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The portrayal of mental illness in South African online news

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The portrayal of mental illness in South African online news

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A research report/thesis submitted to the Faculty of Health Sciences, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Master of Public Health.

Johannesburg, September 2022

DECLARATION

I, Mpho Sharon Mogotsi, hereby declare that this research report is my own original work. This work has not been previously submitted in whole, or in part, for an award of any degree at another university. Each significant contribution to, and quotation in this research report from the work, or works, of other people has been credited, and has been cited and referenced.

The data used in the write up of this research report was accessed from publicly accessible South African online news websites.



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ABSTRACT

Background

Mental illness affects people of all ages worldwide and South Africa has an adult lifetime prevalence of 30.3%. Depression and anxiety account for the largest prevalence of people with mental illness and disability is high. People living with mental illness who are subjected to stigma have negative health outcomes. The literature indicates that the media portrayal of mental illness across the world has been largely negative and stigmatising with some positive portrayal seen recently. With the media remaining an important source of information for the public, how they portray issues such as mental illness can affect the audience's perception and attitude about the issue. Online news platforms have gained popularity and are a source of information for millions of South Africans. Understanding how online news websites report on mental illness and people with mental illness, is an important step in exploring the portrayal of mental illness in the South Africa news media.

Aim

The aim of the research study was to describe and explore how South African online news sites IOL and TimesLive portray mental illness and people with mental illness during the period of January to December 2019.

Methodology

A content analysis study using both quantitative and qualitative approaches was implemented. All online news articles from IOL and TimesLive that covered mental illness substantially during the period of study were included. A media monitoring database available through Meltwater was used to access news articles for the period of January to December 2019. All articles discussing mental illness or people with mental illness from the study period were analysed. The online articles were captured and coded using Microsoft Excel. The quantitative data was analysed using STATA 15. The results were presented as frequencies and percentages.

Fifteen purposively selected articles were analysed thematically. Codes were developed based on reading of the articles and then the codes were applied to all selected articles. The findings were discussed, and quotes were utilised to support the findings.

Results

A total of 244 articles on mental illness were identified for the period under study. The month with the largest articles was October and the articles were commonly found in the news/ current affairs section of the online news site. Stories covered the most prevalent common mental disorders, including depression and anxiety. The top three most quoted sources of information for articles on mental illness were research or academics, health care professionals and non-governmental organisations. The results indicated that overall, the online media articles on mental illness had a neutral and positive tone, with many articles covering causes of mental illness, awareness campaigns that aimed to increase prevention as well as discussing common mental illnesses and psychological treatment. The people with mental illness mentioned were females and the youth (15-24 years). The predominant frames that the online media used were explaining different mental illnesses, including definitions, causes and management of mental illness, mental illness consequences, and the health system crisis.

Conclusion

Overall the study indicated that the portrayal of mental illness in online news in South Africa is following the positive portrayal trend from other countries. It highlighted that the online media is cognisant of the various causal factors that contribute to mental illness; may contribute to increasing the public's mental health awareness; and to decrease stigma associated with mental illness. The study may provide insights for improving public mental health communication interventions and further strengthen the online news portrayal of mental health and illness in South Africa.

ACKNOWLEDGEMENTS

I would like to thank my supervisors, Prof Nicola Christofides and Dr Mercy Hlungwane for their assistance and guidance from the beginning to the end of this research project. I am particularly grateful for the support and encouragement that Prof Christofides gave me through the difficult covid pandemic period we had in 2020-2021.

My sincere gratitude also goes to the Social and Behaviour Change Communication (SBCC) staff and fellow students at the School of Public Health, University of Witwatersrand, who have equipped me with skills and knowledge that enabled me to tackle this project.

To my husband Modise Mogotsi who is my greatest supporter, thank you for your belief in me. I am especially thankful for all the love and extra parenting work you took up during this time. Thank you to my children Neo and Lerato as well as my friend and colleague Matseliso Tshabalala who always gave me hope and a smile during tough times.

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ABBREVIATIONS

FPLWMI:	Families of people living with mental illness
HREC	Health Research Ethics Council
IOL:	Independent Online
LMIC	Low and Middle-Income Countries
MDD:	Major depressive disorder
NDOH:	National Department of Health
NGO:	Non-governmental organisation
PLWMI:	People living with mental illness
PTSD:	Post-traumatic stress disorder
SADAG:	The South African Depression and Anxiety Group
SAMHF:	South Africa Mental Health Federation
SASH:	South African Stress and Health
WHO:	World Health Organization

CHAPTER 1: INTRODUCTION AND LITERATURE REVIEW

1. INTRODUCTION

This chapter provides the overall context of the research study. It includes background information about the research topic, a synthesis of research findings from across the world, rationale for conducting the study, as well as aims and objectives of the study.

1.1 Background

Mental health is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2005, p. 2) Mental health issues can occur at different ages across the life course and usually "occurs on a continuum that can include periods of well-being and periods of distress, most of which will never evolve into a diagnosable disorder" (United Nations Children's Fund, 2021, p. 11)

World Health Organization (WHO) defines mental illness as suffering, disability or morbidity due to mental, neurological and substance use disorders, which can arise due to the genetic, biological and psychological make-up of individuals as well as adverse social conditions and environmental factors (World Health Organization, 2003). The WHO reports that high risk of certain population groups to mental disorders can be linked to greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances that operates at different life stages (World Health Organization and Calouste Gulbenkian Foundation, 2014). Some of these identified social determinants of mental illness include "discrimination and social exclusion; adverse early life experiences; poor education; unemployment; poor housing conditions; poor access to health care; and exposure to violence and conflict" (Compton and Shim, 2015). In 2016, the global burden of mental and substance disorders was 7% and were responsible for 19% of all years lived with disability (Rehm and Shield, 2019). The South African prevalence of common mental health disorders was measured last in 2004 through the South African Stress and Health (SASH) which excluded schizophrenia and bipolar mood disorder (Herman et al., 2009). The common mental health disorders measured included anxiety disorders (panic disorder, agoraphobia, social phobia, generalized anxiety disorder, post-traumatic stress disorder), mood disorders (major depressive disorder, dysthymia),

substance use disorders (alcohol abuse, alcohol dependence, drug abuse, drug dependence), and intermittent explosive disorder. The SASH study revealed that the lifetime prevalence of mental health disorders in South African adults was 30.3% and 12-month prevalence of mental disorders was 16.5 %. The disorders with the highest lifetime prevalence were anxiety disorder (15.8%), substance use disorders (13.3%) and mood disorders at 9.8% (Herman et al., 2009, Fraser et al., 2019)

South Africa has made substantial progress in health system and health provision to address mental illnesses but there are still ongoing challenges (Lund et al., 2010). The National Department of Health (NDOH) has stated the need for mental health to be scaled up in terms of funding, service provision, human resources to achieve a mental health programme that is integrated in all levels of the health system (National Department of Health, 2013). This goal was documented in the National Mental Health Policy Framework and Strategic Plan 2013-2020 that was adopted in July 2013**.** In line with the aim of locating mental health into the community, one of the objectives is to reduce mental health stigma and discrimination by increasing the public's awareness of mental health (National Department of Health, 2013).

The media including the news is recognised as an important source of information across many parts of the world such as Australia (Moy et al., 2016, Mehraj et al., 2014) and can be an important role player in the dissemination of mental health information. Mass media due its reach can contribute to creating societal norms through the information that is disseminated (Mackie et al., 2015). Mass media can influence the audience's positive or negative values and beliefs about various societal issues (Gollust et al., 2019). It has been further established that the media can influence a large number of people in adopting new behaviours and changing attitudes towards various health matters (Saraf and Balamurugan, 2018).

The media can also unintentionally contribute to misinformation and negative beliefs about any topic, including mental illness through the information provided or the information not provided in the news articles (Srivastava et al., 2018). The news media does not intentionally aim to influence or mislead the audience but the influence comes from the way they present the information about the issue or topic (Florescu, 2014). How issues are represented can also be influenced by the social norms that exist in society as the journalists originate and work within the same society (Moy et al., 2016). The way journalists have reported on mental illness and suicide depends on a number of factors that influence how they report which includes, "sensitivity of the suicide topic; care for families; balancing public and private interests; finding

appropriate sources and meeting the needs of media platforms" (O' Brien, 2020, p. 3034) . Journalist are important mediators of the perspectives of various mental health stakeholders with various interests and agendas (Holland, 2018).

The 2019 Establishment survey which provides an overview of the South African media landscape, reported that there has been a steady increase in the digital media reach at 24.4 million adults, mostly through the smartphones (The Broadcast Research Council of South Africa, 2019). The accessibility and immediacy of the internet has contributed to its rise as a source of both formal and informal up-to-date news compared to the traditional platforms such as radio, television, and newspapers (Finlay, 2018). It is reported that the internet has changed the way that South Africans consume the news with the internet being a vital source of news for millions (Finlay, 2018). The recent Reuters survey indicated that the South African public have a high interest in news (Roper et al., 2019) and that the news and general interest websites are the most visited of all websites in South Africa (The Broadcast Research Council of South Africa, 2019).

In recognising the reach and power of the media on the public, the South African Press Council established a Code of Ethics and Conduct for Print and Online media to guide media professionals. The code is intended to promote media ethical conduct and to protect the public from harm through reporting of news that is truthful, accurate, balanced, and fair (South African Press Council, 2019). Additionally the South Africa Mental Health Federation (SAMHF) produced mental illness reporting guidelines in 2016 to assist the media professionals in reporting fairly, accurately, and respectfully on mental illness (South African Federation for Mental Health, 2016)

1.2 Literature Review

1.2.1 Common Mental Illness

There is a range of mental disorders that affect people across the life span. In this section, the focus will be on the common mental disorder prevalence. According to the WHO, depressive and anxiety disorders are termed common mental illness due to their high global prevalence (World Health Organization, 2017). In 2015, it was estimated that the 3.6% of the global population suffer from anxiety disorders and 4.4% from depression. Common mental illness

affects people of all ages and impact on the mood or feelings of affected persons; symptoms range in terms of their severity (from mild to severe) and duration (from months to years). It is also important to note that although mental illness has low mortality rates, disability is quite high (Whiteford et al., 2013) with depression as the largest single cause of disability worldwide (World Health Organization, 2013).

Adolescent population contributes to the high burden of mental and substance use disorders globally with high point prevalence for depression (29.8%), anxiety disorders (40.8%), emotional and behavioural problems (21.5%), PTSD, and 20.8% for suicidal ideation (Jörns-Presentati et al., 2021). Higher prevalence of depression was reported in adolescent females than males (Suliman et al., 2009). The depression burden in this population is reported to be highest in low and middle-income countries (LMIC) like South Africa (Thapar et al., 2012)

Similarly high prevalence rates for emerging adults (18-29 years) were found globally for depressive disorder and generalised anxiety disorder (Auerbach et al., 2018) . For adults in South Africa the prevalence of depression was 9.7% for lifetime and 4.9% for the past 12 months (Tomlinson et al., 2009)

There is a broad range of prevalence (2.7%-51.9%) described in community-based surveys that vary depending on age of participants and the measures that were used. A South African national study found a depression prevalence of 4.0% of past 12 months in older adults (Peltzer and Phaswana-Mafuya, 2013). Another study found a lower depression prevalence of 2.7% among South African older adults (Thapa et al., 2014). A cross sectional South African study, found a very high prevalence of self-reported depression in the elderly infected or affected by human immunodeficiency virus (HIV) during the last 12 months of 51.9% (Hao et al., 2017)

In adulthood, it is noted that across the world including South Africa women had higher risks of mood and anxiety disorders than men (Steel et al., 2014). Similar gender differences were found in the South African elderly population with depression being more prevalent in women than men (Hao et al., 2017, Padayachey et al., 2017)

1.2.2 Stigma and Mental illness

Link and Phelan posits that stigma involves elements of labelling, stereotyping, separation, status loss, and discrimination that occur together in a power situation that allows them (Link and Phelan, 2001). Stigmatization and discrimination of persons with mental disorders violates

their human rights and denies them the economic, social and cultural rights, as well as the right to the highest attainable standard of life (World Health Organization, 2013)

A concern for public health is the impact of stigma on health seeking of people with mental illness and the support that they receive from the family and community (Stuart and Arboleda-Flórez, 2012, Henderson et al., 2013). It is important to note that studies show that the relationship between stigma and health outcomes is not clear cut and that more understanding is needed about how mental health stigma impacts on different social groups or people with different psychiatric conditions severity (Sickel et al., 2014). A systematic review and meta-analysis found that stigma has a clear, but small to moderate, detrimental effect on help-seeking for mental health problems (Clement et al., 2015). Another found that people with mental illness were less likely to seek professional help if they held the same belief as the society of blame for the mental illness (Mojtabai, 2010)

In the African context, it is argued that the social and cultural context influence the manifestation of stigma and those that are affected (Semrau et al., 2015). Several African studies largely found that there are high levels of stigma held by various members of the community including families of people with mental illness and health care professionals (Barke et al., 2011, Kapungwe et al., 2010, Kakuma et al., 2010, Petersen and Lund, 2011) There were negative views held about people with mental illness which included believing that they were weak, pretending to be ill (Egbe et al., 2014) as well as dangerous (Barke et al., 2011). Beliefs held by various African communities regarding the causes of mental illness include witchcraft, evil spirit and God's punishment (Shah et al., 2017, Benti et al., 2016).

1.2.3 Media Representation of Mental Illness

The content analysis of media in the global north has generally found that the portrayal of mental illness is largely negative and that people with mental illness are portrayed as violent and dangerous (Stout et al., 2004, Wahl, 2003, Klin and Lemish, 2008, Whitley and Wang, 2017, Subramanian, 2019, McGinty et al., 2014). A 10-year review of print media portrayal of mental illness in Ghana revealed a negative portrayal of mental illness and people with mental illness. In addition to portraying people with mental illness as dangerous and unpredictable, the newspapers used derogatory terms such as 'idiot', 'imbecile', 'mental incapacity',

‘mentally retarded’, ‘mentally deranged’, ‘madness’, ‘insane’, ‘cuckoo’, ‘loony’, when referring to people with mental illness (Mfoafo-M’Carthy et al., 2016).

Media messages were reported to have distortions: exaggerated and/or inaccurate information on mental illness; as well as ascribed the violence to the nature of the mental illness (Klin and Lemish, 2008). There also seems to be a difference in how the media depict various mental disorders with schizophrenia depicted more negatively and associated with danger and crime (Calo and Băban, 2013). A recent content analysis of newspapers in England found that even though schizophrenia had low coverage of 7% compared to depression at 31%, the depiction was more stigmatising. Newspaper articles about schizophrenia were 6.37 times more likely to be stigmatising than articles discussing any other diagnosis (Hildersley et al., 2020). In another study they found that persons with psychotic disorders were most frequently presented as perpetrators of violence and schizophrenia often was mentioned in the context of homicide (Park et al., 2012). Furthermore, eating and anxiety disorders were mentioned with no link to aggressive behaviour (Nawka et al., 2012).

The negative media representation of mental illness was further highlighted by the absence of topics highlighting mental health policies, mental health resource allocations/ shortages, mental illness recovery, contextualisation of mental illness and violence/crime, the views of non-medical professionals, as well as the views of people with mental illness in the media (Klin and Lemish, 2008, Wahl, 2003, Stuart, 2006).

In terms of demographic characteristics and mental illness, there has been a distortion in terms of gender with the overrepresentation of males and underrepresentation of women (Srivastava et al., 2018, Henson et al., 2009). It was noted that there is an underrepresentation of mental illness in older adults and children (Henson et al., 2009). It was further reported that mental illness stories about women and children tend to be more balanced and objective than adult men stories of mental illness (Ma, 2017). Interestingly in terms of gendered representation, a study highlighted that the portrayal of men was significantly more likely to have stigmatizing content and danger as a theme (Whitley et al., 2015). Whitley and colleagues further found that women’s portrayal was more positive with articles containing more quote mental health experts, and discussion of themes such as inadequate resources, treatment, and recovery.

There have been positive shifts made in the recent media portrayals of mental illness with reduction of stigmatising images; provision of a context in the stories of crime and mental illness; highlight on issues of mental health scarce resource; decrease in linking mental illness

to danger (Whitley and Wang, 2017) as well as positive mental health and wellbeing messages (Kenez et al., 2015). This positive shift was highlighted by the content analysis findings of 18 newspapers that there has been an increase in anti- stigmatising news articles in 2019 compared to 2008 (Hildersley et al., 2020). The other progress was that the stories of people with mental person are told in a humane way; people with mental illness are categorised as ordinary citizens with or recovering from mental illness; high self-representation of people with mental illness in the stories; the stories also had prominent people with mental illness or recovery; the majority of the news items had positive tone of recovery and some had a neutral tone (Henson et al., 2009). Recently a content analysis of Qatar newspapers found that the majority (65%) of articles showed a neutral and non-stigmatizing portrayal of mental illness as well as a focus on mental illness treatments (Zolezzi et al., 2018). The positive shift in the media portrayal of mental illness is also observed in Ghana. The mental illness content of articles published over a 15 year period (2000- 2015) in Ghana highlighted that print media has created a space for mental health literacy, awareness about suicide risk factors, and offered suicide prevention resources to the public (Dzokoto et al., 2018).

1.2.4 Mental Illness News Framing

The media often portrays mental illness in a negative and stigmatising way. This is critical because how the media particularly the news represents an issue can influence the individual's attitudes and behaviours (Moy et al., 2016). The influence of the news on the public can be explained through mass communication theory of framing. In general, frames are reported to be a way of presenting complex issues in a way that makes them accessible to the lay audiences by playing on the audiences existing cognitive schema (Scheufele and Tewksbury, 2006). The news are therefore organised around a central idea or storyline that provides meaning to an unfolding strip of events and making a connection among them (De Vreese, 2005). In writing of any stories, journalists use frames in order to present the news story in a way that will be comprehensible and appealing to the audience (Moy et al., 2016).

Iyengar identified two news frames that operate in news stories to describe an issue which influences the viewers' attribution of a problem. The first is the thematic frames which emphasize broader trends and social issues which promote shared responsibility of problems. On the other hand, episodic news frame presents public issues in terms of specific instances, and this contributes to attributing problems to individuals. The type of frame is then linked to

whether responsibility for the solution to the problem can be ascribed to the individual or society (Iyengar, 2005). Framing is important for medical and health topics because media often use frames related to factors such as causality, prevalence, risk, or responsibility and effectiveness of responses. How the media constructs these frames and their influences is an important area for health research (Picard and Yeo, 2011)

Sieff argues that journalists use mental illness frames to simplify complex information and to make news more understandable for the audience (Sieff, 2003). Since framing impacts on how the audience receive and interprets the information (Scheufele and Tewksbury, 2006) it is important to review the frames used in the reporting of mental illness. There have been different findings with regards to the framing of mental illness. Studies found that the individual causal and problem-solving attributions frame was prominent in the coverage of depression in the United States of America (Pan et al., 2018, Zhang et al., 2016). Another study found that the sources of the stories vary with the frames for stories on depression and anxiety. They reported that for episodic stories the information sources were people with mental health problems, family members, public officials, and attorneys while thematic stories tended to use medical and non-medical experts and research documents as sources (Myrick et al., 2014).

A qualitative framing analysis found that stories on mental illness stories had an episodic frame when it comes to suicide reporting, but the responsibility for mental illness treatment was framed as an issue for the family and community and not the individual alone. Story sources tended to be mainly mental health professionals and not individuals with mental illness (Subramanian, 2019). Similar outcomes with regards to framing of autism were revealed, with more episodic frames used and the sources being mostly health professionals and people with autism the least used as sources (Kang, 2013). The latest qualitative content analysis of autism coverage in newspapers found a positive representation that did not stigmatise people with the disorder. The coverage also presented autism as a developmental disorder with socialisation and inclusion as the most effective solutions (Yilmaz Altuntas and Öney Doğanyiğit, 2021).

1.3 Rationale

The high prevalence of mental illness in South Africa and the associated stigma experienced by persons with mental illness makes this issue a public health concern. It is also recognised that the media, particularly the news, can contribute by increasing the public's awareness and

knowledge of health issues such as mental illness (Saraf and Balamurugan, 2018). The portrayal of mental illness by the media worldwide has been largely negative and stigmatising which can add to the stigmatisation of persons with mental illness by influencing the public's stigma beliefs (Stout et al., 2004). The negative images of mental illness found in the media have a profound impact on the sufferers in terms of self-esteem, help seeking behaviours, medication adherence and their overall recovery (Stuart, 2006). In four African countries where mental health was found to be a low priority, it was noted that the media is one of the factors that could shape stakeholders' views on mental health (Bird et al., 2010). Bird and colleagues further reported that there was limited media coverage of mental health content in African countries. It is therefore vital that we explore the current mental illness media coverage in South Africa.

1.4 Study aim and objectives

1.4.1 Research Question

What is the portrayal of mental illness in South African online news sites?

1.4.2 Study Aim

The aim of the research study is to describe how South African online news outlets portray mental illness in the news reporting over a year period (January- December 2019).

1.4.3 Objectives of the study

1. To describe the mental illness content of the news coverage on South African online news sites TimesLive and IOL over a year period (January- December 2019)

2. To describe the demographic characteristics of people with mental illness portrayed in the news coverage on the South African online news sites TimesLive and IOL over a year period (January- December 2019).

3. To identify and describe how mental illness is framed in the news on the South African online news sites TimesLive and IOL over a year period (January- December 2019)

CHAPTER 2: METHODOLOGY

Introduction:

The aim of this chapter is to discuss how this research study was carried out. The discussion will resume with the research design and then describe the population, sampling, data collection and data analysis methods used to achieve the study objectives stated in Chapter 1.

2.1.1 Study design

The study is a content analysis of South African online news coverage of mental illness for a 12-month period. A sequential explanatory mixed methods approach utilizing both quantitative and qualitative content analyses was conducted to address the objectives (Fetters et al., 2013). The quantitative methods were used to address the first two objectives of the study which sought to describe the overall content and frequency of online mental illness news stories as well as the demographic characteristics of people portrayed with mental illness. To address the third objective, qualitative methods were used to explore how South Africa online media frame mental illness.

2.1.2 Study setting

The study setting was two South African online news. These websites are TimesLive and Independent Online (IOL) which have been reported to be a vital source of news to millions of South Africans (Finlay, 2018). According to the Establishment survey report for (2019), there has been a steady increase in the digital media reach at 24.4 million for adults mostly through smartphones and the news websites are among the most visited of all websites in South Africa (The Broadcast Research Council of South Africa, 2019). Among South Africa's most visited web-based platforms in the month of January 2018 was timeslive.co.za with 3.9 million, and iol.co.za with 3.8 million (Finlay, 2018). The dominance of the three web news sites was highlighted in the 2019 report that indicated the 2019 weekly reach as follows, New24 at 70%, TimesLive at 14% and IOL at 13% (Roper et al., 2019). TimesLive is the second biggest news website that provides breaking news and analysis daily. It is published by Arena Holdings which is home of the Sunday Times newspaper and daily Times digital newsroom. The website is available on the web and on mobile devices (TimesLive). IOL (Independent Online) is a digital platform that brings breaking local and international events breaking news and

information daily. A small portion of the news on IOL is generated by the staff and the majority comes from Independent group which has twenty of the prominent South African newspapers including, The Star and Pretoria News in Gauteng, The Cape Times and Cape Argus in the Western Cape and The Mercury and Daily News in KwaZulu-Natal as well as community newspapers and African News (Independent Online, 2021)

2.1.3 Study Population

The study population was all the news articles that mentioned the terms “mental illness” or “mental health" published on IOL and TimesLive between January and December 2019.

2.1.4 Study Sample

For the quantitative content analysis, all articles published on IOL and TimesLive sites in the period January to December 2019 that were identified using the search terms were included in the analysis. Considering that there are numerous ways to name mental health or ill-health, I used a broad range of key terms that are commonly used in the mental illness content analysis literature and some specific to the South African context. The search terms also took into consideration the aims of the study as well as the time and capacity of the researcher as recommended by Whitley and Berry (Whitley and Berry, 2013). The search terms were “mental health,” “psychiatric disorders,” “mental illness,” “mental disorder,” “psychiatric patients,” “mental health care user,” as well as names of specific mental disorders such as “depressive disorder”, “anxiety disorder,” “post-traumatic stress disorder,” “PTSD,” “schizophrenia,” “bipolar,” and psychosis.

The period was selected because it covered a full year which would allow for variations across seasons and included calendar events such as world mental health day/week.

For the qualitative content analysis, a purposive sample of articles were selected for analysis. The selection of the articles was based on the general understanding that the researcher gained from reading and coding of main topic in the quantitative analysis. The articles were selected to include diversity in terms of framing as well as the mental health issues that were being written about. Purposive selection is the deliberate choosing according to the relevance and qualities of the data (Etikan et al., 2016)

2.2 Data collection

Data was collected using Meltwater which is an online media monitoring company that tracks, monitors, and analyse online news across the globe including South Africa (Meltwater). A monitoring tool from Meltwater aggregated all content from IOL and TimesLive that mentioned the various keywords used to search for the period January to December 2019. The articles came from any section of the online news and were included if they covered mental illness substantially, such as from current affairs/news, sport, business, entertainment, health/lifestyle.

Meltwater software provided the summary of the news article which contained the article title and a paragraph that included the key terms. Meltwater also provided a link to access the full article from the specific online news websites. The full article was read by the researcher to establish if the article primarily addressed mental illness or people living with mental illness. A coding sheet was developed by the researcher and the supervisors as the two independent coders using a sample of 20 articles. The final coding sheet was finalised after discussion and agreement among the coders. The rest of the articles were then captured by the researcher using a tool that was developed in Excel (Appendix A).

2.2.1 Measurement

The data coding sheet was utilised to capture the following variables:

- Unique Identification number allocated to each article
- Publication date of the news article
- Name of website that published the news article (IOL=1; TimesLive=2)
- Origin of the article- whether the article is from local (Africa) or international media (local=1; international=2)
- Section of the online news – (news, health, entertainment, sport, business, opinion)- categorical variable
- Sources for the story on mental illness (There could be more than one source for the story)

  Celebrity (1= yes; 2= no)

  Health professional (1= yes; 2= no)

  People living with mental illness (PLWMI) (1= yes; 2=no)

Families/friends of PLWMI (1= yes; 2= no)

Government official (1= yes; 2= no)

Non-Governmental organisation (NGO) (1= yes; 2= no)

Academic or research (1= yes; 2= no)

Other source (1= yes; 2= no)

- Main topic/theme covered on mental illness (prevalence; treatment; prevention/awareness; living with mental illness; mental illness consequences; mental illness causes/ risk factors; health systems; criminal justice system)- categorical variable
- Type of mental disorders mentioned in the story

  Depression (1= yes; 2= no)

  Anxiety (1= yes; 2= no)

  Post-Traumatic Stress Disorder (1= yes; 2=no)

  Bipolar (1= yes; 2= no)

  Schizophrenia (1- yes; 2= no)

  Eating Disorder (1= yes; 2= no)

  Other psychotic symptoms/ disorders (1= yes; 2= no)

  Substance use disorder (alcohol and other drugs) (1= yes; 2= no)

  Suicide/self-harm (1= yes; 2= no)

  Developmental disorders (ADHD, Autism spectrum, etc.) (1= yes; 2= no)

  Other mental disorders (1 yes; 2= no)

  Mental disorders unspecified (1= yes; 2= no)
- Age group of people with mental illness mentioned (children, youth, adults, elderly, all ages, unspecified)- categorical variable
- Gender of person with mental illness mentioned (male, female, both/all, other, unspecified)- categorical variable
- Treatment for mental illness mentioned or discussed (medication/ hospitalisation, psychotherapy/counselling, combination, alternative, self-help/social support, unspecified)- categorical variable
- The tone of the story (positive, negative, or neutral)- categorical variable
- Framing used to tell the story (individual, family, society, all levels)- categorical variable
- Any additional notes

2.2.2 Data Management

The articles were extracted from Meltwater over a three-month period. They were downloaded from the online news website page, copied, and saved as a word document on the computer. Microsoft Excel was used to store and manage the collected data. The data was then cleaned, and any capturing errors were corrected by the researcher. The researcher then imported the data from Excel to Stata 15 for analysis.

2.3 Data Analysis

Content analysis has been described as a research method that can be used qualitatively or quantitatively to systematically analyse written, verbal, or visual documentation (White and Marsh, 2006). The mixed methods approach is generally recommended for media content analysis (Macnamara, 2005) and is suggested by Whitley and Berry for studying media representation of mental illness (Whitley and Berry, 2013). With the mixed methods approach the frequency of content is counted as well as the meaning, themes, patterns, categories of the media portrayal (Zhang and Wildemuth, 2009, Whitley and Berry, 2013). The study used both content analysis methods to describe the frequency of content on mental illness in South Africa online news as well as to understand the framing of these online news articles on mental illness.

2.3.1 Quantitative Content Analysis

Quantitative content analysis was done for the first two objectives which sought to describe the content of mental illness stories and the demographic characteristics people with mental illness. Using Stata 15 software simple frequency count and percentages were calculated to provide a picture of the identifying and descriptive data associated with the news items retrieved. Relevant descriptive tables were done for all the relevant variables of the study such as type of mental disorders, information sources, gender, and age of people with mental illness.

2.3.2 Qualitative Content Analysis

To answer objective three, the researcher conducted qualitative content analysis which is a process of organising raw data into categories or themes followed by interpretation and a

summary of the main findings (Zhang and Wildemuth, 2009, Erlingsson and Brysiewicz, 2017) and a summary of the main findings Fifteen articles were purposively selected from the total articles covering varied topics that were highlighted in the quantitative analysis. Initially a sample of five articles were read and re-read by the coders (researcher and supervisor) and independently generated the main themes detected in the stories. After a discussion and agreement between the researcher and supervisor, the preliminary coding scheme was developed. The rest of the articles were read a couple of times to identify and categorise the central message of the stories into themes or frames. The coding scheme was developed using both inductive and deductive coding as it was driven by the research data and the previous studies (Whitley and Berry, 2013).

2.3.3 Trustworthiness

A list of criteria at different phases of the research from Elo and colleagues was used to ensure trustworthiness (Elo et al., 2014). Only the criteria applicable to the research were applied. To ensure credibility of the study, the researcher ensured that well established research methods were utilised and the selection of appropriate data collection methods. The researcher further ensured credibility of the study by developing categories and a coding scheme that made the frames explicit. Five articles were used to develop and to pre-test the coding scheme by the researcher with the assistance of the supervisor.

Reflexivity was another approach used to establish trustworthiness. This was thought to be an important aspect particularly for the qualitative data analysis. The researcher works in a mental health field and was mindful throughout the research of how that might influence the research process. The researcher was aware of the danger of becoming biased and used the diary to keep track of her beliefs, perceptions and reactions on reading the articles. To ensure dependability, meetings were held with the supervisor to discuss and agree on the coding of the content and the interpretation of the results. The findings were reported in a systematic manner that showed connections in the data by using relevant quotations.

2.4 Ethical Considerations

The news articles were collected through South African online news sites that are freely accessible public documents. The collected data was stored on the researcher's computer and Google drive that could only be accessed by the researcher and supervisors. The protocol for this study was submitted to the University of Witwatersrand post graduate assessor group and Human Research Ethics Committee (HREC) for ethics waiver. The waiver was approved and granted (Appendix B)

Consent was not sought for this study because it did not involve human participants.

CHAPTER 3: RESULTS

3.1 Quantitative content analysis

A total of 244 news articles that substantially covered mental illness were published on the IOL and TimesLive websites in 2019. IOL produced 84% (n=205) of the articles (table 1)

Table 1: The number and percentage of mental illness articles published on IOL and TimesLive sites between January and December 2019

News Website	Frequency (n)	Percentage (%)
IOL	205	84
TimesLive	39	16
Total	**244**	**100**

The origin of most of the articles was South Africa/local news agencies and the other 41.4% of stories on mental illness came from international news agencies (Table 2)

Table 2: The origin of the stories

Origin	Frequency (n)	Percentage (%)
Local	143	58.6
International	101	41.4
Total	**244**	**100**

Table 3 presents the number of mental illness articles published each month over the period under study. There was a varying number of articles per month, with October having the highest number of published articles 13.9% (n=34). This was followed by March with 11% of the total articles. September, May, and July months appear to have an even spread of the

articles at around 9%. The month with the lowest number of articles was April with only 3.2% (n=8) of mental illness articles published.

Table 3: Number of mental illness articles published monthly

Publication month	Frequency (n)	Percentage (%)
October	34	13.9
March	27	11.0
September	24	9.8
May	23	9.4
July	22	9.0
November	21	8.6
August	20	8.2
December	19	7.7
February	17	6.9
January	16	6.5
June	13	5.3
April	8	3.2

Of 244 stories, nearly half appeared in current affairs section of the online news sites. Nearly a third (32.4%; n=79) of the articles were in the health and wellness section (Table 4). Two percent and less of articles of stories covering mental illness appeared in the sport and business sections of online news.

Table 4: Number of the types of articles in the online news

Article type	Frequency (n)	Percentage %
News/current affairs	119	48.7
Health	79	32.4
Entertainment	26	10.6
Opinion	12	4.9

Business	5	2.0
Sport	3	1.2
Total	**244**	**100**

The most common source (33%; n=81) that is referred to in the articles on mental illness were research and/or academics. Health care professionals were the second most quoted source used on mental illness, followed closely by non-government organizations with a mental health focus (e.g., South African Depression and Anxiety Group- SADAG). A similar percentage (14.7) of mental illness articles used people with mental illness and celebrities as sources of information.

Table 5: Sources on the stories on Mental Illness

News Source	**Number of articles**	**Percentage %**
Research-academics	81	33.2
Health care professionals	55	22.5
Non-government organizations	52	21.3
Celebrities	36	14.7
People living with mental illness	36	14.7
Other	33	13.5
Families of people living with MI	26	10.6
Government official	26	10.6

Table 6 presents the various main themes and the frequency of the articles on mental illness published in 2019 on IOL and TimesLive. It is evident on the table that risk factors or causes of mental illness dominated as the story focus of many articles on mental illness. This was followed by coverage on prevention or awareness of mental illness. Nearly equal number of articles focused on living with a mental illness and mental health system challenges. Of note is that stories that focused on the justice system (crime and violence) and mental illness were the same number (n=18) as stories on mental illness treatment.

Table 6: Topics on mental illness articles

Story Focus	Frequency (n)	Percentage %
Causes/ risk factors	64	26.2
Prevention/ awareness	44	18.0
Living with mental illness	26	10.6
Health systems	25	10.2
Prevalence	20	8.2
Treatment	18	7.3
Justice system	18	7.3
Other	16	6.5
Mental illness consequences	12	4.9

Table 7 shows the type of mental disorders specified in the mental illness articles published on IOL and TimesLive in the year 2019. It is important to note that some articles mentioned multiple mental disorders in one story. Depression was the most mentioned mental disorder with more than half of all articles (n= 136). The second most stipulated mental disorder was anxiety disorder at 29%. Interestingly, 25% of articles discussed mental illness generically with no mention of a specific disorder. Self-harm/ suicide was mentioned in 24% of the mental illness articles. Of note is that there were few stories that mentioned severe mental disorders (schizophrenia, bipolar, psychosis).

Table 7: Types of Mental disorders/illness mentioned in the articles

Mental Disorders	Frequency (n)	Percentage %
Depression	136	55.0
Anxiety	71	29.0
Unspecified	62	25.4
Suicide/self-harm	59	24.0
Substance abuse	39	14.3
Bipolar	25	10.2
Post-Traumatic Stress Disorder	21	8.6

Schizophrenia	20	8.2
Other	18	7.3
Developmental disorders	16	6.5
Psychotic symptoms	13	5.3
Eating disorders	10	4.0

Half of the total articles did not mention a specific gender of people with mental disorders (n= 119; 48.7%). Female gender was mentioned in nearly a quarter of the articles as people with mental illness. Males were mentioned in 15 percent of stories as people with mental illness. Interestingly only 5 articles mentioned other genders as people suffering from mental illness which largely referred to trans-gender people.

Table 8: Gender of people with mental illness

Gender	**Frequency (n)**	**Percentage (%)**
Unspecified	119	48.7
Female	53	21.7
Male	38	15.5
Both/all	29	11.8
Other	5	2.0
Total	**244**	**100**

The table below presents the frequency of articles that mentioned age of the people with mental illness in the articles published in 2019 on IOL and TimesLive. Most articles (43%; n=105) did not specify the age of the people with mental illness. In the age categories that were specified, the youth category was mentioned in 20% of the articles (n=50). Adult category followed closely with 49 articles that mentioned this age group for people affected by with mental illness. The least mentioned age category of people with mental illness was the elderly with only 4 articles (2%).

Table 9: Age categories of people with mental illness

Age category	Frequency (n)	Percentage (%)
Unspecified	105	43
Youth (15-24 years)	50	20.4
Adults (25- 64 years)	48	19.6
Children (0-14 years)	24	9.8
All age categories	13	5.3
Elderly (65 years and older)	4	1.6
Total	**244**	**100**

Table 10 shows the frequency of articles that mentioned mental illness treatments in articles on mental illness published on IOL and TimesLive during 2019. Half of the total articles did not specify the treatment for mental illness discussed. This was followed by psychological treatment as the most mentioned treatment in the articles on mental illness. Self-help and medication were the third highest mentioned form of treatment in the articles with 23 articles (9.4%) which was followed very closely by medication as treatment at 22 articles. Interestingly alternative treatments such as animal assisted therapy and music therapy were mentioned in 13 articles (5.3%) as treatment for mental illness.

Table 10: Number of articles on type of mental illness treatment

Treatment	Frequency (n)	Percentage (%)
Unspecified	133	54.1
Psychological	33	13.5
Self-help/support groups	23	9.4
Medication	22	9.0
Combination	20	8.2
Alternative	13	5.3
Total	**244**	**100**

The table below shows the number of articles and the tone of the articles on mental illness. It is noted that the majority of mental illness articles had a neutral tone (n=107; 43.8%). There was also nearly an equal number of articles with a negative and a positive tone in the presentation of mental illness.

Table 11: Tone of the articles on mental illness

Tone	**Frequency (n)**	**Percentage (%)**
Neutral	107	43.8
Negative	69	28.2
Positive	68	27.8
Total	**244**	**100**

The individual frame was used most frequently in 114 articles (46.7%) for stories on mental illness. This was followed by the societal frame as the second highest frame to tell stories on mental illness. The family was the least common frame used at 4.5% of stories on mental illness.

Table 12: Frame used in the mental illness stories

Frame	**Frequency (n)**	**Percentage (%)**
Individual	114	46.7
Society	85	34.8
Multiple	34	13.9
Family	11	4.5
Total	**244**	**100**

3.2 Qualitative content analysis

Fifteen purposively selected articles on mental illness were analyzed to understand how mental illness and people living with mental illness were represented in online news using the theoretical lens of framing. Framing analysis was done to highlight what aspect of mental illness was emphasised by the online news sites IOL and TimesLive during the study period. In the analysis of the news stories, key frames that emerged on the mental illness coverage were "How mental illness is defined"; "causes of mental illness"; "consequences of mental illness"; "addressing mental illness"; "the health system crisis"; and "people with mental illness and danger"

3.2.1 How mental illness is defined

The articles named and described different types of mental illnesses. In some instances, the description included the name of the mental disorder, the course of mental illness, any signs, and symptoms, as well as the magnitude of the problem.

Signs and symptoms

In the articles, mental illness was described as a medical condition with recognizable signs and symptoms. Although several mental disorders were specifically named, the articles focused largely on depressive and anxiety disorders. There was an effort to differentiate "normal" experience of feelings such as sadness or worry to symptoms that could be a mental disorder. The types of symptoms and the severity mentioned in the articles included severe feelings of sadness, anger or worry; sleep difficulties; panic attacks; hopelessness; suicidal feelings; etc. The articles further mentioned the impact on the person's daily functioning such as inability to perform at home, school, or work, isolating from family and social interaction as well as inability to engage in leisure activities.

Below are quotes from the articles to demonstrate the theme:

> *"people living with bipolar disorder have extreme mood swings, from high that feels like you are on top of the world, to a very deep depression that impacts on a daily functioning, including work, home and relationships"* (story 208, IOL, 20190527)

> *It's ok to worry about things and life's many challenges. The difference is when that worry is difficult to control or shake long past a certain experience or event and it starts*

interfering with your day-to-day activities or changes the way you approach life such as going out with friends, being productive at work,." (story 131, IOL, 20190909)

While people differ in the range and severity of their symptoms, common features include difficulties with communication and social interaction, restrictive and repetitive behaviours and interests, and sensory sensitivities" (story 122, IOL, 20190912)

Burden of mental illness

In the articles prevalence statistics was used to describe the burden of various mental disorders. This was a device used in most stories to provide a context for the audience of how many people are affected by the mental disorder discussed as well as who is affected. This device was used to assist the audience to assess their own risk for mental illness and to emphasize that it is a common problem that affects wide range of people such as men, women, different age groups as well as across the world. The use of prevalence statistics was important in that highlighting the burden of mental illness emphasized how great the need for services and a response was.

Below are some examples that highlight how prevalence statistics were used to raise mental illness awareness among a range of people.

"On average, one in eight men will have depression and one in five men will experience anxiety as some stage in their lives" (story 131, IOL, 20190809)

"One percent of the population has an autism spectrum disorder, with estimates ranging from one to 150 to one in 70" (story 122, IOL, 20190912)

"According to the South African Depression and Anxiety group (Sadag), bipolar disorder affects 1% of the population" (story 208, IOL, 20190527)

"About 10% of pregnant women and 13% of women who have just given birth experience a mental illness, primarily depression and anxiety" (story 101, IOL, 20190325)

3.2.2 Mental illness causes

Articles focused on the causes of mental illness, mostly to indicate to the audience which factors are important as mental illness risk factors. They highlighted what the response to address mental were required and who should be responsible for solutions. The causes that were described largely fell into two categories: factors within society and those at an individual level. How the causes were framed could impact on the perceptions of mental illness.

Societal level causes

There were different contextual issues in society that were identified as underlying the development of different mental illnesses. In the South African context one of the factors that came up in different articles was the extent of violence and trauma across people's lives. For example, trauma in childhood such as sexual, physical abuse, extreme neglect and separation from parents and loved ones was mentioned as one of the explanations for the development of borderline personality disorders. For women in particular, intimate partner violence and sexual assault were highlighted as a cause for post-traumatic stress disorder.

> *"Clinically speaking, these events are defined as any event in which someone is exposed to actual or threatened death or serious injury. This could include a serious accident, or experiences of violence or abuse"* (story 16, IOL, 20191117)

> *"It was found that physical abuse and rape were the leading causes of post-traumatic stress disorder (PTSD) in women, with far reaching implications in all aspects of their lives"* (story 31, IOL, 20191204)

> *"Most people who suffer from BPD have a history of major trauma, often sustained in childhood. This includes sexual and physical abuse, extreme neglect and separation from parents and loved ones" "This link to trauma- particularly physical and sexual abuse- has been studied extensively."* (story 57, IOL, 20190523)

The other societal factors that were presented in the articles include the stereotypes on gender norms. Norms around parenting for mothers was mentioned as a contributing factor to the development of postnatal depression. In some articles it was mentioned that the "bulk of caregiving responsibilities for children" is still predominantly done by women and that there is a societal expectation that women should cope with the responsibilities. For men one of the articles highlighted how masculinities, especially the stereotypes of manhood, can impact on

mental health. Gender norms that require men to be strong and not show and share their emotions were mentioned as reasons that contributes to men not "seeking support". Acknowledging anxiety meant that they were not fulfilling expectations for how men should be such as "brave" and "fearless".

> *"Westmore says men are far less likely to seek support, as is common with women who are more eager to speak out and seek help, due to the "macho male stereotype" in society expecting men to "man up" and adopt the "boys don't cry" mentality.*
>
> *"It's this attitude of men portrayed as being brave and fearless that leads to men considering themselves in a negative light if they suffer from anxiety. And for this very reason, they see it as putting themselves in a vulnerable position when seeking help."* (story 131, IOL, 20190809)

The other societal factor that was mentioned was the judgment from society for not coping with gender specific expectations. The articles mentioned the experiences of stigma faced by men and women for experiencing mental health symptoms.

Individual level causes

In some articles the individual causal factor mentioned mainly in relation to mood disorders such as depressive and bipolar disorders was genetic, biochemical as indicated by the quote

> *"The exact cause of bipolar disorder is not known, but it is believed to be a combination of biochemical, genetic and psychological factors, according to Sadag"* (story 208, IOL, 20190612)

The other factor that was mentioned was psychological, with the articles focusing on poor coping behaviours of individuals such as men and entertainers as illustrated by the quote

> *"Pasha said that the entertainment industry was a demanding one, often resulting in fear of failure, substance abuse and addiction as poor mechanism"* (story 206, IOL, 20190612)

The articles about depression in women were focused on them in a role of a mother. The articles highlighted childbirth as the main causal factor for women of childbearing age to depression. There was a promotion of a particular narrative around women's choices and roles as a mother and expectations which might put the responsibility and blame of post-natal depression on

women. The personal choices were often presented as contributing to the mental illness as demonstrated by the following quotes:

> "*One large study of over 2,500 women found that women who had negative breastfeeding experiences were more likely to have symptoms of depression:*
>
> *"Compared with women with no early neonatal signs of breastfeeding difficulty, we found that women who had negative feelings about breastfeeding and reported severe pain while nursing soon after birth were more likely to experience postpartum depression at two months."* (story 207, IOL, 20190527)

3.2.3 Consequences of mental illness

In the articles analyzed there were various consequences of mental illness presented. In the articles analyzed there were various consequences presented that were categorized on levels of individual, family, and society.

Individual consequences

One of the mentioned consequences is the inability to engage in daily activities such as work, study, and parenting. The articles discussed how mental illness impacts the person's ability to relate with other people in various setting such as home and work due to the changes in the person's feelings and behaviours. Furthermore, mental illness impacted the individual's ability to cope effectively with life and led to "drinking excessively, gambling, and violence".

The second identified individual level consequence for mental illness was suicide that was associated with feelings such as shame, guilt, emptiness, worthlessness, and isolation. The articles discussed suicide in relation to depressive disorder but also identified that it can occur with many other mental illnesses such as borderline personality disorders. The following quote from the articles demonstrates:

> *"family members, and colleagues suffering from bouts of depression and other mental health disorders that could push them to take their lives"* (story 133, IOL, 20190724)
>
> *"For many celebrities, dealing with depression becomes that much harder in the public eye. With the recent suicide death of a rising star and house vocalist Nichume Siwundla,*

the illness has been in the spotlight with many people highlighting the difficulty of living with the pain" (story 206, IOL, 20191206)

Another emphasized consequence was the impact of mental illness including post-traumatic stress disorder on the physical health of individuals as highlighted by the following

"PTSD was also associated with physical illnesses such as heart disease, diabetes, stomach ulcers and hypertension" (story 31, TimesLive, 20191204)

Family consequences

At the family level, it was mentioned that mental illness particularly of adults affects the children of the person with mental illness. The articles discussed that the consequences of mental illness to the family included neglect of parental responsibility and daily family tasks. In one of the articles, it was highlighted how the emotional and behavioural challenges of having a mental illness becomes a negative consequence particularly for the children "increase in children experiencing being shouted at and hit due to the anger and short temper of parents with post-traumatic stress disorder". Another article detailed the consequence for young children as demonstrated by the following quote

"previous studies have found lower immunization rates and higher hospital admissions among children of depressed mothers" (story 235, IOL, 20190325)

The articles discussed the impact of mental illness on the people close to the person with mental illness including their partners. In the articles it was pointed out that untreated mental illness can affect the relationships through "alcohol use and abusive behavior of the person with mental illness.

Societal consequences

Mental illness was discussed in the articles as having an impact on the larger society. This was discussed in terms of the costs needed to cater for the high mental illness burden such as costs for infrastructure, facilities and human resources as highlighted by this quote

"*There's a heavy burden of disease in the province, so there's will be a high burden for resources until health gets adequate funding"* (story 76, IOL, 20190906).

Furthermore, the societal consequences were highlighted with regards to mental illness affecting the person's ability to be productive at work, as well as lost income.

3.2.4 Addressing mental illness

The articles presented the various ways of addressing mental illness, which was mainly from the individual and societal level.

Individual level solutions

There was an emphasis on promoting the medical model of treatment for mental illness such as depression, anxiety, bipolar mood disorder and psychotic disorders.

The individual level solution discussed in most articles was mainly a combination of medical intervention that included medication, psychotherapy with some hospitalization.

> *"treatment depended on the severity of the PTSD and would follow a bio-psycho-social approach of psychotherapy and medication, such as antidepressants"* (story 31, TimesLive, 20190412)
>
> *"He said that treatments included cognitive behavioural therapy, counselling and in some instances, medication, depending on the type of anxiety present*" (story 131, IOL, 20190909)
>
> *"So patients may often be prescribed some form of medication, such as antidepressants, to help them cope"* (story 16, IOL, 20191117)

Societal level solutions

On the societal level, the main solution discussed was the health system. The articles detailed the functioning health care system with adequate resources such as financial, infrastructure, and human/health professional staff as the solution to dealing with the high burden of mental illness in the country. The articles also discussed the need for health care system to develop mental health services that promotes mental health without stigma. Below is an example from one of the articles

> *"have a deeper understanding of the impact of poor mental health on mothers an provide opportunities for mothers to openly discuss parenting and mental health without judgement"* (story 101, IOL, 20l90325)

The other proposed societal level solutions included public dialogue about gender norms and roles to tackle the risk factors for postnatal depression in women as well as to addresses violence in society. Addressing mental illness stigma in society was one of the discussed solutions in the articles.

> *"Thinking about BPD in terms of its underlying cause would help us treat its underlying cause rather than its symptoms and would reinforce the importance of preventing child abuse and neglect in the first place"* (story 57, IOL, 20190523*)*

> *"Instead of stigmatizing their disorders and labelling them attention seekers, we could offer a listening ear without judgement"* (story 167, IOL, 20191001)

> *"assumptions and expectations of motherhood, also need to be examined, and discussed more openly with the general public,.."* (story 101, IOL, 20190325)

3.2.5 Health system crisis

In the articles, the health system was presented as public, or government funded hospitals as the main factor in promoting treatment seeking of people suffering from any mental illness. The articles tended to discuss hospital treatment in relation to inpatient care and the picture given was of a health care system that is in crisis and failing to provide mental illness services. The hospitals are presented as overcrowded; having inadequate human resource; health professionals who commit violations against people with mental illness; and as unsafe spaces. The articles discussed the systemic issues around mental health service provision as well as human rights violation of the rights of people with mental illness. The overall coverage provides the description of a crisis. This narrative can have the opposite effect of causing alarm for people with mental illness as well as the public who might think that the people with mental illness are not receiving treatment. The articles discussed mental illness in terms of holding the government into account. The government is not doing enough to protect the risk that people with mental illness pose if untreated.

3.2.6 People with mental illness and danger

Representing people with mental illness as dangerous was observed in the articles that focused on the health system challenges. In particular, where there were bed shortages in psychiatric wards of state hospitals. Patients admitted to hospitals were frequently described as a danger to themselves or others. Articles presented the need for close supervision and monitoring of patients due to the dangers. The articles further portrayed people with mental illness in hospital facilities as perpetrators of violence on others and/or self, or as victims of human rights violations. With the people with mental illness represented as dangerous, they needed to be separated from the general hospital population.

> *Our hospitals are supposed to be safe places. Yet in recent weeks, we have seen violent incidents at KwaMsane, Nkonjeni and now RK Khan- and these are only the incidents that we know about,"* (story 65, IOL, 20191113)

> *"An incident of a psychiatric patient falling from the Addington Hospital building last week was allegedly due to a shortage of beds for psychiatric patients"* (story 67, IOL, 20190906)

In the news articles particularly those that specifically mentions people with mental illness in a hospital setting, the articles used unacceptable terminology for describing people with mental illness as stipulated by South African Federation of Mental Health guidelines of mental illness reporting. Instead of using the term "people with mental illness" the editors used inappropriate terms such as "mental patients" as demonstrated by the following examples from the article titles:

> *"Psych patient's fall from Addington hospital building blamed on bed shortage"* (story 67, IOL, 20190906)

> *"Three mental patients allegedly sodomise a 12-yr-old boy at RK Khan Hospital"* (story 65, IOL, 20191113)

CHAPTER 4: DISCUSSION

Introduction

The aim of this study was to analyse how South African online news portray mental illness by analysing 244 news articles published on IOL and TimesLive in 2019. Most of the news articles appeared in the news section in the month of October. The main finding was that the majority of the articles on mental illness were neutral and positive with a focus on depressive and anxiety disorders. The results highlight that the online media may aim to raise the public's awareness of various mental illnesses, causal factors as well as mental illness management.

South Africa, like many other African countries has documented high stigma towards people with mental illness and their families (Egbe et al., 2014). This is a concern considering the high prevalence of mental illness in the country (Herman et al., 2009). The news has been known to inform the public on various topics including health (Gollust et al., 2013, Diedong, 2013). As indicated in the literature review, studies have shown that the media portray mental illness in a negative way that perpetuate the stigmatization of people with mental illness. In the recent studies some improvement towards more neutral and positive media portrayal of mental illness has been reported. In South Africa, little is known about how the media report on mental illness as well as people with mental illness. This study sought to examine the whole year of 2019 coverage of mental illness on two online news sites, IOL and TimesLive. The results showed that the media was largely promoting mental illness awareness by defining mental illness, various risk factors, consequences, as well as management of mental illness. There was a high number of articles on depression and anxiety, and women and youth were represented as people affected by mental illness. The interest of this research study was to describe the overall content of the online news sites coverage of mental illness and the demographic characteristics of people with mental illness. Additionally, the study aimed to identify the news frames that are used in the reporting.

4.1 Mental illness Content

4.1.1 Reporting content

A total of 244 articles were found from local online media organizations and that amount is higher compared to studies from similar countries. In Uganda, in a year and a half period only 58 articles on mental illness were collected; and 164 in Ghana over a 15-year period (Miller et al., 2020, Dzokoto et al., 2018). The 12 months prevalence of mental illness is high with an estimated 16.5 % of the South African adult population experiencing mental disorders. The burden of the issue may account for the mental illness content in the media. It is possible that the events such as Life Esidimeni raised the profile of mental illness, however, further research would be required to draw this conclusion. This event highlighted the human rights abuse issues and treatment and care of mostly people with severe mental illness (M. W.Makgoba, 2017). This was a newsworthy event as it reported largely on the abuse and death of people with mental illness as well as health system management issues.

This interest in mental illness issues is also reflected by presence of articles throughout all the months of the year. With the mental health day and world trauma day being commemorated in October worldwide, it is not surprising that the highest number (13.9%) of mental illness articles were published in that month. The month stimulates a lot of discussion on mental illness and health issues. The reporting is also driven by the awareness campaign activities that takes place throughout the country and is similar to the Qatari study findings which reported that there was more reporting around mental health awareness days (Zolezzi et al., 2020). The second month with the high publication was March which is the month that the "Report of the national investigative hearing into the status of mental health care in South Africa" was launched. In September and May, the reporting was driven by those months being awareness for various mental illness issues and disorders such as "World suicide day" and "Bipolar awareness".

Most articles appeared on the news section of the online news site. This is the section for current affairs news which implies that these were topical or newsworthy stories that either informed the public about what and where events were happening as well as served as human interest

stories. This finding is consistent with the Indian study that the majority of articles were on the news section (Subramanian, 2019).

4.1.2 Anti-stigma/ Mental illness awareness

The findings indicate that the overall content of the coverage was focused on raising awareness about mental illness. The articles discussed the various mental illness which included signs and symptoms; various mental illness risk factors, as well as highlighted the information on how various members of society can help prevent negative outcome of mental illness and where to find assistance if suffering with mental illness. This is an important finding that highlights the media's aim of educating the public about various mental disorders as well as promoting help seeking. Furthermore, the finding highlights the view that management of mental illness is a societal responsibility. This is contrary to other studies that have found that there is more emphasis of personal responsibility for mental illness (Zhang et al., 2016).

The overall tone of mental illness coverage in 2019 was mainly neutral and positive which is in keeping with the recent study findings as discussed in the literature review. In a country that has been reported to have high levels of stigma towards mental illness and people with mental illness, this finding is encouraging. The media can play a role in de-stigmatizing mental illness and contribute to mental illness narrative that does not perpetuate negative stereotypes (Ross et al., 2019). This might suggest that the journalists are largely covering mental illness in a fair and balanced manner as suggested by code of ethics for print and online media and mental illness reporting guidelines from SAMHF (South African Federation for Mental Health, 2016). These organizations act as gatekeepers that ensure the public receive accurate and balanced news information about any issue in South Africa, including mental illness. This finding is consistent with the latest research that found that the portrayal of mental illness has been less stigmatizing (Zolezzi et al., 2018, Hildersley et al., 2020).

Although the overall findings were well-informed and sensitive, the findings from quantitative results indicate that 28.2% of the articles had a negative tone. Additionally, the qualitative results showed that there were instances where negative stereotypes were reinforced such as people with mental illness perpetrating violence. In the reporting of people with mental illness and violence, the mental illness was not specifically mentioned. Not naming the disorder may contribute to the audience linking violence to an illness such as schizophrenia which has been found to be the most stigmatised illness (Li et al., 2020). This further highlight that the negative

reporting, is associated with more severe mental illness such as psychosis and/or schizophrenia (Hildersley et al., 2020). While the representation of depression and anxiety is contextualised and sensitive, it could perpetuate negative stereotypes about people with schizophrenia as dangerous.

Another factor that could account for the neutral and positive reporting on mental illness, was the sources that were used for the articles. Most articles used research studies and mental health professionals who would have provided more accurate information about various mental disorders and their causes. The credibility of the story is dependent on the sources, and it has been found that online articles tend to use research as a source of information (Miller et al., 2020), as well as health professionals (Subramanian, 2019). In a country with high prevalence of mental illness and stigma (Egbe et al., 2014), it can be beneficial to use credible sources to communicate mental health information.

Interestingly in this study, the articles covered people with mental illness who tended to be local or international celebrities such as actors, athletes, artists as sources. The voice of ordinary people with mental illness was limited like in other studies. This might be explained by the study finding that health disclosure from celebrities is an effective strategy in increasing awareness of various health issues (Beck et al., 2014). A study found that fans reported a greater increase in the level of knowledge of major depressive disorder (MDD) after reading related media stories about celebrity MDD diagnoses (Leung, 2019). Furthermore, the news of a celebrity suffering from mental illness is newsworthy and may attract high number of audiences for the news site. The use of celebrities as exemplars has been shown to make certain stories that might not typically be covered, newsworthy (Hinnant et al., 2013). Although mental illness disclosures of celebrities such as actors, entertainers, politicians and sport people has contributed to the news value of celebrity, it also might be creating less coverage of conditions such as schizophrenia (Holland, 2018). There was less coverage of mental illness such as schizophrenia and the nature of the articles differed from other mental disorders.

Significant findings from this study was societal violence that included sexual, physical, and intimate partner violence as a risk factor to the development of mental illness in South African women, particularly PTSD and depression. It highlights the contextual nature of news reporting and how media can be influenced by the other civil society priority-interest groups/ government.

These findings could be due to the high prevalence of violence particularly gender-based violence in South Africa and the spotlight that has been placed on the issue. 25 November to 10 December is 16 Days of Activism against Gender-based violence which is dedicated to awareness raising efforts on gender-based violence and the media reports on it as news information for the public.

Another interesting finding that has not been highlighted in other studies was that the coverage challenged gender stereotypes that affect men and women from dealing with mental illness or help seeking. This is an encouraging finding that highlights that the online news media was thoughtful on raising mental illness knowledge of the public as well as contribute to anti stigma efforts.

4.1.3 Types of Mental disorders

Depression was the most common diagnosis and was discussed in 31% of articles in the sample. As discussed in the literature review, there is a high prevalence of depression globally and in South Africa. Considering that the articles mainly used prevalence statistics and research, it is expected that depression was the main diagnosis mentioned. Other studies found similar high mention of depression (Hildersley et al., 2020, Miller et al., 2019). This finding could also explain the positive tone of reporting. In previous studies it was found that depression was discussed more positively and was less likely to be stigmatizing compared to other mental illnesses such as schizophrenia (Hildersley et al., 2020) which was mentioned in very few articles in this study (8.2%).

Of concern was the high number of news articles that spoke generically about mental illness without specifying. There is a danger in not differentiating the various mental disorders particularly while aiming to increase mental illness knowledge. Mental illnesses have various signs and symptoms and lumping them together has been associated with negative stereotypes associated with mental illness (Ahmedani, 2011). In this study, there was minimal coverage of highly stigmatized disorders, schizophrenia and psychotic disorders. With this finding, it is challenging to comment on what the South African online media portrayal of these disorders is.

4.1.4 Mental illness resources

Numerous articles on mental health awareness offered information on where to get help and that was largely The South African Depression and Anxiety Group (SADAG) related contacts and not a diversity of contacts such as local clinics or hospital outpatient departments which offer mental health services. SADAG is Africa's largest mental health non-profit-organization that is at the forefront of patient advocacy, education, and de-stigmatisation of mental illness in South Africa for the last 20 years. Its board comprises of patients, psychiatrists, psychologists, and general practitioners (The South African Depression and Anxiety Group, 2021). SADAG hold awareness campaigns throughout the year on various mental illness including depression, anxiety, bipolar and suicide. Since the most discussed mental illness was depression and anxiety, it not surprising that SADAG would be quoted as a source of information after research and health professionals. Furthermore, the coverage was high for mental illness awareness which is SADAG's focus. SADAG also uses mental health professionals in their campaigns to promote mental illness prevention and intervention. SADAG crisis line or telephonic counseling line was indicated in most articles as the resource to contact when people needed mental illness related assistance. It is acknowledged that non-governmental organization such as SADAG are important partners in raising awareness on mental illness. SADAG offering only their services might be viewed as a promotional attempt to increase their clientele. It has been reported that stakeholders can engage with the media to promote positive public perceptions of their activities to advance their organizational goals (Henderson and Hilton, 2018). This coverage does not encourage the reporting on various mental health service providers including government facilities such as clinics and hospitals. Coverage does not indicate the spectrum of role players in the mental health field in South Africa.

The interesting finding of the study is that in more than half of the articles reporting on mental illness, there was no discussion of treatment. When treatment was mentioned, it promoted psychological treatment/ in a form of individual psychotherapy followed by self-help/support groups. The results are reflective of the focus of SADAG on counselling and supports groups to deal with depression, anxiety, and suicidal thoughts.

4.2 People with Mental illness

As highlighted in the literature review, there is a substantial number of research that has documented the portrayal of people with mental illness in the media. The portrayal has been largely negative with people presented as suffering largely from schizophrenia or other psychotic symptoms (Yang and Parrott, 2018). It is noted that in the literature the portrayal of people with mental illness has been mainly males as dangerous, committing crimes, helpless, and has been linked to schizophrenia and other psychotic disorders (Srivastava et al., 2018). The findings of this study differed from other studies. Since the prominent mental disorders that were mentioned were common mental disorders depression and anxiety, it is not surprising that people with mental illness were mainly women which is consistent with the Ugandan study (Miller et al., 2020). It is noted that there was a concerted effort of the news to highlight that the disorders also affect men. There were a couple of articles which had a mental illness anti-stigma aim and addressed masculinity norms that may account for the gender disparity in prevalence and help seeking**.**

The significant finding in the study was the age group of people with mental illness which was mainly the youth (15-24 years). This result might be explained by the high prevalence of depression in this age group that was discussed in the literature review. Furthermore, this is an age group that is affected by the causes of mental illness that were found such as academic stress particularly matric and university; high unemployment; and poverty. This finding could also be explained by SADAG awareness campaigns that are mainly targeted to this age category. The campaigns and awareness programmes at SADAG are driven by various mental health professionals. They would be guided by relevant research literature that indicate the age of onset of various mental illness, as well as by their routine statistics based on their clientele-service offering.

In the coverage of mental illness and people with mental illness, what is not covered is as important as what is covered (Sieff, 2003). There were very few news articles that covered the elderly people (age 65 years and older). With South Africa's high prevalence of depression in this age group it is concerning that there were only four articles that discussed mental illness in this group. This suggest that this age category might be overlooked in the country's efforts of increasing mental illness awareness and may give the impression that people of this age do not suffer from mental disorders. This finding could be explained in terms of the target audience of the online news sites which might not include this age group.

4. 3 How is mental illness framed

Framing is a way that the journalist presents complex issues like mental illness in a way that makes them understandable. The study was interested in qualitatively analyzing the articles to determine the frames that are used in reporting on mental illness. The following frames were found in this study.

4.3.1 Awareness frame

The study found that the overall frame was that of awareness where various mental illness was discussed by using prevalence statistics, signs and symptoms, risk factors, as well as solutions.

The results show mainly a destigmatizing frame that aims to increase mental illness awareness. In this frame the journalists provided the context of mental illness by highlighting prevalence rates of various mental illness as well as populations affected. The use of statistics in reporting has been reported as one of effective credibility strategy that can influence the public opinion on a topic (Van Dijk, 2001). This device provides the audience with a context of mental illness as an issue affecting a high number of people and not just particular individuals. It also highlights the issue as an important public health issue that requires societal attention. The articles discussed the signs and symptoms of mental illness to highlight it as a legitimate medical condition. Perhaps this approach to educate the public and policymakers on symptoms is driven by the reported negative beliefs of mental illness in the African context. Another factor to the approach could be the report that South African decision makers do not consider mental health a legitimate problem due to limited appreciation of mental illness prevalence (Bird et al., 2010)

4.3.2 Framing of mental illness causes and solutions

Like other studies, the causes of mental illness were framed thematically. In this frame the causes of mental illness are more societal than individual (Miller et al., 2020, Subramanian, 2019). The media highlighted the violence that affects women and children as the cause of mental illness. The frame was reflective of the South African context that has high prevalence of violence. This demonstrates the media's focus on highlighting the social determinants of mental health such as gender and violence in society. This frame is important in tackling stigma in society since it does not attribute blame for mental illness on individuals. This frame counters

the typical framing from Western studies that accounts mental illness to individual characteristics. This frame together with the discussion of the burden of disease, indicate to the audience that due the risk form mental illness is linked to socio environmental factors. There was a minor discussion on individual causes of mental illness such as genetics for depression as well as the pregnancy/sex of women for post-natal depression. Women's personal choices were highlighted in issues of type of birth. This framing acknowledges the various risk factors of mental illness that includes biological.

With societal causes, the responsibility for solutions to mental illness can also be attributed to societal factors. In this study the results highlighted more societal solutions to mental illness like other studies (Subramanian, 2019, Miller et al., 2020). A Chinese study showed that Chinese media put more problem-solving responsibilities on the society than on the individual which was found in this study (Zhang et al., 2015). The specified societal solution was the health system improvement, interventions that addresses the causal factors such as violence as well as challenging gender norms that contribute to stigma. These findings except for the health system, are unique to this study. The solutions of tackling gender norms and gender-based violence is in line with the social determinant approach. The gender stereotypes and roles particularly those embedded in the African culture can be viewed as social determinant of mental illness (Phillips, 2005). This gender approach to solutions suggests that the online media in South Africa recognises the role of media in influencing gender norms that impact negatively on a group of people. The highlighting of gender-based violence as a risk factor is not surprising considering the high rates of gender-based violence in the country (Groves et al., 2015). The finding further suggests that the media recognizes the importance of reporting that facilitate public participation and the health system to respond appropriately to mental illness issues (Afifi, 2007)

4.3.3 Consequences Frame

The consequences of mental illness discussed were on the individual level, mainly around the disruption of normal life of an individual as well as suicide. In this study, discussion on suicide was contextualized in the story, making the framing more thematic. The articles used the suicide of for example a celebrity and highlighted the factors of that population (artists) that contribute to suicide. Contrary to other reports of suicide, there was not too much emphasis on

the suicide event which is similar to another study that discussed suicide in relation to mental health and illness (Dzokoto et al., 2018)

An interesting finding was the consequence of mental illness on the family which was primarily children of people with mental illness. This frame is important is highlighting the impact by and large of maternal mental health on children but can also have an impact on parenting capacity of people with mental illness. Without contextualizing, like linking mental illness with other factors such as poverty and gender- based violence, it has the potential to blame mothers for children's mental health issues. This has the potential to add to negative perceptions about mothers with mental illness (Krumm et al., 2013, Koschade and Lynd-Stevenson, 2011). This frame might also contribute to the gender norms and roles that the reporting was shown to challenge. On the contrary, articles that focused on men with mental illness did not indicate a family consequence and rather an individual consequence such as abuse of alcohol and abusive behaviour with no link to the children wellbeing.

4.3.4 Health Care Systems in Crisis

The crisis frame was used when discussing mental health care system. In this frame the hospital was represented as the only facility that provides mental illness services. It is in this frame that people with mental illness start being portrayed as uncontrollable, dangerous to themselves and others, helpless victims with severe mental illness. These characteristics have been reported to perpetuate stigma associated with mental illness particularly the association of people with mental illness perpetrating violence (Everett, 2015) . Although it is recognized that the reporting was mainly to highlight the human rights abuse suffered by people with mental illness, it might not facilitate treatment seeking. This crisis frame does not create space to discuss effective hospital treatment for people with mental illness. The successful treatment stories were lacking in this depiction which is consistent with reported findings from previous studies discussed in the literature review section.

Considering that the mental illness with the highest burden and most reported in this study is depression, there should be reporting of the health care system in relation to that illness. Another important aspect is that in the hospital discussion, specific mental illness is not specified. The audience can therefore use established frames of mental illness to conclude that all people with mental illness have the discussed characteristics. This frame, therefore, might

undermine the anti-stigma efforts and perpetuate stigmatizing views of people with mental illness. This representation of hospitals as the only treatment facility contrasts with the South African policy recommendations that the treatment of people with mental illness should mainly be offered at the community and primary health clinic level (National Department of Health, 2013). If the agenda is of awareness of mental illness that includes treatment facilities, the articles do not address that aspect. It is more focused on the people with severe mental illness who are also involuntary mental health care users. It might be effective for the media to discuss various mental health care users based on the South African mental health care act.

The representation could be explained by the media's emphasis on general human rights issues in South Africa. Additionally, the focus on human rights and mental illness has been post South African democracy (Lund et al., 2010). It seems to have been heightened by the event that came to be known as "Esidimeni" that occurred in 2016 where people with mental illness died due to human rights abuse (M. W.Makgoba, 2017). The other contributing factor could be March 2019 newsworthy launch of the report on human rights violation of people with mental illness. The reports of people with mental illness perpetrating violence or violence being perpetrated on them was seen by the media as highlighting the inadequacy of the health system. In addition, being part of the media's role of informing the public of current affairs, it was possibly a mechanism to hold the government into account. Journalists have indicated that factors that make mental health newsworthy includes exposing problems, highlighting areas of unmet needs, tragedy, and organisations who have agendas to pursue and public visibility to maintain (Holland, 2018).

To reach the aim of reducing stigma and to increase the public's willingness to invest in the treatment system, McGinty suggests that media reporting should combine personal stories with depictions of structural barriers to mental illness and treatment (McGinty et al., 2018).

4.4 Study Limitations

The study offers a starting point in understanding how the South African online news media report on mental illness and people with mental illness. It is however not without limitations. The first limitation is that the study was carried out on only two of the top three most visited online news sites due to time and research capacity limitations. The study did not include News 24 which is the leading online news website in South Africa. Furthermore, the study sampling frame only includes the online news websites with the exclusions of other news sources such

as television, radio, and newspaper. The inclusion of other forms of media that may have different audiences could create a more comprehensive understanding of how the South African news media portray mental illness.

The other limitation is that visual images accompanying the news articles were not analysed. The visual images are an important aspect of the story at they provide additional cues for the audience. The visual analysis might have provided a comprehensive view of the portrayal of mental illness and people with mental illness with regards to other demographic characteristics such as race, socio-economic class, and occupation.

Although using a single coder improved the consistency of coding, subjective bias may influence this study's validity

Lastly, the chosen year of the study 2019 could have generated unintentional bias in retrieving more positive or neutral mental health articles as it coincided with the release of the South Africa Human Rights Commission's report on the status of mental health services on 28 March 2019. This report was prompted by the topical news event that came to be known as "Esidimeni" which put a spotlight on mental illness in South Africa.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The media portrayal of mental illness across the world has been linked to stigmatizing perceptions and stereotypes about mental illness and people with mental illness. In South Africa where there is stigma towards people with mental illness (Egbe et al., 2014), it is imperative that mental illness awareness is improved, and the media has a role to play. The South African media association has mechanism which regulates journalists and protects the public from harm and inaccurate information (South African Press Council, 2019). There are guidelines for mental health reporting that also assist South African journalists in reporting fairly on mental illness. The study reviewed media articles for the period 2019 which occurred after the Life Esidimeni tragedy that led to the death of people with mental illness. Journalists reporting on Life Esidimeni focused on human rights violations and the incident was a catalyst in highlighting mental illness in the country and the treatment of people with mental illness (Pillay and Laher, 2018).

The current study focused on the way in which online news websites report and frame mental illness in South Africa over a one-year period. The results show that the online media reporting of mental illness was largely neutral and positive with little stigmatizing content. For accuracy of the information, the online reporting used credible sources which ranged from research and academics in the field, health professionals as well as non-governmental organizations focusing on mental health services. The coverage provided information on mental illness and different mental disorders, discussing prevalence as well as various treatment options. Although there was some portrayal of mental illness stereotypes, it was minimal. People with mental illness included women and young people. The significant frame that emerged was societal solutions that challenges social norms and violence that contribute to mental illness risk for women.

5.2 Recommendations

1. Although the findings of this study indicate neutral and positive reporting of mental illness in online news, there is still negative reporting that linked people with mental illness and violence as well as the use of inappropriate language. It is recommended that there is continued training of journalists and editors on mental illness reporting guidelines to promote ongoing balanced coverage on all mental disorders. Even though this study has limitations, it could be made available to journalists and journalism students to increase their knowledge on mental illness reporting as suggested by Berry and Whitley (Whitley and Berry, 2013)
2. Another recommendation based on the findings is to increase the voices of ordinary people with mental illness by using them as sources to tell stories on mental illness. It has been suggested to combat the stigma associated with mental illness. The use of celebrities as people with mental illness is useful in increasing the reporting on mental illness but could increase the skewed view of who is affected by mental illness. A future research study that investigates the impact of mental illness coverage on people with mental illness would be useful to establish media effects.
3. The findings revealed that women and the youth are the population affected by mental illness and that depression was the prominent disorder. It is a useful finding in South Africa considering the high depression prevalence. However, men were represented as less affected by mental illness. Increased media coverage of men suffering from common mental illness might contribute to normalisation of mental illness and promotion of help seeking in this population.
4. A highly stigmatised mental illness of schizophrenia/psychosis disorder had low coverage. For stigma reduction, it might be effective to increase coverage of the illness and represent it in non-stigmatising ways that show effective management.
5. To increase awareness of the public about mental illness, it might be useful for the journalists to represent various mental disorders with their distinct signs and symptoms.
6. The children and the elderly were not covered significantly in the online news. Perhaps with the expansion of search terms to include disorders that are diagnosed in childhood such as Autism and those that tend to be prevalent in the elderly, it might give a picture of how the media portray those age groups.

7. The results highlight the online media's aim of holding the government into account by reporting on the human rights violations on people with mental illness. This crisis frame although useful in highlighting health system failures, it also presents mental health treatment as ineffective. This might contribute to the poor help seeking of people with mental illness particularly severe mental illness.
8. The hospital treatment reported on in the media was largely public hospitals. There could be more coverage of a complete South African health system and indicating levels of care such as primary health care and tertiary hospitals. Another coverage that can inform the public is the different patient status such as voluntary mental health care user/patient that are part of the South African Mental Health Care Act, no 17 of 2002.

REFERENCES

AFIFI, M. 2007. Gender differences in mental health. *Singapore medical journal,* 48**,** 385.

AHMEDANI, B. K. 2011. Mental Health Stigma: Society, Individuals, and the Profession. *Journal of social work values and ethics,* 8**,** 41-416.

AUERBACH, R. P., MORTIER, P., BRUFFAERTS, R., ALONSO, J., BENJET, C., CUIJPERS, P., DEMYTTENAERE, K., EBERT, D. D., GREEN, J. G. & HASKING, P. 2018. WHO world mental health surveys international college student project: prevalence and distribution of mental disorders. *Journal of abnormal psychology,* 127**,** 623.

BARKE, A., NYARKO, S. & KLECHA, D. 2011. The stigma of mental illness in Southern Ghana: attitudes of the urban population and patients' views. *Social psychiatry and psychiatric epidemiology,* 46**,** 1191-1202.

BECK, C. S., AUBUCHON, S. M., MCKENNA, T. P., RUHL, S. & SIMMONS, N. 2014. Blurring personal health and public priorities: An analysis of celebrity health narratives in the public sphere. *Health Communication,* 29**,** 244-256.

BENTI, M., EBRAHIM, J., AWOKE, T., YOHANNIS, Z. & BEDASO, A. 2016. Community perception towards mental illness among residents of Gimbi town, Western Ethiopia. *Psychiatry journal,* 2016.

BIRD, P., OMAR, M., DOKU, V., LUND, C., NSEREKO, J. R., MWANZA, J. & CONSORTIUM, T. M. R. P. 2010. Increasing the priority of mental health in Africa: findings from qualitative research in Ghana, South Africa, Uganda and Zambia. *Health Policy and Planning,* 26**,** 357-365.

CALO, L. & BĂBAN, A. 2013. The stigma of schizophrenia in Romanian newspapers: a content analysis approach. *Sociologie Românească,* 11**,** 8-21.

CLEMENT, S., SCHAUMAN, O., GRAHAM, T., MAGGIONI, F., EVANS-LACKO, S., BEZBORODOVS, N., MORGAN, C., RÜSCH, N., BROWN, J. & THORNICROFT, G. 2015. What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological medicine,* 45**,** 11-27.

COMPTON, M. T. & SHIM, R. S. 2015. The social determinants of mental health. *Focus,* 13**,** 419-425.

DE VREESE, C. H. 2005. News framing: Theory and typology. *Information Design Journal & Document Design,* 13.

DIEDONG, A. L. 2013. Covering health issues: the role of newspapers in Ghana. *International Journal of Humanities and Social Science,* 3**,** 46-51.

DZOKOTO, V., BARNETT, C., OSEI-TUTU, A. & BRIGGS, A. 2018. Mental health reportage in Ghanaian newspapers between 2000 and 2015: A qualitative analysis. *International Journal of Mental Health,* 47**,** 192-214.

EGBE, C. O., BROOKE-SUMNER, C., KATHREE, T., SELOHILWE, O., THORNICROFT, G. & PETERSEN, I. 2014. Psychiatric stigma and discrimination in South Africa: perspectives from key stakeholders. *BMC psychiatry,* 14**,** 191.

ELO, S., KÄÄRIÄINEN, M., KANSTE, O., PÖLKKI, T., UTRIAINEN, K. & KYNGÄS, H. 2014. Qualitative content analysis: A focus on trustworthiness. *SAGE open,* 4**,** 2158244014522633.

ERLINGSSON, C. & BRYSIEWICZ, P. 2017. A hands-on guide to doing content analysis. *African journal of emergency medicine,* 7**,** 93-99.

ETIKAN, I., MUSA, S. A. & ALKASSIM, R. S. 2016. Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics,* 5**,** 1-4.

EVERETT, A. 2015. The newsworthiness of mental illness: An exploration of representations of mental health and illness in the UK national press. *Journal of Promotional Communications,* 3.

FETTERS, M. D., CURRY, L. A. & CRESWELL, J. W. 2013. Achieving integration in mixed methods designs-principles and practices. *Health services research,* 48**,** 2134-2156.

FINLAY, A. 2018. The State of the Newsroom Report: Structured Unstructured. *In:* FINLAY, A. (ed.) *Structured Unstructured.* University of Witwatersrand Journalism.
FLORESCU, O. 2014. Positive and negative influences of the mass media upon education. *Procedia-Social and Behavioral Sciences,* 149**,** 349-353.
FRASER, K., MACKENZIE, D. & VERSNEL, J. 2019. What is the Current State of Occupational Therapy Practice with Children and Adolescents with Complex Trauma? *Occupational Therapy in Mental Health,* 35**,** 317-338.
GOLLUST, S. E., ATTANASIO, L., DEMPSEY, A., BENSON, A. M. & FOWLER, E. F. 2013. Political and news media factors shaping public awareness of the HPV vaccine. *Women's Health Issues,* 23**,** e143-e151.
GOLLUST, S. E., FOWLER, E. F. & NIEDERDEPPE, J. 2019. Television news coverage of public health issues and implications for public health policy and practice. *Annual Review of Public Health,* 40**,** 167-185.
GROVES, A. K., MOODLEY, D., MCNAUGHTON-REYES, L., MARTIN, S. L., FOSHEE, V. & MAMAN, S. 2015. Prevalence, rates and correlates of intimate partner violence among South African women during pregnancy and the postpartum period. *Maternal and child health journal,* 19**,** 487-495.
HAO, G., BISHWAJIT, G., TANG, S., NIE, C., JI, L. & HUANG, R. 2017. Social participation and perceived depression among elderly population in South Africa. *Clinical interventions in aging,* 12**,** 971-976.
HENDERSON, C., EVANS-LACKO, S. & THORNICROFT, G. 2013. Mental illness stigma, help seeking, and public health programs. *American journal of public health,* 103**,** 777-780.
HENDERSON, L. & HILTON, S. 2018. The media and public health: where next for critical analysis? : Taylor & Francis.
HENSON, C., CHAPMAN, S., MCLEOD, L., JOHNSON, N., MCGEECHAN, K. & HICKIE, I. 2009. More us than them: positive depictions of mental illness on Australian television news. *Australian and New Zealand Journal of Psychiatry,* 43**,** 554-560.
HERMAN, A. A., STEIN, D. J., SEEDAT, S., HEERINGA, S. G., MOOMAL, H. & WILLIAMS, D. R. 2009. The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *South African Medical Journal,* 99.
HILDERSLEY, R., POTTS, L., ANDERSON, C. & HENDERSON, C. 2020. Improvement for most, but not all: changes in newspaper coverage of mental illness from 2008 to 2019 in England. *Epidemiol Psychiatr Sci,* 29**,** e177.
HINNANT, A., LEN-RÍOS, M. E. & YOUNG, R. 2013. Journalistic use of exemplars to humanize health news. *Journalism studies,* 14**,** 539-554.
HOLLAND, K. 2018. Making mental health news: Australian journalists' views on news values, sources and reporting challenges. *Journalism Studies,* 19**,** 1767-1785.
INDEPENDENT ONLINE. 2021. *About IOL* [Online]. IOL. Available: www.iol.co.za [Accessed 20212012 2021].
IYENGAR, S. Speaking of values: The framing of American politics. The Forum, 2005. De Gruyter.
JÖRNS-PRESENTATI, A., NAPP, A.-K., DESSAUVAGIE, A. S., STEIN, D. J., JONKER, D., BREET, E., CHARLES, W., SWART, R. L., LAHTI, M. & SULIMAN, S. 2021. The prevalence of mental health problems in sub-Saharan adolescents: A systematic review. *Plos one,* 16**,** e0251689.
KAKUMA, R., KLEINTJES, S., LUND, C., DREW, N., GREEN, A. & FLISHER, A. 2010. Mental Health Stigma: What is being done to raise awareness and reduce stigma in South Africa? *African Journal of Psychiatry,* 13.
KANG, S. 2013. Coverage of autism spectrum disorder in the US television news: an analysis of framing. *Disability & Society,* 28**,** 245-259.
KAPUNGWE, A., COOPER, S., MWANZA, J., MWAPE, L., SIKWESE, A., KAKUMA, R., LUND, C. & FLISHER, A. 2010. Mental illness-stigma and discrimination in Zambia. *African Journal of Psychiatry,* 13.

KENEZ, S., O'HALLORAN, P. & LIAMPUTTONG, P. 2015. The portrayal of mental health in Australian daily newspapers. *Australian and New Zealand Journal of Public Health,* 39**,** 513-517.
KLIN, A. & LEMISH, D. 2008. Mental disorders stigma in the media: Review of studies on production, content, and influences. *Journal of health communication,* 13**,** 434-449.
KOSCHADE, J. E. & LYND-STEVENSON, R. M. 2011. The stigma of having a parent with mental illness: Genetic attributions and associative stigma. *Australian Journal of Psychology,* 63**,** 93-99.
KRUMM, S., BECKER, T. & WIEGAND-GREFE, S. 2013. Mental health services for parents affected by mental illness. *Current Opinion in Psychiatry,* 26**,** 362-368.
LEUNG, V. S. Y. 2019. The Disclosure of Celebrity Major Depressive Disorder Diagnoses in Hong Kong: Its Effects on Public Awareness and Understanding Toward the Illness. *Community Mental Health Journal,* 55**,** 120-128.
LI, A., JIAO, D., LIU, X. & ZHU, T. 2020. A comparison of the psycholinguistic styles of schizophrenia-related stigma and depression-related stigma on social media: content analysis. *Journal of medical Internet research,* 22**,** e16470.
LINK, B. G. & PHELAN, J. C. 2001. Conceptualizing stigma. *Annual review of Sociology,* 27**,** 363-385.
LUND, C., KLEINTJES, S., KAKUMA, R., FLISHER, A. J. & CONSORTIUM, M. R. P. 2010. Public sector mental health systems in South Africa: inter-provincial comparisons and policy implications. *Social psychiatry and psychiatric epidemiology,* 45**,** 393-404.
M. W.MAKGOBA 2017. The report into the circumstances surrounding the death of the mentally ill patients: Gauteng Province

In: OMBUD, O. O. H. (ed.). Pretoria.
MA, Z. 2017. How the media cover mental illnesses: a review. *Health Education,* 117**,** 90-109.
MACKIE, G., MONETI, F., SHAKYA, H. & DENNY, E. 2015. What are social norms? How are they measured. *University of California at San Diego-UNICEF Working Paper, San Diego*.
MACNAMARA, J. R. 2005. Media content analysis: Its uses, benefits and best practice methodology. *Asia Pacific Public Relations Journal,* 6**,** 1.
MCGINTY, E., PESCOSOLIDO, B., KENNEDY-HENDRICKS, A. & BARRY, C. L. 2018. Communication strategies to counter stigma and improve mental illness and substance use disorder policy. *Psychiatric Services,* 69**,** 136-146.
MCGINTY, E. E., WEBSTER, D. W., JARLENSKI, M. & BARRY, C. L. 2014. News media framing of serious mental illness and gun violence in the United States, 1997-2012. *American Journal of Public Health,* 104**,** 406-413.
MEHRAJ, H. K., BHAT, A. N. & MEHRAJ, H. R. 2014. Impacts of media on society: A sociological perspective. *International Journal of Humanities and Social Science Invention,* 3**,** 56-64.
MELTWATER. *Our Story* [Online]. Available: www.meltwater.com [Accessed 20200102 2020].
MFOAFO-M'CARTHY, M., SOTTIE, C. A. & GYAN, C. 2016. Mental illness and stigma: a 10-year review of portrayal through print media in Ghana (2003–2012). *International Journal of Culture and Mental Health,* 9**,** 197-207.
MILLER, A. N., NAPAKOL, A. & KUJAK, M. K. 2019. Representation of Mental Illness in Leading Ugandan Daily Newspapers: A Content Analysis. *Health Commun***,** 1-9.
MILLER, A. N., NAPAKOL, A. & KUJAK, M. K. 2020. Representation of Mental Illness in Leading Ugandan Daily Newspapers: A Content Analysis. *Health Commun,* 35**,** 1782-1790.
MOJTABAI, R. 2010. Mental illness stigma and willingness to seek mental health care in the European Union. *Social psychiatry and psychiatric epidemiology,* 45**,** 705-712.
MOY, P., TEWKSBURY, D. & RINKE, E. M. 2016. Agenda-setting, priming, and framing. *The international encyclopedia of communication theory and philosophy***,** 1-13.
MYRICK, J. G., MAJOR, L. H. & JANKOWSKI, S. M. 2014. The sources and frames used to tell stories about depression and anxiety: A content analysis of 18 years of national television news coverage. *Electronic News,* 8**,** 49-63.
NATIONAL DEPARTMENT OF HEALTH 2013. National Mental Health Policy Framework 2013-2020. Pretoria: Governement of South Africa.

NAWKA, A., RUKAVINA, T. V., NAWKOVÁ, L., JOVANOVIĆ, N., BRBOROVIĆ, O. & RABOCH, J. 2012. Psychiatric disorders and aggression in the printed media: is there a link? A central European perspective. *BMC psychiatry,* 12**,** 1-8.

O' BRIEN, A. 2020. Reporting on mental health difficulties, mental illness and suicide: Journalists' accounts of the challenges. *Journalism,* 22**,** 3031-3047.

PADAYACHEY, U., RAMLALL, S. & CHIPPS, J. 2017. Depression in older adults: prevalence and risk factors in a primary health care sample. *South African family practice,* 59**,** 61-66.

PAN, J., LIU, B. & KREPS, G. L. 2018. A content analysis of depression-related discourses on Sina Weibo: attribution, efficacy, and information sources. *BMC public health,* 18**,** 772.

PARK, J. H., CHOI, Y. M., KIM, B., LEE, D. W. & GIM, M. S. 2012. Use of the terms "schizophrenia" and "schizophrenic" in the South Korean news media: a content analysis of newspapers and news programs in the last 10 years. *Psychiatry Investig,* 9**,** 17-24.

PELTZER, K. & PHASWANA-MAFUYA, N. 2013. Depression and associated factors in older adults in South Africa. *Global health action,* 6**,** 18871.

PETERSEN, I. & LUND, C. 2011. Mental health service delivery in South Africa from 2000 to 2010: one step forward, one step back. *South African Medical Journal,* 101**,** 751-757.

PHILLIPS, S. P. 2005. Defining and measuring gender: A social determinant of health whose time has come. *International Journal for Equity in Health,* 4**,** 11.

PICARD, R. G. & YEO, M. 2011. Medical and health news and information in the UK media: The current state of knowledge. *A report of the Reuters Institute for the study of Journalism*.

PILLAY, A. L. & LAHER, S. 2018. Rethinking public mental health care: a call for action. SAGE Publications Sage UK: London, England.

REHM, J. & SHIELD, K. D. 2019. Global Burden of Disease and the Impact of Mental and Addictive Disorders. *Current Psychiatry Reports,* 21**,** 10.

ROPER, C., NEWMAN, N. & SCHULZ, A. 2019. Reuters Institute Digital News Report 2019: South Africa Supplementary Report,. Reuters Institute for the Study of Journalism.

ROSS, A. M., MORGAN, A. J., JORM, A. F. & REAVLEY, N. J. 2019. A systematic review of the impact of media reports of severe mental illness on stigma and discrimination, and interventions that aim to mitigate any adverse impact. *Social Psychiatry and Psychiatric Epidemiology,* 54**,** 11-31.

SARAF, R. A. & BALAMURUGAN, J. 2018. The role of mass media in health care development: a review article. *J Adv Res Journal Mass Commun,* 5**,** 39-43.

SCHEUFELE, D. A. & TEWKSBURY, D. 2006. Framing, agenda setting, and priming: The evolution of three media effects models. *Journal of communication,* 57**,** 9-20.

SEMRAU, M., EVANS-LACKO, S., KOSCHORKE, M., ASHENAFI, L. & THORNICROFT, G. 2015. Stigma and discrimination related to mental illness in low-and middle-income countries. *Epidemiology and psychiatric sciences,* 24**,** 382-394.

SHAH, A., WHEELER, L., SESSIONS, K., KUULE, Y., AGABA, E. & MERRY, S. P. 2017. Community perceptions of mental illness in rural Uganda: An analysis of existing challenges facing the Bwindi Mental Health Programme. *African journal of primary health care & family medicine,* 9**,** 1-9.

SICKEL, A. E., SEACAT, J. D. & NABORS, N. A. 2014. Mental health stigma update: A review of consequences. *Advances in Mental Health,* 12**,** 202-215.

SIEFF, E. 2003. Media frames of mental illnesses: The potential impact of negative frames. *Journal of Mental Health,* 12**,** 259-269.

SOUTH AFRICAN FEDERATION FOR MENTAL HEALTH. 2016. *Media Guide for Responsible Reporting on Mental Health* [Online]. Available: http://cpmh.org.za/wmhd/wp-content/uploads/2016/09/SAFMH-Media-Reporting-Guide.pdf [Accessed 20. 04. 2019].

SOUTH AFRICAN PRESS COUNCIL. 2019. *Press Code of Ethics and conduct for South African Print and Online Media* [Online]. South Africa. Available: www.presscouncil.org.za/sa-press-code [Accessed 2019. 04. 20].

SRIVASTAVA, K., CHAUDHURY, S., BHAT, P. S. & MUJAWAR, S. 2018. Media and mental health. *Industrial psychiatry journal,* 27**,** 1-5.
STEEL, Z., MARNANE, C., IRANPOUR, C., CHEY, T., JACKSON, J. W., PATEL, V. & SILOVE, D. 2014. The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013. *International journal of epidemiology,* 43**,** 476-493.
STOUT, P. A., VILLEGAS, J. & JENNINGS, N. A. 2004. Images of mental illness in the media: identifying gaps in the research. *Schizophrenia bulletin,* 30**,** 543-561.
STUART, H. 2006. Media portrayal of mental illness and its treatments. *CNS drugs,* 20**,** 99-106.
STUART, H. & ARBOLEDA-FLÓREZ, J. 2012. A Public Health Perspective on the Stigmatization of Mental Illnesses. *Public Health Reviews,* 34**,** 12.
SUBRAMANIAN, R. 2019. Frames of Mental Illness in an Indian Daily Newspaper. *Health Commun,* 34**,** 1806-1815.
SULIMAN, S., MKABILE, S. G., FINCHAM, D. S., AHMED, R., STEIN, D. J. & SEEDAT, S. 2009. Cumulative effect of multiple trauma on symptoms of posttraumatic stress disorder, anxiety, and depression in adolescents. *Comprehensive psychiatry,* 50**,** 121-127.
THAPA, S. B., MARTINEZ, P. & CLAUSEN, T. 2014. Depression and its correlates in South Africa and Ghana among people aged 50 and above: Findings from the WHO Study on global AGEing and adult health. *Journal of psychiatry,* 17**,** 1000167.
THAPAR, A., COLLISHAW, S., PINE, D. S. & THAPAR, A. K. 2012. Depression in adolescence. *The Lancet,* 379**,** 1056-1067.
THE BROADCAST RESEARCH COUNCIL OF SOUTH AFRICA 2019. The Establishment Survey-September 2019 Release. South Africa: The Broadcast Research of South Africa.
THE SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP. 2021. *The profile of The South African Depression and Anxiety Group* [Online]. SADAG. Available: www.sadag.org [Accessed 20211030 2021].
TIMESLIVE. *About TimesLive* [Online]. Available: https://www.timeslive.co.za/about-us/ [Accessed 12.03.2020].
TOMLINSON, M., GRIMSRUD, A. T., STEIN, D. J., WILLIAMS, D. R. & MYER, L. 2009. The epidemiology of major depression in South Africa: results from the South African Stress and Health study: mental health. *South African Medical Journal,* 99**,** 368-373.
UNITED NATIONS CHILDREN'S FUND 2021. The State of the World's Children 2021: On My Mind-Promoting, protecting and caring for children's mental health. *In:* UNICEF (ed.). New York: UNICEF.
VAN DIJK, T. A. 2001. Critical discourse analysis. *The handbook of discourse analysis,* 18**,** 352-371.
WAHL, O. F. 2003. News media portrayal of mental illness: Implications for public policy. *American Behavioral Scientist,* 46**,** 1594-1600.
WHITE, M. D. & MARSH, E. E. 2006. Content analysis: A flexible methodology. *Library trends,* 55**,** 22-45.
WHITLEY, R., ADEPONLE, A. & MILLER, A. R. 2015. Comparing gendered and generic representations of mental illness in Canadian newspapers: an exploration of the chivalry hypothesis. *Social psychiatry and psychiatric epidemiology,* 50**,** 325-333.
WHITLEY, R. & BERRY, S. 2013. Analyzing media representations of mental illness: Lessons learnt from a national project. *Journal of Mental Health,* 22**,** 246-253.
WHITLEY, R. & WANG, J. 2017. Television coverage of mental illness in Canada: 2013–2015. *Social Psychiatry and Psychiatric Epidemiology,* 52**,** 241-244.
WORLD HEALTH ORGANIZATION 2003. Investing in mental health. Geneva: World Health Organisation.
WORLD HEALTH ORGANIZATION 2005. Promoting Mental Health: concepts, emerging evidence, practice. *In:* H. HERRMAN, S. S., R. MOODIE (ed.). Geneva: World Health Organization.
WORLD HEALTH ORGANIZATION 2013. Mental Health Action Plan 2013-2020. Geneva: World Health Organization.

WORLD HEALTH ORGANIZATION 2017. Depression and other common mental disorders: global health estimates. Geneva: World Health Organization.
WORLD HEALTH ORGANIZATION AND CALOUSTE GULBENKIAN FOUNDATION 2014. Social determinants of mental health Geneva: World Heath Organization.
YANG, Y. & PARROTT, S. 2018. Schizophrenia in Chinese and U.S. Online News Media: Exploring Cultural Influence on the Mediated Portrayal of Schizophrenia. *Health Communication,* 33**,** 553-561.
YILMAZ ALTUNTAS, E. & ÖNEY DOĞANYIĞIT, S. 2021. Social determinants of autism spectrum disorder in the print media news: A qualitative framing analysis of coverage in national newspapers in Turkey. *Cogent Social Sciences,* 7**,** 1947607.
ZHANG, Y., JIN, Y., STEWART, S. & PORTER, J. 2016. Framing responsibility for depression: How US news media attribute causal and problem-solving responsibilities when covering a major public health problem. *Journal of Applied Communication Research,* 44**,** 118-135.
ZHANG, Y., JIN, Y. & TANG, Y. 2015. Framing depression: Cultural and organizational influences on coverage of a public health threat and attribution of responsibilities in Chinese news media, 2000-2012. *Journalism & Mass Communication Quarterly,* 92**,** 99-120.
ZHANG, Y. & WILDEMUTH, B. M. 2009. Qualitative analysis of content. *Applications of social research methods to questions in information and library science,* 308**,** 319.
ZOLEZZI, M., ALAMRI, M., SHAAR, S. & RAINKIE, D. 2018. Stigma associated with mental illness and its treatment in the Arab culture: A systematic review. *Int J Soc Psychiatry,* 64**,** 597-609.
ZOLEZZI, M., ELSHAMI, S. & OBAIDI, W. 2020. An Exploratory Analysis of the Portrayal of Mental Illness in Qatar's Newspapers. *Psychol Res Behav Manag,* 13**,** 1323-1332.

APPENDICES

Signed student plagiarism declaration

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

FACULTY OF HEALTH SCIENCES

PLAGIARISM DECLARATION TO BE SIGNED BY ALL HIGHER DEGREE STUDENTS

SENATE PLAGIARISM POLICY: APPENDIX ONE

I MPHO SHARON MOGOTSI (Student number: 12854) am a student registered for the degree of MASTERS OF PUBLIC HEALTH in the academic year 2022.

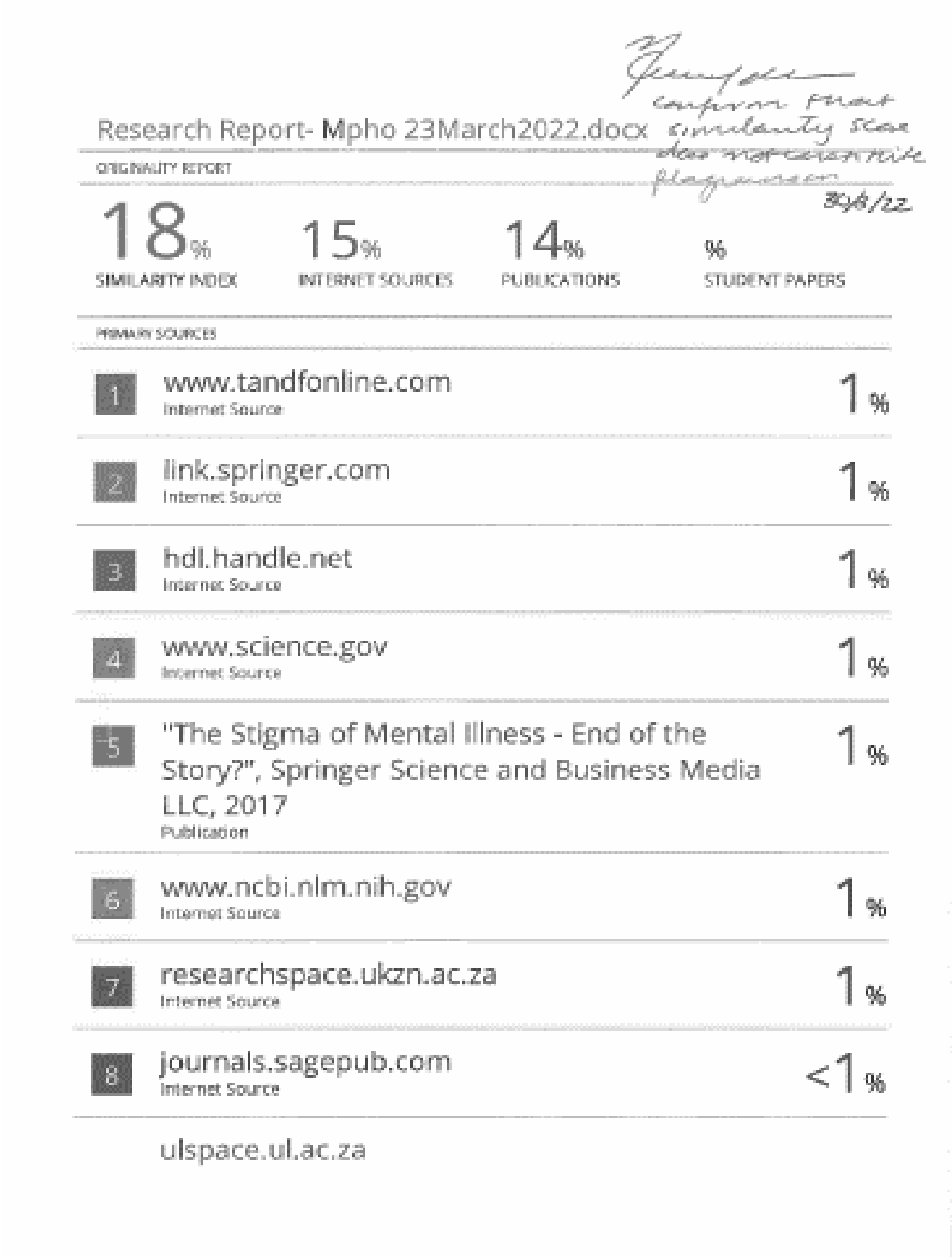
I hereby declare the following:

- I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.
- I confirm that the work submitted for assessment for the above degree is my own unaided work except where I have explicitly indicated otherwise.
- I have followed the required conventions in referencing the thoughts and ideas of others.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.
- I have included as an appendix a report from "Turnitin" (or other approved plagiarism detection) software indicating the level of plagiarism in my research document.

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1

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Appendix A: Content Coding sheet

Coding Variable	Instructions/ How it was coded
Article Id	unique code used to save each story
Date of article	the month the article was published
	January=1 February=2 March=3 April=4 May= 5 June= 6
	July= 7 August=8 September= 9 October= 10 November= 11 December= 12
Online news name	the name of the online news: 1= IOL; 2= TimesLive
Story origin	Location of the story/ where the media organisation is located: 1= local (South Africa and the African countries); 2= International (countries outside of the African continent)
Article type	The section of the news that the article/story appeared
	News is current affairs ; 1= News
	Health article is information about a health issue; 2= health
	Entertainment is information about popular people/events and interesting things; 3= Entertainment
	Sport is about sporting events and people/athletes; 4= Sport
	Business is about the commercial information; 5= Business
	Opinion is a story based on someone's opinion of the issue; 6= Opinion
Story Sources	Who is directly or indirectly quoted in the story
	Is the famous person such as musician/actor/athlete quoted; 1= yes 2= no
	Is the mental health professional quoted; 1= yes 2= no
	Are People living with mental illness (PLWMI) quoted: 1= yes 2=no
	Are Families/friends of PLWMI quoted; 1= yes 2= no
	Is the Government official quoted; 1= yes 2= no
	Is a Non-Governmental organisation(NGO) quoted; 1= yes 2= no
	Is an academic or research quoted; 1= yes 2= no
	Other source than the above is quoted; 1= yes 2= no
Story Focus	The main theme of the story
	Prevalence - story focused on providing information about the mental illness and the proportion of people affected by it ; 1= yes 2= no
	treatment- story focused on information about various mental illness treatments; 1= yes 2= no

	Prevention/ awareness- the article focused on awareness programs/stories and issues of factors that can prevent mental illness
	Living with mental illness- story focused on personal stories of people living with mental illness or their families; 1= yes 2= no
	Mental illness consequences- the story focused on various consequences linked to mental illness; 1= yes 2= no
	Mental illness causes/ risk factors- the story focused on various risk/ causal factors for mental illness; 1= yes 2= no
	health systems- the story focused on the health system issues such as service provision, budget, human resources; etc; 1= yes 2= no
	Criminal justice system- the story focused on crime , violence, legal system, and mental illness; 1= yes 2= no
	Other- the story focused on other issues than the above mentioned; 1= yes 2= no
Type of Disorder	the mental disorder/s that were mentioned in the story using Diagnostic and Statistical Manual of Mental Disorders classification (DSM)
	depression; 1= yes 2= no
	Anxiety ; 1= yes 2= no
	Post-Traumatic Stress Disorder (PTSD); 1= yes 2=no
	Bipolar; 1= yes 2= no
	Schizophrenia; 1- yes 2= no
	Eating Disorder; 1= yes 2= no
	other psychotic symptoms/ disorders; 1= yes 2= no
	substance use disorder (alcohol and drugs); 1= yes 2= no
	suicide/self -harm; 1= yes 2= no
	Developmental disorders (ADHD, Autism spectrum, etc.); 1= yes 2= no
	other mental disorders; 1 yes 2= no
	mental disorders unspecified in the story; 1= yes 2= no
Type of treatment	Type of treatment for mental illness mentioned in the story
	medication= 1
	psychotherapy/ counselling= 2
	combination of treatments= 3
	alternative treatments= 4
	Self-help/social support group= 5
	not mentioned/unspecified= 6
Age category	The age categories of people with mental illness or which age category is mentioned as affected by the mental illness in the story
	Children (from age 0 - 14 years)= 0
	Youth (WHO Definition from 15- 24 years)= 1
	Adults (those ages 25 years- 64 years) =2
	Elderly(ages above 64 years)= 3
	unspecified= 4

	All ages= 5
Gender	The gender of people living with mental illness mentioned in the story
	male= 0
	Female= 1
	both/all= 2
	Unspecified/not mentioned= 3
	other= 4
Story Tone	Story tone is based on the content/ theme of the story
	Neutral (the story is written in a balanced manner that is not stigmatising), =0
	Negative=1 (mental illness associated with crime, dangerousness, hopeless and vulnerable people
	Positive (story is balanced)= 2 story focused on personal experience, recovery, anti-stigma, etc
Story Frame	In the story who the responsibility of causes, consequences and/ or treatments of mental illness is placed on
	Individual=1
	Family=2
	society=3
	multiple levels= 4

Appendix B : Ethical waiver approval

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

Human Research Ethics Committee (Medical)

Research Office Secretariat
Faculty of Health Sciences, Philip Tobias Health Sciences Building, 3rd Floor, Office 301/2/4, 29 Princess of Wales Terrace, Parktown, 2193
Private Bag 3, Wits 2050
Office email: HREC-Medical-ResearchOffice@wits.ac.za
Website: www.wits.ac.za/research/about-our-research/ethics-and-research-integrity/

Ref: W-CBP-200723-01 23/07/2020

TO WHOM IT MAY CONCERN:

Waiver:	This certifies that the following research does not require clearance from the Human Research Ethics Committee (Medical)
Investigator:	Ms Mpho Mogotsi (Student No: 12854)
Supervisor:	Prof N Christofides and Dr M Hlungwane
School:	Public Health
Project title:	The portrayal of mental illness in South African online news
Reason:	A review of information in the public domain. Analysis of online news articles that mention mental illness or people with mental illness. No human participants, human data or human tissues will be involved.

Dr CB Penny

Chairperson: Human Research Ethics Committee (Medical)

Copy – HREC (Medical) Secretariat: Ms Zanele Ndlovu, Ms Mapula Ramaila and Mr Rhulani Mkansi