PORTRAYAL OF MENTAL ILLNESS ON TELEVISION:
A REVIEW OF THE LITERATURE

by

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MENTAL ILLNESS ON TELEVISION:
A REVIEW OF THE LITERATURE

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The focus of this thesis is to present peer-reviewed studies relating to mental illness and television. Up to this point there has not been a review paper exclusively examining mental illness and television exclusively. For this review, only articles with a defined research design were included. Seven content analysis articles were identified measuring images of mental illness on television. Content analysis articles covered children's television, primetime entertainment programs, and soap operas. Five studies were identified surveying attitudes and beliefs of viewers after seeing images of mental illness on television.

Research revealed that mental illness is portrayed negatively on television. Commonly, characters with mental illness are shown as violent, villainous, and unintelligent. Attitudes are affected by the number of hours of television watched, the viewer's education level, having direct experience with a person diagnosed with a mental illness, as well as seeing negative portrayals of mental illness on television.

In the future, collaborative relationships to educate professionals working in media need to be established. Anti-stigma interventions should target specific populations that do not have regular contact with mentally ill patients. Future research needs to include the opinions and experiences of mental health service

consumers. Current content analysis research focuses heavily on programs aired on American network television (ABC, NBC, CBS, and Fox); in the future original programs on cable networks should be included in the samples. Similarly, unscripted reality television is gaining popularity and should be considered for analysis in the future. When attitudes and beliefs are measured, the samples of participants surveyed need to be made up of a wide range of ages, education levels, and experiences, instead of the homogenized groups currently being surveyed. Public health professionals have a responsibility to be advocates to the mental health community. It is of public health significance to ensure the most accurate information is disseminated to the general public in order to reduce incorrect assumptions and negative stigmas surrounding mental illness.

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PREFACE

I would like to acknowledge my thesis committee members. I truly appreciate the time, wisdom, and feedback you have given me throughout this long process. Words cannot express my appreciation for your enduring support.

To Keri, you have become my ever-present cheerleader from afar. Your constant optimism has kept me moving forward when I wanted to remain standing still.

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1.0   INTRODUCTION

Mental illness is widely covered in the media, and especially on television. Many people with a mental illness may see a reflection of themselves in the television programs that they watch. Currently, approximately 57.7 million Americans find themselves living with a mental health disorder each year diagnosable according to the Diagnostic and Statistical Manual of Psychiatric Disorders or DSM-IV (NAMI, 2007).

Americans have a large amount of exposure to television using it for entertainment and for information. In 2006, the average American household had three working televisions. Televisions at home are turned on for approximately eight hours a day, while the average American watches four and a half hours of programs per day (Center for Screen-time Awareness, 2008).

The images and portrayals of mental illness on television are used to educate, to entertain, and are used to move storylines of fictional television programs forward. Due to the sensitive nature of mental illness and with so many people being diagnosed with mental illness, the most accurate information should be shown on television. However, this is not always the case.

The focus of this paper is to review empirical studies relating to mental illness and television. While literature review papers exist about media and mental illness, up to this point in time there has not been a review dealing exclusively with mental illness

and television. The studies reviewed in this paper include content analyses and studies

of impact on attitudes and beliefs of the viewer.

The overall purpose of this thesis is to look at the perceptions of mental illness

presented on television. Specific questions that will be addressed are:

1)   How is mental illness portrayed on television?

2)   What are the attitudes of television consumers toward mental illness?

2.0   BACKGROUND

Previously, several literature reviews have been published about issues of mental illness in the media. Otto Wahl wrote the first review article written about mental illness as it is portrayed in the media in 1992. The studies reviewed spanned time from the 1950's to 1992. A majority of the 42 studies included in the literature review were about portrayal of mental illness on television. Other media, such as movies newspapers, magazines, and television were reviewed to a lesser degree. Wahl found that as early as the 1950's, television shows contained images of mental illness and the negative qualities of mental illness were enhanced in the media. This literature review also concluded that incidences of mental illness on television were increasing over time (Wahl, 1992). At the time of publication, however, there were too few studies to make firm judgments about the impact of the portrayal of mental illness on the attitudes of the audience after being exposed to them on television. Wahl recommended future research needed to be conducted to further the body of knowledge about impact, attitudes, and beliefs.

Stout and colleagues (2003) conducted a literature review encompassing multiple forms of media including newspaper, movies, television, and websites. This review examined 34 articles published between 1990-2003. Stout and colleagues identified several deficiencies in research on portrayal of mental illness in all media. First they

found that the reviewed studies were conducted in several different countries, thus making comparisons difficult due to cultural differences and differences in the way the media is produced. Second, definitions used to identify mental disorders differ across studies. Some studies used very broad definitions of what is considered a mental illness, while other studies were more specific. Third, commercials and advertisements were not analyzed in any of the studies reviewed, only the content of the programs. Finally, there are unknown social circumstances and details about the characters portrayed, Stout et al. (2003) go on to say, "Very little research has examined how different groups (e.g., consumers of mental health services, family and friends, health care providers, employers, landlords) are portrayed in terms of demographic characteristics such as age, sex, race, and ethnicity" (p. 557).

Stout et al. (2003) also found a disconnect in research of media impact and also in research for using the media as a tool for change. There is a lack of generalizability of the peer-reviewed studies in this paper for several reasons. First, the methodology for each study is different making it difficult to compare the findings. Second, the impact studies stated that they surveyed the general public; however college aged students made up their sample. Also, little research included the opinions of mental health service consumers and their families about their experiences with media. They also found that there is no standard way to report or write about mental illness for the news or for storylines on other television shows. Also, the link between media portrayals and public perceptions of mental illness is theoretical. At the time of this article, there were no definitive links between images seen in the media influencing public opinions of mental illness. Overall, this paper found that mental illness

consistently exaggerated and misrepresented in all media. Mental illness was misrepresented through negative stereotypes and a focus on mentally ill characters being violent.

Just as images of mental illness are shown in adult media, similar images are in television programming targeted toward children. Neither Wahl's (1992) nor Stout and colleagues' (2003) reviews covered specific studies about media targeted toward children. Coverdale and Nairn (2006) found that research concerning mental illness in children's media focused heavily on movies, very little was done on television However, it is important to examine this area of media because children learn about life through interacting with and engaging in simulations of their world (Coverdale and Nairn, 2006).

The research conducted has been consistent in finding that images of mental illness on television have been negative in nature. Negative images of mental illness have been around as long as television has been a major source of entertainment and information. However, the research methods of the studies have been inconsistent in defining mental illness. Due to the homogenous population sampled, the results of previously conducted survey research have been ungeneralizable to a broader population. All three literature reviews agreed that future research needed to be conducted to close the gaps in the research.

3.0   METHODS

In order to find articles relevant to mental illness and television several steps were taken. First, academic databases of published peer-reviewed journals, such as PubMed, PSYCHINFO, JSTOR, and EBSCO were searched using the following keywords: mental illness, mental health, media, television, mass media, stigma, and news. The search attempted to identify studies written about television programs and attitudes of the public. Several television genres were included, such as news media, fictional entertainment programs like soap operas and primetime dramas, and children's programming. To find other possible articles that were missed during the database search articles were identified by searching the reference pages of relevant articles included in this paper.

More than 50 relevant articles were returned in the search. The articles were narrowed down to only studies with a defined research design, then to seven content analysis articles and six articles that analyze attitudes and beliefs. One study contained both content analysis and a survey of attitudes, therefore, it was included in both groups of articles. All the articles are quantitative in nature, with the exception of one qualitative study, chosen due to its focus on mental illness in the context of a long running national network television show.

In order to answer the research questions of this study, results will be present as follows: (a) content analysis studies of television programs containing mental illness content; and (b) survey studies that measured impact on attitudes and beliefs about mental illness.

4.0   CONTENT ANALYSIS STUDIES

The studies presented in this section conducted content analyses to find portrayals of mental illness in samples of television programs. Several of these studies analyzed content quantitatively by coding a set of television programs. One study conducted a qualitative content analysis that identified themes surrounding mental illness in a popular drama program. The studies cover a range of television shows including shows targeted toward children and primetime dramas (see Table 1).

4.1   PRIME TIME DRAMAS

Singorelli (1989) analyzed 17 weekly shows broadcast between 1969 and 1985, for a total of 1215 episodes. The aim of this analysis was to determine the frequency of appearance of characters with a mental illness. This study also wanted to determine the significance of the illness to the episode's plot. Singorelli found that 20% of the primetime programs showed images of mental illness. Three percent of main characters on these programs have a mental illness. This study also found that dramas were more likely to have characters with a mental illness compared to comedies, 13.9% versus 7.8% respectively. Signorelli states, "On television, these dramatic needs result in

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overemphasizing the negative and stigmatized images of the mentally ill, such as violence, bizarre behavior and failure" (p. 328).

Table 1. **Content analysis studies of television and mental illness**

Authors	Year	Type of television program	Method	Group of programs surveyed
Signorielli	1989	Primetime drama shows	Content analysis	17 dramas aired between 1973-1985
Diefenbach	1997	Primetime programming on 4 major networks	Content Analysis	184 programs, 168 hours that were aired between 8-11pm
Diefenbach and West	2007	Primetime network shows on 4 major networks	Content analysis & survey	84 hours of programs
Gans-Boriskin & Wardle	2005	Prime-time television drama "Law & Order"	Qualitative content analysis	7 episodes
Fruth and Padderud	1985	Daytime serials "soap operas"	Content analysis	14 soap operas
Wahl, Hanahan, Karl, Lasher, Swaye	2007	Children's television shows	Content analysis	269 hours of programs
Wilson, Nairn, Coverdale, and Panapa	2000	Children's television shows	Content analysis	128 episodes

Diefenbach (1997) examined 184 programs for a total of 168 hours of programming from four major American networks (ABC, NBC, CBS, and FOX). The goal of this study was to assess the frequency of violent behaviors in characters identified as having a mental illness in the sample of shows. The goal was based on the

speculation that persons with a mental illness have the tendency to become violent. The study identified 127 characters as having a mental illness, 33.9% of these characters were portrayed as violent. That is remarkably higher than the overall violent crime in the United States of 1.5% (Diefenbach, 1997). This study recommends establishing a long-term plan of open dialogue between professionals in the mental health community and television writers and producers in order to facilitate more accuracy in the portrayals on television.

Diefenbach and West (2007) conducted a content analysis of primetime programs to identify relationships between portrayals of mental disorders and violent crime. They coded 84 hours of television shows that aired in April 2003 on the four major American television networks (ABC, NBC, CBS, and Fox). Coders used criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to define mental illness. Violent crime was coded by using US Department of Justice classifications of crime. In those 84 hours of television programming, 29 characters were identified as "mentally disordered." Of those 29 characters, 11 (37%) were classified as violent criminals.

In this sample of programs, a total of 2,027 characters without mental disorders were identified. Of those, 93 non-disordered characters were considered violent criminals. Overall 4% of all characters without a defined mental illness were characters portrayed as violent criminals. Diefenbach and West (2007) concluded that mentally disordered characters on television were almost ten times more likely to be violent criminals than those without a mental illness. Even thought Diefenbach (1997)

and Diefenbach and West (2007) published their studies a decade apart the rate of violent characters with a mental illness stayed the same.

Gans-Boriskin and Wardle (2005) conducted a qualitative analysis of seven episodes of NBC's prime-time drama "Law & Order." "Law & Order" was chosen because the scripts often drew inspiration from real-life news stories and can be considered a fictionalized reflection of real life events. Episodes were chosen based on airing time and on the defendant's use of the court plea "not guilty by reason of insanity." The show often uses rare mental illnesses used in a forensic context in order to move the storyline of the episode forward.

The authors found three main themes surrounding issues of mental illness within the context of the show. First, mental illness is used to explain the defendant's criminal behaviors. The character committed the crime because the mental illness caused them to act in that manner. Second, mental illness is examined as the moral issue of good vs. evil. For example, the character may have been trying to act good by correcting an evil in their life at the time of the criminal offense. However, the character may be seen in the show as evil because he committed the crime. The show never explicitly states which situation is the good side or the bad side of the moral issues. This leaves the viewers to decide whether the ends justify the means in the situation presented. Third, mental illness is used to identify inadequacies in the mental health system and within the legal system when handling these types of cases (Gans-Boriskin & Wardle, 2005).

4.2   SOAP OPERAS

Fruth and Padderud (1985) reviewed the content of fourteen daytime serials, or "soap operas." These shows are aired daily during the day on major networks, as opposed to weekly in prime time. Sixteen raters coded five episodes of each show. The investigators were examining the frequency of mental illness and the attributes of the characters identified as mentally ill. More than 11% of programming time was used for portrayals and discussion of mental illness. In regards to the characters of the show, 13 characters were identified as having a mental illness. Of these, only eight characters had characteristics that were representative of a true mental illness. The other characters used mental illness to move their storyline forward. Specific traits of the mentally ill characters were noted. Of the eight characters with a mental illness, all were Caucasian. Seven of the characters were between the ages of 22-45. Six of the characters were female. This is not representative of real-life populations, mental illness is not inclusive to one age group or gender.

4.3   CHILDREN'S PROGRAMS

While images of mental illness are shown in television programs that adult viewers watch, similar images, like violent characters, are being shown in the shows that children watch as well. Wahl et al. (2007) conducted a content analysis of 269 hours of 527 television programs, with a target audience of children under the age of 14. The shows were taped over a five-week period from several network and cable channels that

air shows for children to watch on a regular basis, including ABC, NBC, PBS, Cartoon Network, and Nickelodeon. Multiple raters coded the shows according to certain criteria to identify characters with a mental illness. In order for a character to be included, several raters had to agree that the character was identified within the show as having a mental illness. Once a character was identified, it was a rating for characteristics such as demographics, violent behaviors, reactions from others, and any treatment received.

This study found 14 shows (3%) that contained at least one character with a mental illness. Overall, 21 characters with a mental illness within the programs were identified by the raters. The characters identified were predominantly single white males with no occupation or family. This study found the characters with mental illness were likely to be the villain of the episode. Fourteen of the characters identified with a mental illness had high ratings for being violent or aggressive. When violence occurred, the characters involved intended the act to be carried out in a malicious or retaliatory manner. When this happened seven characters used a weapon and an additional four used verbal threats. The reaction from non-ill characters toward characters with an illness was either to control them or avoid them altogether.

Another analysis was done by Wilson et al. (2000) about children's television programming in New Zealand. This study looked at 128 episodes of television shows that were targeted to an audience age 10 years old and younger. A majority of the programs analyzed were produced originally for American television channels. Of the shows in this sample, 81.5% were cartoons.

The researchers identified mental illness by verbal references from the characters within the shows. They identified characters as mentally ills if they were consistently called mentally ill by other non-ill characters. Of the 128 episodes, 59 episodes (46%) contained at least one or more references to mental illness. In the entire study, there were six characters identified consistently as mentally ill by others. All the identified characters were male, and all were cartoons. Half played comedic roles, behaving illogically and irrationally. The other half played villainous roles by acting determined and obsessive in their behaviors or attempting to harm others (Wilson et al., 2000). In this study, no positive attributes could be found in the verbal references or in the characters identified with mental illnesses.

There are several limitations to the analyses conducted on children's television programming. First, since adults coded the data, it is possible that the conclusions are not entirely representative of how children view mental illness. Second, the studies measure only content and do not measure impact on the intended audience. However, the studies do identify a high number of violent characters that are shown on children's television. They also identified that the villainous characters are more likely have a mental illness and become violent (Wahl, 2007; Wilson et al., 2000).

4.4   CROSS COMPARISONS

Several studies noted that mentally ill characters in their samples were less likely to hold steady employment in comparison to the characters without mental illness. In Signorielli's analysis (1989), 67% of male characters identified as mentally ill in the

sample held a specific job title, compared to 84.3% of all male characters in the sample. Of the female characters in the sample with a mental illness, 46.3% had an identified occupation while, 56.8% of all female characters had an occupation. Similarly Fruth and Padderud (1985) noted that only one character out of eight (12.5%) in their sample of soap opera characters had an identifiable job.

Characters on television living with a mental illness are rarely shown receiving treatment for their diagnosed disorder. Only two studies found characters receiving treatment in their sample of shows. When characters are shown in a treatment setting, their mental status is severely deteriorated (Fruth and Padderud, 1985). Wahl (2007) found that of the mentally ill characters receiving intervention for their diagnosis, 25% were shown having personal success after treatment and recovery. This rate is far below treatment success rates in real life of more than 50% (NAMI, 2007).

However, a few positive images of mental illness appeared in one of the analyses of children's media. Half the identified characters with a mental illness were well groomed. One-third of the characters were considered by others to be intelligent. Twenty-five percent had personal successes in their life after treatment and recovery, such as meeting goals or holding a job (Wahl, 2007).

Images of mental illness are found in a variety of television programs including primetime television, soap operas, and children's programs. Characters with an identifiable mental illness are more likely to be violent, unemployed, and villainous. When these characters receive treatment for their mental illness, their state of mind is severely impaired. The images of mental illness on television as noted from these analyses have been overwhelmingly negative.

5.0   STUDIES OF ATTITUDES AND BELIEFS

While content analyses can tell what information is being depicted in the television shows, they cannot measure attitudes and beliefs of media consumers. Studies in this section used surveys to gain information from their participants about their attitudes toward mental illness in television shows, made for television movies, and other genres of media (see Table 2). Most of the studies surveyed a general population of college students as their convenience sample.

Several studies in this sample of academic literature used the Community Attitudes toward the Mentally Ill (CAMI) as an assessment to measure attitudes. The CAMI was developed by Taylor and Dean (1981) to measure attitudes in four categories:

1)   Authoritarian- measures the extent to which people view mental ill people as inferior

2)   Benevolence- measures the extent of attitudes of sympathy and empathy toward mentally ill persons

3)   Community Mental Health Ideology- measures the views people hold of deinstitutionalized, community based care versus institutional, hospital based care in the treatment of mental illness

4)   Social Restrictiveness- measures the extent to which people believe persons diagnosed with a mental illness are dangerous.

Table 2. Studies of Attitudes and Beliefs

Authors	Year	Type of television program	Method	Group surveyed
Wahl & Lefkowits	1989	Made-for-tv movies	Survey	105 college students
Granello, Pauley, & Carmichael	1999	All media	Survey	102 college students
Granello & Pauley	2000	All television	Survey	183 college students
Diefenbach & West	2007	Primetime network shows on 4 major networks	Survey	419 respondents
Minnebo & Acker	2007	All television	Survey	252 high school students in Belgium

Wahl and Lefkowits (1989) used the CAMI to measure attitudes after participants viewed a made-for-television movie. The study methodology used three groups of participants. Two groups watched a made-for-television movie containing a violent mentally ill character. Before the movie began one groups read a disclaimer stating that violence was not a primary characteristic of mental illness. The third control group was shown an unrelated made-for-television movie in which a violent character was not diagnosed with a mental illness. The researchers found the two

groups of students viewing the film with the mentally ill character had less sympathy toward mental illness than the control group. They were less tolerant of community-based interventions as well. There were few differences in scores between the two groups that saw the film with mentally ill characters. Seeing the disclaimer at the beginning did not make a difference it attitude. The control group in this study scored higher and more positively on all sections of the CAMI.

In another study, Granello, Pauley, and Carmichael (1999) also used the CAMI in a survey of 102 college students. Participants receiving a majority of their information about mental illness from electronic media, including television and movies, and were less tolerant of people with mental illness compared to participants with direct experience with people with a mental illness. In this case, direct experience was identified as being a mental health worker or having a close family or friend with a diagnosed mental illness. Low scores on the Community Mental Health Ideology section of the CAMI measured low tolerance. The group that scored lowest on the Authoritarian section was students with some classroom education about mental illnesses, such an introduction to psychology class. The same group of students were also the most tolerant of community interventions such as residential houses for mentally ill patients in recovery located in residential neighborhoods (Granello, Pauley, and Carmichael, 1999).

In a survey of 183 college students, 34% of participants responded that they receive most of their information about mental illness from the media (Granello and Pauley, 2000). This same study found that there was a strong relationship between the number of hours spent watching television and the Authoritarian section of the CAMI.

As hours spent watching television increased, the score on the Authoritarian section increased. This meant that participants were more likely to view people with a mental illness as inferior to those without a mental illness. Conversely, fewer hours spent watching television per day, resulted in higher scores on the Benevolence and Community Mental Health Ideology sections of the CAMI (Granello and Pauley, 2000).

Diefenbach and West (2007) conducted a telephone survey of 419 respondents using the CAMI to evaluate attitudes of a wide range of respondents. This study examined the relationship between the number of hours participants watched television and the attitudes of the individual toward mental illness. Respondents who were highly educated had more positive attitudes about individuals with mental illnesses. Second, the number of hours of television watched does not have an effect on attitudes about spending tax dollars on community programs for the mentally ill. An important result of this study is that the more hours spent watching television and the more hours spent reading newspapers were related to respondents feeling that mental health programs that are set up in local neighborhoods are dangerous to the community (Diefenbach and West, 2007). An example of a community placed mental health program is a group home where several mentally ill residents in treatment would live for an extended period of time.

In a survey of 252 high school students in Belgium, Minnebo and Van Acker (2004) used a survey similar to the CAMI to measure attitudes and beliefs. Participants who were able to clearly discern fictional images from reality had a more positive attitude toward patients with mental illness. The attitudes of those participants are similar to the attitudes of individuals with direct contact with someone with a mental

illness. Those with primary contact were considered more empathetic and more tolerant.

There are limitations to all of these studies. First, with the exception of Diefenbach and West's (2007) study, they are measuring a homogenous survey sample. The results of these studies may not be representative of a different population consisting of participants outside the young adult demographic. Second, the surveys are reflective of only a single point in time. No follow-up or longitudinal study was conducted to see how attitudes changed over a period of time. A targeted intervention was not done in any of these studies to see if beliefs could be changed after an educational intervention. Finally, the surveys conducted were quantitative in nature. There was no qualitative work included in these studies to take a more in depth look at why the survey participants held certain attitudes or beliefs.

Studies in this section used similar surveys to measure attitudes and beliefs of the participants. The participants that had direct contact with people diagnosed with a mental illness and the participants that had classroom instruction on topics of psychology had more positive attitudes, than those that experienced either one, about mental illness. However, the more hours of television the participants reported watching the higher their scores were on the Authoritarian section. The more hours of television watched also meant greater negative attitudes about community place interventions for treatment and recovery of mental illness.

6.0   DISCUSSION

The content analysis studies examined for this paper reported overwhelmingly negative findings. It is of concern that depictions in prime time television programs highlight negative characteristics more frequently than positive ones (Signorielli, 1989).   A recurrent theme found across several of the content analysis studies was that characters with a mental illness were likely to be violent and should be feared by others (Signorelli, 1989; Wahl et al., 2007; Diefenbach and West, 2007; Diefenbach, 2007).

However, other social and biological variables are considered better predictors of violent and aggressive behavior, these include age, gender, substance abuse and dependence, being in a low socioeconomic demographic, and other environmental factors (Hiday, 1995). Merely having a diagnosed mental disorder does not predispose an individual to violence. It is more likely that a person with a major mental illness combined with substance abuse or dependence would become violent (Friedman, 2006), due to an altered mood state caused by being under the influence of substances.

The images shown on children's television are also worrisome. The images targeted toward children show characters with a mental illness as violent, villainous, and needing to be controlled. This portrayal is similar to the findings in the content analysis studies of adult television programs (Signorelli, 1989; Diefenbach and West, 2007; Diefenbach, 1997). Similar to shows targeted to adult audiences, the viewers of

children's programs do not see many positive aspects of coping with a mental illness. For example, Wahl et al., (2007) found in a content analysis of children's television programming, characters with a mental illness were also less likely to be employed than their non-diagnosed counterparts. A person living with a mental illness has the ability to lead a successful life and thrive in society after treatment and recovery. Children should be shown positive aspects of mental illness, for example, the ability to hold a job, have successful relationships, and achieve goals with the proper intervention. If this trend of showing only negative images in children's television programming continues, the positive images will never been seen by a population that is beginning to learn about how society functions.

Stereotyping mental illness as an indicator for violence hurts those living with a diagnosed mental illness. The negative stigmas tarnish the positive steps that they take to lead a normal life. Often the media use mental illness, violence, and other stereotypes to make stories more interesting for the audience. The sensationalized stories result in misinformation causing the public to react with anger and fear when faced with making decisions about mental illness in their community. Misinformation is damaging to the attitudes of mental health consumers, as well as the general community. One problem in reporting news stories that involve a mental illness is that the voice of individuals that have a mental illness is left silent. The general public does not hear the real stories of the people who live with the diagnosis and stigma of mental illness everyday (Stuart, 2006; Nairn and Coverdale, 2004; Miller, 2007).

News media professionals are obligated to report stories fairly and accurately (Miller, 2007). Alistair Benbow (2007) found that there were five types of news stories that deal with mental illness:

1) Cure story- the reporter tells a story about a new miracle remedy for a mental illness, for example a medication or therapeutic technique

2) Scare story- the reporter captivates the audiences attention by using fear about mental illness

3) Money story- the reporter talks about the extreme expenses of a treatment

4) Human interest story- the reporter relates an anecdotal story about an individual or families living with mental illness and how they cope

5) Ethics and profit story- the reporter explains mental illness from the point of view of a pharmaceutical company or hospital

When reporting on mental illness, all of these stories have the potential to either properly educate or increase stigma.

According to Jorm (2006) there is a major disconnect between beliefs of the general community and mental health workers. He recommends improving health literacy about mental health issues in information given to the general public. This can lead to improvements in attitudes about mental illness and community interventions. Heightening health literacy in this way starts with increasing the knowledge of journalists. Corrigan (2004) recommends that interventions attempting to reduce stigma toward mental illness should be targeted toward groups of people that are likely to interact with someone with a mental illness in everyday life. These groups include

employers, landlords, non-psychiatric health care providers, policy makers, and the media.

One nationwide survey asked consumers of metal health treatment services about their experiences with stigma and discrimination (Wahl, 1999). Members of the National Alliance on Mental Illness (NAMI) were recruited to help distribute the survey. It was also published in a NAMI newsletter. Surveys were distributed and collected from June 1 to November 1, 1996. Of the participants in the survey 40% were male, 56% were female, and 4% did not specify gender. The mean age was 42 years old. Eighty percent of respondents had heard others making hurtful and offensive comments about mental illness. While 77% saw hurtful and offensive portrayals in the media. Seven in ten felt they were treated as less competent by others after disclosing their diagnosis. Twenty-seven percent of respondents were discouraged by being told to "lower their expectations in life." One-third of respondents had been passed over for a job after their diagnosis was exposed. Almost half (44%) of the respondents cited being involved in advocacy efforts, such as community groups, to educate others as a main strategy for coping with discrimination. Two-thirds (66%) of those surveyed noted that the general public needs to be educated about mental health issues, while 39% said that people need to be more tolerant, understanding, and compassionate about mental illnesses. Overall respondents said that their experiences with stigma caused feelings of being hurt, anger, discouragement, and lowered self esteem that leads them to hide their diagnosis from others.

In an attempt to reduce stigma surrounding mental illness, the U.S. Department of Health and Human Services currently has a national campaign. The target audience

for this campaign is 18-25 year olds with friends living with a mental illness. Public service announcements aired on television encourage the targeted group to be supportive and compassionate toward friends with a mental illness and play a role in their recovery. The goal of this campaign is to change the negative attitudes that surround mental illness, and instead make talking about mental illness acceptable.

Since images of mental illness have been overwhelmingly negative on television as evidenced by published empirical reviews, public health and mental health professionals have a responsibility to make sure that accurate information is disseminated to the public. Several approaches can be used to reach the public such as advocacy, lobbying, targeting populations, building networks, and educating media professionals.

Instead of placing blame on the media for causing stigma, public health and mental health professionals should lobby the media to improve the representation of mental illness. By lobbying journalists to write more accurate portrayals of mental illness in their reports can open better lines of communication between journalists and professionals who work with psychiatric patients (Stuart, 2004).

One example of the successful collaboration involves a television station in South Carolina and the Mecklenburg Mental Illness Coalition for Awareness (MMICA). After a man with a diagnosed mental disorder was involved with a triple homicide in 1990, a local television station asked MMICA and the Mecklenburg County Department of Mental Health to educate the public about mental health and violence in a series of news segments (Mayer and Barry, 1992). The education initiative included interviews with the mental health department directors and mental health clients. Through these

working relationships not only does the public benefit from the educational efforts, but the voice of the mental health community can be heard.

Similarly, March (1999) encourages professionals in counseling fields to become agents of change to stimulate positive changes in the media. In order to stimulate change, it is important to challenge inaccurate statements. This can be accomplished by writing to newspaper editorial boards to voice opinions, and also making connections in the field of television by contacting producers or reporters to give feedback about news stories. Cutcliffe (2001) recommends offering to assist mental health consumers and their families in writing letters to government officials, policy makers, and newspaper editorial boards in order to give a voice to the issues important to members of the mental health community.

An example of a successful push from advocacy groups to change images of mental illness on television came from a collaborative effort in 2007 of several national mental health organizations in the United States. The American Foundation for Suicide Prevention (AFSP), the American Psychiatric Association (APA), Mental Health America (MHA), and NAMI worked together to contact and lobby the companies to have several inappropriate television commercials from Volkswagen and General Motors removed from television advertising (Mental Health Weekly, 2007). The Volkswagen commercial depicted a man contemplating suicide and only the recommendation that buying a car would deter him from this act. The General Motors commercial showed a factory worker losing his job because he was obsessed with quality. This obsession makes him unable to be a productive employee at other jobs that employ him. In the end of the commercial he commits suicide due to his obsession. The campaign

succeeded and both Volkswagen and General Motors pulled their ads from the airwaves. The goal of this collaboration was to help marketing departments think differently in the future about mental health. Overall the hope of the organizations was that the companies would act with more cultural sensitivity toward the mental health community in their future commercial advertisements.

There are several recommendations to be made for future research on the topic of mental health on television. First, the "voice" of the mental health community needs to be heard. With the exception of Wahl's (1999) survey of mental health consumers, the opinions and experiences of those persons with a mental illness are not being explored. Also, researchers have written commentary about mental illness, but frequently the views of those living with a mental illness are not included. Researchers have become paternalistic in their views of what needs to be done to help the mental health community. They are missing an opportunity to learn what is really happening to that group of people by seeking out what the mental health community has to say. Exploration of how those with mental illness see portrayals and reflections of themselves on television is not being done. While some of the images shown may be humorous and entertaining to some viewers, the same images are very hurtful to others.

Similar to the recommendations made by Stout and colleagues (2003), when survey research is conducted, college students should not be the only sample of participants surveyed. What is worrisome about the exclusive use of college students only is that the researchers gain the opinions of a particular group of people, and then attempt to generalize the results to the larger, general population. While college

students are very accessible, they are not the only accessible group to survey. Opinions of other groups of people, outside the 18-25 year old demographic are important. The sample of people that is surveyed in these studies needs to be expanded to include participants of all ages and education levels.

A third recommendation is to do a series of surveys to measure how attitudes change over time. Content analyses should be repeated to see if the images found on television change over time. In the currently existing research, the surveys and content analyses that have been done examine content and attitudes at one point in time. It is not known if attitudes change over time. Since the studies have only been performed once, they should be repeated to see if the results can be duplicated. Only two articles (Diefenbach, 1997; Diefenbach and West, 2007) conducted content analysis studies that have comparable results, since both studies attempted to identify a relationship between mental illness and violence.

Most of the content analysis studies reviewed in this paper relied heavily on programming aired on the major American television networks (ABC, CBS, NBC, and Fox). Only the studies examining children's media used programs from cable networks that are targeted toward children, such as The Cartoon Network and Nickelodeon. In recent years, cable networks have been producing their own original television shows. In the future, these shows need to be included in the samples of television shows analyzed.

Reality television has been gaining popularity over the past few years as well. These shows advertise themselves as "unscripted" television. Normal people, as well as celebrities are having their lives taped for the entertainment of others. There so many

different reality television programs appearing on television in the form of documentaries, game shows, and talk shows. Future content analysis research should include these programs in the sample of shows to see how mental illness is viewed.

The final recommendation is to involve children in the research of programs targeted toward their age group. Children often have a different view of the world than the adults around them. The children may perceive mental illness differently than adults. What adults find to be grotesque, children may find funny. The content analyses reviewed in this paper about children's television were conducted by adults only. With no input from children, adults are left to speculate about what children see on television, and how the images they consume impact them. Since children think differently than adults it is difficult to know how they actually perceive the images that they see on television. In future research, children need to be included to be surveyed about impacts of the media. Their opinions should also be included when coding data for content analyses.

7.0   CONCLUSIONS

In conclusion, images shown on television depicting mental illness are negative. This has not changed over the course of time. While this paper looked at studies analyzing primetime television, soap operas, and children's television, there are several genres of television that were not studied. Additional research should be done on other type of programs such as news programs, talk shows, and reality television to see how images of mental illness appear on these shows.

Attitudes about mental illness seem to depend on several factors. First, those with positive attitudes toward people with a mental illness are likely to be highly educated or have direct contact with someone with a mental illness. Conversely, people who watch large amounts of television tend to have more negative attitudes about mental illness. However, the sample groups surveyed were very homogenous, consisting primarily of college students. Due to the lack of diversity of the respondents, the results of the studies using the CAMI to measure attitudes should not be generalized to the general population.

Public health professionals have a responsibility to the mental health community to ensure that information being disseminated to the public about mental illness is as accurate as possible. Many inaccuracies are being spread via television programs. An example is having a diagnosed mental illness leads to becoming a violent

person. Future long-term health communication strategies need to be implemented to convey accurate messages about mental illness. Collaborative relationships need to be established to educate professionals working in journalism and the media in hopes of accurately portraying mental illness in the future. Public health professionals have a responsibility to ensure the most accurate information about mental illness is being conveyed to the general public.

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