reported, how they are reported and who are included or excluded as valued sources of health knowledge (Briggs and Hallin, 2016; Kitzinger, 1999; see also Cottle, 2000). Another factor that journalists are encouraged to consider in their reporting of mental health issues is media reporting guidelines and related resources. These guidelines can be seen to mediate relationships between journalists and their sources and as embodying and projecting assumptions about the appropriate role of journalists in reporting mental health issues.

This article responds to calls to take health journalism seriously and draws upon interviews with nine Australian journalists about their role and interest in reporting on mental health issues, characteristics they value in stories and sources and challenges they face reporting in this area.¹ The analysis draws upon concepts of biocommunicability and biomediatiation (Briggs and Hallin, 2007, 2010, 2016) to illuminate the important, though largely under-examined, role of journalists in processes of making mental health news. Such insights are valuable not only for shedding light on constraints within the journalistic field but also external factors that journalists must navigate, particularly in the context of a sector in which biomedicine continues to be a powerful discourse and within which distrust of media and concerns about its potential to cause harm has a long history.

Biocommunicability and biomediatiation: a new approach to health news and journalism

The concept of biocommunicability offers a valuable new lens through which to examine health news and the role of health journalism within larger processes of biomedicalisation, mediatiation and what Briggs and Hallin (2016) describe as biomediatiation. The concept of biocommunicability seeks to capture how health news not only "teaches" people about health and disease and how to act, but about "how information is (and should be) communicated" (Briggs and Hallin, 2007, 58). It draws attention to the performative power of health news in projecting how knowledge about a health phenomenon "emerges and circulates and who should attend to it and how" (Briggs and Hallin, 2016, 8). Thus, Briggs and Hallin's work foregrounds the discursive practices of news media and health journalism not only in the circulation of health and medical knowledge but in the co-production of medical objects and subjects, such as passive patients, active consumers and citizen-spectators. The concept of biomediatiation seeks to capture the way in which health professionals and other health actors are embedded in media spheres, rather than operating outside of and above them. It represents a move to rethink the binary that has been constructed between media and medicine to capture the interpenetration of these two domains (Briggs and Hallin, 2016). This approach to health news brings together the expertise of anthropologist Charles Briggs and well-known media and journalism studies scholar Daniel Hallin, and is their response to the perceived need for cross-fertilisation between fields of health communication, journalism studies, medical and media anthropology, political communication and literature on 'biopolitics'.

The conceptual framework of biocommunicability and mediatiation allows us to see journalists not as merely transmitters of the claims of medicine, science and public health, but as important mediators of the perspectives of actors within the health field who have a range of interests, agendas and media skills. As such, journalists have as much to do with the constitution of medical objects (i.e. disease categories) and subjects (i.e. clinicians, researchers and patients) as scientists or the producers of biomedical knowledge or health policy, for example. Briggs and Hallin

offer the concept of biomediatization to refer to this co-production of medical objects and subjects and the way in which clinics, hospitals, pharmaceutical companies, public health offices and health professionals are embedded in media spheres (Briggs & Hallin, 2016). One of the implications of this line of thinking is that what happens within these sites (pre-mediatization) is increasingly concerned with or addressed to the logics and practices of the media (Strömbäck, in Hallin and Briggs, 2015). Mediatization can also be seen in the recruitment of people with media-related skills to integral communications and media roles within other social fields. This may in turn assist an organisation in attracting media coverage for the kinds of stories they would like to tell. According to Strömbäck's work, this could be seen as one of the deepest forms of mediatization (Briggs & Hallin, 2016, 11) and it may work to the mutual benefit of journalists who need copy and organisations who have stories to tell, agendas to pursue and public visibility to maintain.

Briggs and Hallin identify three predominant models of biocommunicability at work in health news: biomedical authority, patient-consumer and public sphere. In its classic form, the *biomedical authority* model describes a hierarchical "circuit of communication in which medical knowledge is produced by specialists and transmitted to patients by their primary-care physicians" (Briggs and Hallin, 2007, 51). This model is adapted in the context of mediated health education and promotion campaigns, which are often motivated by a concern that some members of the population are particularly vulnerable to "the unhealthy effects exerted by nefarious advertisers and ignorant or ill-willed reporters," which need to be "countered through the same media" (Briggs and Hallin, 2007, 51). While the biomedical authority model may not be as dominant as it once was, it continues to play a powerful role in health news because of its alignment with news values and the routine sourcing practices of journalists. Biomedical research or 'breakthrough' stories are a staple of health news and biomedical institutions often have the above mentioned communications staff to promote and facilitate research dissemination. Thus, the biomedical authority model is often evident in news reports about new research findings wherein clinicians are the experts and journalists the conduits for transferring biomedical knowledge to lay audiences (see Briggs and Hallin, 2007).

In the era of neoliberal governmentality Briggs and Hallin (2010, 152) suggest the biomedical authority model has been eclipsed to a large extent by that of the *patient-consumer*, wherein the lay person is addressed as a rational actor who is "an active seeker of information, which he or she is expected to gather, sift, evaluate, and use to make health choices" (152). The difference between this model and the biomedical authority model is that the role of journalists shifts to one of advising consumers about the range of help-seeking options available to them, thereby disrupting the hierarchy in which they are positioned as helping medical authorities communicate biomedical or public health 'facts' to an 'ignorant' public. This model is often evident in stories in which the celebrity patient is positioned as playing an active role in their treatment and in turn advocacy for others to do the same. Biomedical experts or institutions may be absent as a variety of other actors and mediated sites assume the role of knowledge producers. This model emphasises health as a commodity of the individual consumer and is often seen in lifestyle journalism and human interest health stories, the popularity of which is increasing as news organisations shift toward market-driven models of practice (Briggs and Hallin, 2016).

In contrast to biomedical authority and patient-consumer models, the *public sphere* model imagines audiences (and media users) as citizens and accepts health as a contested, contingent and firmly political concept. It disrupts lay/professional hierarchies and assumes that there is debate within the medical community, the corrupting forces of political and economic interests exist within it, and the public has a right to observe and judge it. Public sphere cartographies of health information often focus on "cases in which circulation gets blocked by secrecy, disinterest, or corporate greed" (Briggs and Hallin, 2010, 157). Here we might think of journalistic reporting on conflicts of interest or disease mongering practices, which when publicised position medical authorities as just another interested group. We might also think of reporting on the social and environmental determinants of health, which previous research has found journalists often do not see as relevant to their news organisation's "profitable" target audiences as well as being in tension

with the demands of a “good story” (Hodgetts et al., 2007; see also Gasher et al., 2007). The public sphere model can be likened to what Hodgetts et al. (2007) refer to as a civic-oriented health journalism, wherein audiences are addressed as having a stake in health issues and journalists assume the role of assisting them in grasping the scope, relevance and potential impact of issues (see also Hodgetts, 2012).

News media, reporting guidelines and the contested mental health field

Research shows that news media convey a diverse range of narratives about mental distress (Cross, 2010; Harper, 2009; Rowe et al., 2003) wherein biomedical, psycho-social and more politicised discourses circulate. However, the potential for media portrayals to produce particular types of negative outcomes (i.e. stigma and copycat behaviours) has arguably been the dominant lens through which journalism in this area has been understood. Unlike other health issues mental illness is at times linked to violence in media portrayals. Conditions such as schizophrenia, for example, often come to media attention in the context of crime or court proceedings, which many believe can unnecessarily stigmatise not only people with that diagnosis but with any mental illness, and may also lead to public safety being given undue attention in mental health policy (Blood and Holland, 2004; Beresford, 2002; Philo, 1996; Rose, 2008; Wahl, Wood and Richards, 2002). Such reporting usually centres on a particular incident that attracts media attention because it fulfils enduring news values of sensation, conflict and drama, while affirming cultural stereotypes of madness that have a long history (see Birch, 2012; Cross, 2010).

In response to such concerns, several countries have developed guidelines for journalists and media professionals designed to ensure reporting is accurate, sensitive and unlikely to do harm. In Australia, since 2002 the Commonwealth Government funded *Mindframe National Media Initiative* has played a leading role in developing guidelines for media reporting of suicide and mental illness, raising awareness of how reporting practices could impact people with lived experience and wider community attitudes, and building relationships with the media sector. Its guidelines and resources have been continually revised, updated and developed in collaboration with mental health professionals, researchers, journalists and other media workers, and organisations within the mental health sector. In addition to concerns about associating mental illness with violence, other areas of concern are the inclusion of suicide methods and locations and the use of language deemed to be stigmatising or otherwise problematic. For example, the guidelines advise against describing people as ‘a victim’, ‘suffering from’ or ‘afflicted with’ a mental illness, encouraging instead terms such as ‘being treated for’ or ‘someone with’ a mental illness. Terms such as ‘happy pills’, ‘shrinks’ and ‘mental institutions’ are discouraged in favour of ‘antidepressants’, ‘psychiatrists’, ‘psychologists’ or ‘mental health hospitals’. The *Mindframe* guidelines also urge the media to include contact details for where people can seek help and advice (Hunter Institute of Mental Health, 2014a).

Mindframe has numerous Australian health journalists on its advisory board, which adds a layer of legitimacy to the guidelines. These guidelines have become important reference points not only within the media industry, but also in the training of communications students within universities and within the mental health sector itself. Mindframe also provides guidance for those working in the sector about the kinds of factors they should take into account when interacting with the media. Its Communication Managers’ advisory group includes representatives from all the larger mental health organisations and health and medical professional bodies in Australia (Hunter Institute of Mental Health, 2014b). This could be seen to illustrate Mindframe’s influential role in embedding concerns about media practices and ways of dealing with the media within the mental health field and building a consensus around these issues. It is clear that Mindframe’s work is respected within the mental health sector and media organisations readily take up guidance about including helpline details in stories about mental health issues and suicide.

The mental health field is, however, characterised by contested knowledge and beliefs about the causes of mental distress and the best approaches to helping people (Bracken and Thomas, 2005; Lewis, 2006; Moncrieff, 2010; Pickersgill, 2014). The field implicates individuals with different

conditions and experiences and views in relation to diagnosis and treatment, along with health professionals and advocacy organisations and support groups with a range of different forms of expertise, constituents and interests. This contestation and diversity is not matched by the apparent certainty and conviction conveyed in reporting guidelines about how journalists should represent, and communicate about, mental health issues. To the extent that reporting guidelines and related resources seek to fulfil a pedagogical function for media professionals and the publics who consume media products, they inevitably convey interpretive closure with respect to what constitutes 'positive' and 'negative', 'good' and 'bad' and 'responsible' and 'irresponsible' reporting on mental health issues. They tend to project the role of journalists as one of promoting mental health literacy while the object of mental illness itself is taken as something about which medical/psychiatric knowledge is settled. This is similar to the hierarchical linear model of knowledge transmission that characterises much research in health communication as well as health promotion and education campaigns. Some believe these resources have had a positive impact on the quality of reporting and previous research has found that journalists find them useful (Skehan et al., 2006). However, there is also evidence to suggest deploying such resources too prescriptively in media-oriented practices (i.e. criticism, advocacy and anti-stigma work) may work to threaten rather than cultivate relations with media professionals (Holland, 2012; Crossley, 2004). In this context, one might ask how considerations such as reporting guidelines figure in journalists' views and experiences of reporting on mental health.

Data collection and analysis

The study involved semi-structured interviews with nine Australian journalists, including four who worked for mainstream news organisations, four who worked as freelance journalists and whose work had been published in mainstream outlets and/or health news sites, and one who worked for a publication targeting health professionals, including psychiatrists. The recruitment strategy was guided by my primary interest in journalists with experience reporting on mental health issues. To that end, seven specialist health reporters from mainstream news organisations known to have reported on mental health issues were invited to participate and four were interviewed.² The freelance journalists were either known to the researcher as having experience in the area or suggested by other interview participants or colleagues. The trade journalist was identified through my exposure to their work over the course of the project. Ethics approval for the study was obtained from the University of Canberra's Human Research Ethics Committee.

The journalists had varied experiences reporting for newspapers, television and radio and all had experience publishing online. The four mainstream journalists included two from broadsheet publications, one tabloid and one television news and current affairs, and they all had experience as health journalists or editors who were in a position to reflect on any distinguishing features of reporting on mental health. Five of the nine journalists disclosed either personal experience of mental health issues or of being a carer. Interviews were conducted in person in 2015 and ranged in length from 45 to 90 minutes. Participants are identified in the analysis by Interview 1-9.

The interviews were analysed using qualitative thematic analysis, which began with a close reading of each transcript and checking it against the audio recording (Braun and Clarke, 2006). Extracts that seemed to reveal something of interest about a journalist's experiences and views of reporting on mental health issues were then coded. After each transcript was analysed in this way, a separate document was created in which extracts that dealt with the same codes were inserted, with the process continuing for each of the coded extracts from the transcripts. The analysis was an iterative process wherein insights to emerge from one interview lead me to look out for similar or contrasting observations in others. The process involved moving from the identification of patterns at a semantic level to a process of interpretation and attempting to theorise the significance of these in the context of conceptual considerations related to biocommunicability. The analysis focuses on themes in relation to how journalists described their role and interest in reporting on mental health issues, their views about newsworthy stories and sources, and challenges of reporting in the area.

Role and interest in reporting on mental health issues

In discussing their interest and role in reporting on mental health issues journalists conveyed a strong public service orientation in identifying concerns about rights, exposing suffering and injustice, highlighting areas of unmet need, contributing to social and political change and giving voice to lived experiences.

Exposing problems with psychiatry and mental health care

Journalists variously drew upon their knowledge and personal experiences to critique certain aspects of psychiatry and mental health care, often via comparisons with other health issues. These observations revealed awareness of some of the problems that mental health issues present for biomedical authority. For example, one newspaper journalist who also had lived experience observed that there are no biomarkers for mental health conditions and the diagnostic scales “can be quite a blunt instrument”. An area she suggested distinguished mental health was the high potential for harm combined with and exacerbated by uncertainties within the clinical domain:

I think mental health is a very misunderstood area, even by the clinicians themselves. I think that there’s a lot of them who if [they] were honest with themselves would say that we still don’t know a lot about how to diagnose, how to best treat people, whether we’re actually doing more harm than good and I think that’s what interests me in the area. (Interview 8)

Another newspaper journalist saw mental health and her journalism in this area through a human rights lens:

I think because I’ve always had a real interest in social justice, and that’s why I got into journalism. And, to me, it seems like people with mental illnesses are the most poorly served people in our society. So I was interested in it from a rights perspective, and I felt like you can make a really big difference when you write about these topics. (Interview 3)

This journalist recounted that one of the more important stories she had written concerned the Mental Health Review Tribunal increasing the amount of time someone could be involuntarily detained. She described herself as “a bit of a campaigner” on that issue and suggested that her reporting played a role in getting the time decreased. She saw this as an important story because it involved people who are among the “least able to advocate for themselves” (Interview 3). This orientation to reporting aligns most closely with a public sphere model of biocommunicability and the journalist’s comments also alluded to some of the challenges of reporting on such issues, including the isolation and relative lack of resources of people in such a position.

Highlighting gaps between rhetoric and reality

Journalists also discussed their role as one of highlighting needs and gaps in mental health policy and services. This theme captures what journalists perceived as a mismatch between the amount of awareness raising initiatives in relation to mental health and people’s access and availability to support and services if and when they do seek help (see also Holland, 2016). For example, one TV and online journalist emphasised the importance of politically oriented stories, which she distinguished from other types of stories that, while encouraging people to talk, may not speak to people’s suffering:

I think the role is to shine a light on what’s going on and hopefully that will then influence good policy, so it’s about highlighting community need and what’s really going on with people in terms of what they’re suffering from, their access to support. You know, I’ve done a few stories in the last year about budget cuts and things to Federal funding for mental health and I think that was really important to highlight it’s all well and good to have all this advocacy of talk about it and if you can’t get help then that’s a big, big problem. (Interview 4)

There was also a sense that fear and concern about undermining public trust in services was not an excuse to avoid reporting on problems with services and the policy directions that underpin and support them. For example, one newspaper journalist described how she sees her role in contributing to public discussion and understanding of mental health issues in these terms:

I think that it's really important that we tell the stories in a responsible way. But also, from a public policy point of view, I think that's really important, that we aren't scared to question policy around mental health, particularly youth mental health, just because oh well, questioning it might lead to the kids dying. I mean, that's just absurd. And there shouldn't be any area that is sacrosanct and you can't go near. (Interview 8)

In discussing problems with the science and practice of psychiatry and mental health care, and gaps between the rhetoric and reality of mental health policy and services, journalists positioned themselves as “watchdogs” and projected their role as one of exposing such issues and holding those with decision-making power to account. Their comments conveyed some skepticism of biomedical authority and of the neoliberal health agenda of educating consumers in favour of a public sphere understanding of their role as one of highlighting uncertainties and disagreements in scientific evidence and the services and policies it informs. However, they also discussed how some of the practicalities of news production and the practices of sources presented challenges to this style of reporting.

Newsworthy stories and sources

When asked about the kinds of factors that make mental health issues newsworthy, journalists discussed the availability of a case study, problems to expose, areas of unmet need to highlight, involvement of high profile people, tragedy, controversy, and new research. These findings are consistent with previous research (Subramanian, 2014). In terms of characteristics they value in sources of mental health news, journalists referred to factors such as proven track record and those seen as leaders in their field, a source's knowledge of their own organisation and its expertise, knowledge of a journalist's interests and audience and preparedness to adapt and organise their activities to meet their journalistic schedule and media demands by, for example, being selective about the stories they promote. Given the newsworthiness of case studies, journalists readily acknowledged the valued role of advocacy and support organisations in facilitating access to people who want to share their stories and preparing them for their interactions with journalists and subsequent media exposure.

Humanising case studies

Journalists described the increasing importance of having a person with a lived experience willing to talk about it (a “case study”) to personalise an issue, resonate with audiences and create empathy. Case studies were identified as being increasingly important in the online environment as one journalist observed they tend to be the stories that people share and linger on as evidenced by readership metrics (Interview 3). Two journalists who worked for the national public broadcaster observed a shifting interest away from facts and figures towards stories that are more “human-focused” (Interview 2) and have a strong “human element” (Interview 4) in reporting on health and medical issues generally. One journalist suggested the key to the value of a case study is the photograph that people could look at and say, “That could be me” (Interview 3). These findings are consistent with previous research showing that journalists use humanising exemplars to lend interest and appeal to their stories, help readers identify with a problem, and make health information less abstract than can be the case with stories purely about medical science or policy issues (Hinnant et al., 2013).

It is perhaps in the importance attached to case studies where we can most clearly observe the patient consumer model of biocommunicability, tied up as it is with the influence of readership metrics and commercial imperatives on editorial decision-making. That is not to say that case studies may not play an important role in sparking audience interest in the first instance and subsequently allowing people to learn more about issues they would not otherwise have considered, such as mental health policy, services and treatments. But it is to raise the question of which kinds of case studies make it through the news filter and onto our screens and newspapers. Humanising case studies, for example, do not necessarily speak to dehumanising experiences.

There was a view that some mental health conditions received less attention than others, which was an observation shared by people with lived experience, advocates and mental health professionals who participated in the study. Journalists attributed this in part to such conditions not having a public face or being less palatable. For example, one newspaper journalist suggested that schizophrenia “can be a bit ugly,” which she connected to “some things that people don’t want to read about over their Wheaties” (Interview 7). Related to this was an apparent tension between the role of journalism in normalising and making mental health issues easier for people to relate to (which, paradoxically, is a role often attributed to celebrity disclosures), at the same time as wanting to validate and enable a space for the stories of people who experience struggles within the system and who may struggle to establish their credibility owing to the isolation that can come with a psychiatric diagnosis and treatment. For example, one newspaper journalist said:

I think this is a tension right that you want to focus on the parts of mental health, and these organisations do too. They want to normalise it and focus on the bits people can relate to. So many people have been depressed at some stage in their life that you start focusing on the bits around the edges, but then it means that I think that you still miss out on the people who are at the most acute end of it, and the people who are actually suffering the most. And whether that’s knowing how the system works, understanding how – what policies are being implemented, or even just telling their stories in a way that people can identify with them. There’s still huge gaps there. (Interview 3)

While journalists highlighted the increasing appeal of case studies, some also observed that mental health issues continue to occupy a marginal status in relation to other areas of health where, for example, medical ‘breakthroughs’ are more common and case studies are deemed by editors and news managers to be of more interest to their target audience. As one journalist observed, “I still think there’s a general kind of belief that mental health problems happen to other people, but emergency department or cancer or whatever, that could happen to me” (Interview 3). I was somewhat surprised by this observation because it suggests that, despite years of mental health awareness raising, celebrity disclosures, anti-stigma campaigns and slogans such as ‘mental illness can happen to anyone’ or ‘mental illness is an illness like any other’, from this journalists’ perspective at least, it still struggles to be recognised as something that audiences care about.

The interviews also revealed prevailing power differentials within the mental health sector in terms of perceived credibility and expertise. There was a sense of deference to biomedical and clinical authorities among some journalists, which was not necessarily connected to their particular expertise but often to their accessibility and availability – key considerations for news journalists. As one suggested, “you ring the nearest person that’s going to answer their phone and have something reasonable to say on it. So you are not necessarily going to consumer groups or those people that have been through that health system” (Interview 5). These observations suggest that consumers and consumer groups are not yet accepted as common reference points for mental health stories in the way that mental health professionals and larger organisations are. Indeed, consumers seem to assume their primary news value in the form of case studies sharing their personal stories, as opposed to having considered and expert views on issues affecting mental health policy and services. There was also a sense in which certain experts were seen as having the ear of decision-makers and thus journalists felt obliged to consult them. These findings are consistent with research showing that lay voices tend to be absent unless they are supportive of a biomedical expert’s position, while medical and bureaucratic experts tend to be privileged (Rowe et al., 2003).

Reporting challenges

Journalists identified several reporting challenges, some of which were seen as particular to mental health issues while others were applied to journalism more generally, such as limitations of the news genre and space and time restrictions. More specific to mental health was the preoccupation with the potential harms of reporting in relation to language to use, topics to report and concerns about vulnerability of audiences in terms of stories detrimentally impacting people’s

health care decision-making and their trust in health professionals and institutions. Regarding language and images to use journalists identified a tension between following what reporting guidelines and some advocates recommend and doing service or justice to the voice of lived experience and the nature of the experiences their sources share with them. Similar findings also emerged in a study with US journalists who had won awards for their stories on mental health issues (Subramanian, 2014).

Putting vulnerable people at risk

Journalists were mindful of the potential impacts their stories could have on their audiences and the subjects of their stories and this was something they often struggled with and had internalised. One freelance journalist who described being “morbidly aware” of media reporting guidelines also discussed the challenges and sense of ambivalence that reporting on particular topics can present:

I tend to think quite a lot – probably too much – about potential impact on consumers of my stories which is a very, very difficult and tricky area and I don't – there are some sub-areas to that where it's so tricky that I am a bit at a loss. Like, for instance, writing about the harms of anti-psychotics is something that I want to do, but I'm scared of writing about it in a way that would alarm people and yet not writing about it isn't an answer. (Interview 1)

To further illustrate this theme I want to reflect on the experience of another freelance journalist in relation to an article she wrote about voice hearing, which was published on news.com.au and also on the organisation's Facebook page. She sourced the story from a mental health conference where several sessions included people who hear voices talking about how cognitive therapy helps them to live with their voices. She described her surprise at the backlash to the story on Facebook:

And people went bananas about it. They thought it was – they were calling me as bad as an Antivaxxer, and they were saying it was irresponsible, disgusting journalism, and – which I found really interesting, because I had actually read a lot of papers about this kind of cognitive therapy. It's been going on in Europe for 30 years, it's used in – sorry, 25 years – it's used in 30 countries. (Interview 5)

Facebook comments focused on the potential for journalism of this kind to put people at risk in terms of encouraging certain healthcare decision-making. These are some examples:

You can be certain that there will be people suffering with schizophrenia who will now rely on this troubling piece, to stop their medication. Which would be kind of romantic, if it didn't lead to suicide, immense suffering and social consequences. (Doron Samuell)

Disgusting journalism. Why make light of something so horrible, advising people to just roll with it for a good story. Vulnerable minds stopping medication leads to tragedy. (Sarah Harrold)

The media need to wake up and realise how delicate the minds are of the readers this could effect. (Lisa Pillar)

This is such poor journalism, if you could even call it journalism, and is an extremely irresponsible article. This has about the same credibility as "anti-vaxxers". Whoever edits this material should have a good think about the ethics of journalism, if they have even heard of them. (Andrew Skerritt)

The first of these commenters identified themselves as someone with 25 years' experience working as a psychiatrist and went on to call for research evidence about the outcomes of withholding medication from people experiencing “mood-dystonic auditory hallucinations”. The author of the fourth comment implied that the article constituted unethical journalism and dismissed the research to which the journalist referred as not even “pseudo science”. They also positioned themselves as a kind of ‘expert’ or arbiter of what constitutes responsible and ethical journalism in threatening the journalist that “you will be responsible” (in capital letters) if a “mentally ill person” reads the article, decides to go off their medication and hurts themselves or someone else.

In contrast, a few commenters sought to defend the article by positioning these criticisms as hysteria and asserting the importance of open discussion:

The article doesn't mention schizophrenia. There are causes of psychosis besides schizophrenia. Dealing with these causes rather than just medicating with antipsychotics is a better solution for some people. Nobody is telling people with schizophrenia to stop medication. We should be able to discuss treatment options without hysteria. (Claire Ellen)

Indeed, the article did not refer to schizophrenia and this was a deliberate decision on the part of the journalist to cast light on the fact that hearing voices does not necessarily mean someone has schizophrenia and also that it may be connected to trauma and abuse, for example. Similarly, the story in no way advocated for people to stop their medication and opt instead to live with their voices; it reported one person's experience of how this approach has been helpful for her and some of the research that supports the links between trauma and voice hearing.

In reflecting on this experience the journalist said she decided to leave the discussion realising that she was "not going to win" and observed:

I mean, the main person I interviewed was a voice hearer. And she was standing up with great power and saying, "This is my experience." And for people to question that in such a vicious and unbelieving and frightened and stigmatising way, I thought was a very interesting kind of insight into where we are right now in our public dialogue about this topic.

(Interview 5)

Responses to this story could be seen as evidence that biomedical authority continues to exert a powerful influence in the realm of media criticism in relation to mental health issues. I suggest this story and the few positive responses to it endorsed a patient-consumer orientation in as much it alerted people to non-medical forms of assistance, as well as the public sphere model in that it privileged someone with lived experience as the main source of knowledge and exposed an approach to voice hearing that is rarely seen in mainstream media.³

One of the most telling aspects of Facebook comments was the certainty with which they envisaged the harmful impacts of this story on vulnerable audiences. Journalists also discussed similar threats and accusations they had experienced from sources within the mental health sector when reporting on mental health issues. For example, one used language such as "emotional manipulation" (Interview 8) and another that of "emotional pressure" (Interview 1) to describe their experiences of being threatened about the potential impacts and harms of their stories about the pros and cons of medications or a particular service or therapy.

Negotiating pushy and shy sources

Economic and political constraints within the mental health field may be contributing to processes of mediatisation in important ways. While there was a general sense that they had little difficulty in finding sources within the mental health sector willing to talk to them, journalists were also reflexive and at times suspicious about their motives. For example, some journalists connected competition for funding and resources to sources focusing their media activities and contributions on furthering their brand or agenda as opposed to whether their contribution would be important to the story. Eagerness for media visibility was thus attributed a potentially sinister tone in the context of journalists' observations about the influence of competition for scarce funding within the mental health sector. For example, reference was made to "professional competition and territorialism in psychiatry" and the mental health professional sector (Interview 1); a "crowded field" with "lots of people competing for the same space and air time" (Interview 4); a "fractured sector" with a "lot of different agendas that conflict which then confuse the message... when you're talking about political change" (Interview 3); and a "fraught sector" that is "very divided and lots of rivalries" (Interview 9).

Competition within the sector was also referenced to explain the tendency for some sources to be reluctant to comment on certain issues. One journalist observed that when there is a "good story" everyone wants to comment but they are often absent when there are difficult issues, and several journalists also attributed the reluctance of sources to go on the record criticising policy,

services and funding issues to fear of repercussions, such as funding cuts. This could have the effect of constraining public debate and discussion, as one journalist suggested:

For me, you know, journalism is about creating controversy, it's about having the argument, it's about, you know, anything, if one side of the debate can't do that because it's going to have its funding taken away, then – and the other problem you've got is that there's lots of different people in the mental health sector that all have different ideas about the way things should be done. (Interview 7)

To further illustrate challenges of reporting in this area, there was also a sense that in seeking to have a media presence sources could work to undermine rather than cultivate relationships with journalists by uncompromisingly imposing their view about how stories should be reported. For example, a newspaper journalist commented that some people in the sector can be “almost a bit dictatorial” about how and what things are talked about. When I asked her to elaborate she offered the following example:

Ever since Mindframe came about there's been a huge growth in organisations thinking that they – you ought to include their helpline at the bottom of the story. Now, I can see the rationale for helplines in the case of suicide because the idea is that potentially reading the article is going to trigger someone into actually becoming suicidal. I actually think the evidence for that is fairly minimal in a lot of cases, but you err on the side of caution, but is reading about an eating disorder going to trigger someone to develop Anorexia? (Interview 3)

Despite having some doubts about the evidence for the copycat suicide hypothesis this journalist accepted that in reporting suicide erring on the side of caution is best practice. However, with eating disorders she was less convinced and thus somewhat resistant to the expectation and insistence on the part of an advocacy organisation that their helpline or website be included in the story. This journalist said in the online environment it is not such an issue but in print it could mean losing a vital paragraph. She also went on to observe that you would “never ever” see similar demands from other health organisations and that “pushy PR people” is something that is particularly bad in mental health. She alluded to the dominance of a risk focused approach to talking about mental health issues:

...just generally too there's a lot of culture in mental health, I think, of people telling you how you should say something or how you should conceptualise it, or what is and isn't safe to say. And, it's often given in a very authoritative manner that is not necessarily backed up by evidence, and has the effect of either scaring people off writing, or it has the effect of pissing people off. (Interview 3)

Some journalists also shared experiences of media and communications' people working within some organisations not responding to their requests, which meant they had developed strategies to directly contact a psychiatrist or head of an organisation, for example. This might seem at odds with the observation of organisations being brand pushy. However, through the lens of biomediatiation and pre-mediatiation, these practices may reflect sensitivity to media logics and practices as actors seek to protect the image of their organisation and retain control of their media appearances and publicity. Some of the journalists who reported these experiences had written stories involving criticisms of psychiatry and mental health services and, thus, reluctance on the part of some PR people may be a product of not wanting their brand to be associated with such journalists and the kinds of stories they have been known to tell.

Discussion and Conclusion

The findings of this study illustrate models of biocommunicability and processes of biomediatiation in relation to mental health issues, revealing the importance of situating our understandings of media reporting in this area in the context of debates and dynamics at play within the mental health sector. Competition for funding within the mental health field and pressures within the media industry play an important role in shaping the models of biocommunicability found

in mental health news and in the mediatised practices of actors within the mental health field. In contrast to the assumption that health reporting has the function of transmitting scientific knowledge so that lay people can use it to regulate individual behavior, one of the interesting findings of this study is that journalists tended to convey a public sphere orientation to reporting. This model of biocommunicability sees journalists playing three crucial roles: “deciding which knowledge should be public; finding information that has been withheld or improperly channeled and making it public; and constructing the boundaries of public discourse about health” (Briggs and Hallin, 2010, 157). In connection with this, journalists questioned some of the dictates they had experienced around how issues should be reported and what constitutes responsible journalism. This can be difficult and complex terrain for journalists to navigate and such dictates may work against their desire to exercise a public sphere and even a patient-consumer orientation to reporting on mental health issues, particularly if such narratives challenge biomedical authority.

The assumptions of vulnerability, impressionability and lack of insight evident in the examples of media criticism and other media-oriented practices identified in this study are closely aligned with the biomedical authority model of biocommunicability, within which the expectation is that people with lived experience are or should be the targets or recipients of professional knowledge and expertise. This model tends to position the public as ignorant or lacking understanding and in need of expert guidance, and the failure of journalists and the public to comply may be linked to a range of imagined risks (see Hallin and Briggs, 2015). Thus, to take the voice hearing story as an example, the journalist disrupted assumptions not only about what her own role should be in circulating knowledge about mental health issues but also of what the role of people with lived experience should be. The journalist had done her own research into the hearing voices approach and the voice hearer was positioned as an authority on her own experience. Some commenters were adamant that this was irresponsible and, indeed, risky journalism because of its potential to lead people to stop taking their medication. These examples of what Carlson (2015) describes as “metajournalistic discourse” are notable in showing the biomedical authority model of biocommunicability being deployed by online commenters in response to a story they felt undermined it by pointing to alternatives to biomedicine as an approach to hearing voices.

These criticisms also illustrate the dominance of ‘risk thinking’, which has been identified in mental health legislation and psychiatric governance as producing “the non-compliant subject as the greatest risk to public health and safety” (Rose, cited in Blackman, 2007, 3). This subject, writes Blackman, is the person who fails to take medication and also fails to take up a particular type of relationship with their mental health difficulties, in particular one in which they would take themselves as subjects of biomedical discourse. In the voice hearing example we can add to this the perceived threat that journalism poses in the production of such a subject. It could be argued that such risk thinking works as an “effective Foucauldian agent of surveillance and control that is difficult to challenge because of its manifest benevolent goal of maintaining standards of health” (Lupton, 2005, 428). But it is arguably a view of ‘health’ that rests upon certain assumptions about the power of the media and expert knowledge and the passivity of audiences and ‘lay’ people who are reduced to the roles of recipients of biomedical intervention and victims of a dangerous media.

Previous research into health news has found that the challenges of finding case studies could see journalists settling for an exemplar who is not necessarily representative of a problem or issue and who is tied to vested interests (Hinnant et al., 2013). The current study found that journalists are reluctant to use people with lived experiences as sources if they do not come via a mental health organisation. Mental health advocacy organisations therefore assume an important role in screening and ensuring that their speakers are prepared for and able to manage media exposure; in meeting journalists’ need for case studies they constitute the stories and the sources deemed safe to be promoted to the media. These mediatised practices occur against the backdrop of and typically in concert with Mindframe guidelines and resources. In this regard, journalists’ reliance on particular organisations may help to explain observations among journalists and members of other participant groups that case studies tend to reflect recovery focused “good as

new” type narratives as opposed to what some described as narratives of ongoing struggle (Interview 5) or that reflect the “messy” realities of people’s lives (Interview 2), which they thought warranted more attention. The preferred narratives are more likely to reflect discourses of patients or consumers who either embrace the biomedical model and its associated expertise or negotiate it, rather than those who resist it in favour of emphasising the social, cultural and political contexts in which people experience mental distress and seek to access supports, services and treatments.

An argument could be made that biomedical authority and patient consumer models of biocommunicability lend themselves to stories that are more accessible to journalists, easier for them to tell, and more appealing to audiences. The public sphere model in some respects requires a more proactive and critical approach on the part of journalists who are often constrained by time, resources and assumptions and demands of editors, news managers and, increasingly, news consumers. Journalists’ ability to report on mental health issues cannot be understood in isolation from changes taking place within the media industry itself and the impacts this is having on resources. As one journalist observed, “it’s really good to talk about ideal practice but you also have to recognise that no one is working in an ideal world” (Interview 9). Citizens and consumers are no longer reliant on mainstream media organisations for finding and sharing news and information about mental health issues and interest groups (including pharmaceutical companies and the opinion leaders they finance) are increasingly able to bypass journalists and address audiences directly with their ideas, opinions, products and services. At the same time, competition for funds and resources within the mental health sector increases the importance of media visibility and the kinds of stories journalists tell about mental health issues. In this context, journalists occupy a pivotal role in making sense of the importance of competing perspectives and in shaping the boundaries of responsible journalism. The journalists I spoke to were well aware of how their reporting could impact the subjects and audiences of their stories but they were also resistant to what they perceived as heavy-handed and self-interested media practices on the part of some sources. This study suggests that a preoccupation with the potential harms of reporting and the culture of fear surrounding what and how mental health issues are talked about often takes the form of casting aspersions on journalists and eschewing consumer knowledge and the rights of citizens to witness alternative perspectives and disharmony within the mental health community. This is an impediment to a public sphere model of reporting, which would arguably involve uncovering and interrogating whose interests are served and whose are obscured by attempts to lock discussion into a particular set of discourses. It would nourish a vibrant sphere of public debate and discussion wherein citizens are invited to think about existing structures and hierarchies and to imagine how they might be otherwise and wherein the mediatised promotional activities of well-resourced organisations are treated with some scrutiny.

When considering the question of whether there is anything special or unique about mental health issues from the perspective of biocommunicability, I would suggest there are and will conclude with some observations in this regard. The potential risks that could ensue from (poor) journalism about any health issue is certainly widely accepted but mental health arguably constitutes a unique case that raises particular challenges and concerns. While guidelines for journalists to consider when reporting on health issues generally are available, mental health assumes a significance of its own in the form of the comprehensive Mindframe guidelines and resources. I want to suggest that this differential treatment is related to assumptions that are made about people who have been diagnosed with a mental illness, their vulnerabilities and capabilities; the related assumptions that are made about the power the media exerts over their healthcare decisions; and the existence of a media template of the ‘mad, bad and dangerous’ offender. The area of mental health is further complicated by the fact that people diagnosed as mad/mentally ill have historically been assumed to lack insight and this assumption continues to legitimise the denial of people’s rights to refuse ‘treatment’ or hospitalisation, for example, just as it may impact the range of sources and narratives used by journalists and promoted by mental health advocates. Each of these factors has implications for how people diagnosed with a mental illness are positioned

within circuits of communication, which too often are about them without them and why the consumer/survivor movement embraces the slogan 'nothing about us without us'.

The extent to which a condition is stigmatised or openly discussed is clearly an important consideration when it comes to understanding why particular models of biocommunicability may be more dominant in mental health news than others. The news value of celebrity has seen mental health issues being brought into the spotlight as a range of high profile people such as actors, entertainers, politicians and sportsmen and women have opened up about their personal experiences of depression, anxiety, bipolar and other conditions. One of the observations from this study is that conditions such as schizophrenia may struggle for coverage because very few high-profile people speak out about it. Furthermore, as mentioned, this diagnosis often appears in media reports in the context of some kind of crime or violence, which are written by court or police reporters who may not be familiar with reporting guidelines and, indeed, may not see them as relevant to their journalism. Very few health issues have to compete with this type of media attention and, in this regard, one can see the value of initiatives such as reporting guidelines. The risk is that their content becomes so taken-for-granted as to obscure the fact that interpretations of media portrayals are highly contextual and always open to contestation and that the apparent consensus around them does not include all of those who have legitimate knowledge, experiences and vocabularies to participate in public dialogue about mental health issues.

This study has sought to address a gap in scholarly research into media reporting of mental health issues and contribute to emerging scholarship on biocommunicability through an examination of the views and experiences of journalists. In doing so, it casts light on factors that shape reporting in this area. In particular, it argues that the culture of fear surrounding the impacts of media reporting and the often related activities of some key actors and organisations may impede a public sphere model of biocommunicability. Journalists' accounts also revealed the subtle and not-so-subtle ways in which fears about the potential impacts of their reporting practices are conveyed by sources and audiences via metajournalistic discourse and other media-oriented practices. Ongoing research is examining news reporting of mental health issues and the views and experiences of mental health advocacy organisations, consumers and professionals about their media practices. Questions about how the character and sociocultural and political context of particular health issues variously impinges the models of biocommunicability to be found in health news reporting and among other key health actors is an area for ongoing reflection and to which I hope this study makes a contribution.

NOTES

¹ The study is part of a larger project analysing media reporting in combination with semi-structured interviews and focus groups with journalists, people with lived experience, people working in advocacy organisations, mental health professionals and researchers, and the general community.

² Two did not respond and one expressed an interest in being interviewed but a time could not be arranged within the timeframe of the study. All but one of the journalists interviewed were female and the two who did not reply to my email were males.

³ The Hearing Voices Network is well-known within the mental health service user movement internationally (see Blackman, 2007; Crossley, 2004) and there are hearing voices groups in Australia.

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