

International Policy Fellowship Program

MASS MEDIA AND MENTAL DISABILITY IN LATVIA

Research paper

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Rationale

According to the data from Mental Health Care Centre of Latvia (Mental Health Care Center, 2003), around 3.8% of the total population in Latvia (or 62886 persons) were under mental health care in Latvia in 2002. The numbers of those with mental health problems who have not even approached mental health care specialists (including those under care of primary health care doctors, patients or therapists and other non-mental health care specialists) is unknown. Around 80% (or 48796 persons) from all people with mental health problems¹ in Latvia, are people with mental illnesses. Around 36% of them are with schizophrenia, schizotypal and delusional disorders, around 30% with organic mental disorders and around 22% with mental retardation. In 2002 around 233 new cases of illness per 100 000 of population were registered. Moreover, the number of persons with mental health problems is slightly increasing in Latvia (Mental Health Care Center, 2003).

Latvia is the only one of three Baltic States that has still not accepted a Mental Health Care Law and where the Law of Medical Treatment regulates mental health here. Although this law states that “people with mental illnesses have all the same civic, economic and social rights as all citizens in Latvia”, in reality these rights are often violated. According to the Latvian Centre of Human Rights and Ethnic studies (Latvian Centre for Human Rights and Ethnic Studies, 2003), procedure of recognising somebody as mentally ill violates human rights and criteria for compulsory admission into mental health care institutions are too broad. Moreover, government still has not taken initiative to develop a community-based mental health care services but the number of existing services, e.g. social care homes, is insufficient and thus unavailable for all who need them. Finally the Instruction No.24 of Ministry of Welfare of January 1998 significantly

¹ The term "mental health problems" describes a broad range of mental and emotional conditions. Mental health problems are different from other conditions such as intellectual disability. The term "mental health problems" is used when an individual's mental condition significantly interferes with the performance of major life activities such as thinking, communicating, learning, and sleeping. Someone can experience mental health problems over many years. The type, intensity, and duration of symptoms vary broadly from person to person. Symptoms can come and go and do not always follow a regular pattern, sometimes making it difficult to predict when symptoms and functioning will worsen. Mental health problems are typically treated through some combination of hospital care, medication, psychotherapy, and social support. Unfortunately, the inappropriate use of some of these treatments, such as long-term hospitalisation, is still common. (Open Society Institute, Mental Health Initiative, <http://www.soros.org/initiatives/mhi/about>).

violates the human rights of people with mental illnesses requiring all health care practitioners to forward sensitive and confidential personal data (e.g. name, ID number, address, diagnosis etc.) to National Register.

Since 2000 there have been some attempts to promote the acceptance of Mental Health Care Law in Latvia in order to improve the situation of persons with mental disabilities and illnesses into society. However, all attempts to introduce the Law of Mental Health Care in Latvia have been unsuccessful so far. Moreover, traditionally in Latvia people with mental health problems have been locked in mental health care institutions even if they might be able to live into society under appropriate health care. Those who remained outside tended and still tend to be isolated at their home because of negative public attitudes and the lack of services. Thus promotion on Mental Health Care Law and provision of community-based services² will enable people with mental health problems to participate in community and will represent a significant shift in mental health care in Latvia.

While promoting the Law of mental Health Care, there is an urgent need to improve government's and society's understanding about mental health care and to prepare the society for wider activities related to the integration of people with mental health problems. As experience from other countries shows, the significant role in understanding of mental health care and integration of people with mental health problems is played by mass media. Mass media are widely recognised as one of the most powerful tools to increase the 'visibility' of people with mental disabilities, to shape public attitudes towards them and consequently to influence mental health policy (e.g.(Coverdale, Nairn, & Claasen, 2002; MIND, 1997). However, in Western European countries and the USA the awareness of the significance of mass media in mental health care policy came only after mass media contributed significantly to the shift back from community based care to

² Community based services compared to mental health care institutions where person with mental health problems is isolated, recognise that for people to recover from mental illness, they need good, responsive mental health services and, most importantly, family, friends, work and all the other aspects of life that are an essential component for good health for all people. Therefore mental health care under community-based services is provided while person with mental health problems stays in his usual social environment (e.g. in family, community).

more controlling policies in 1990s (Holloway, 1996; Hanningan & Cutcliffe, 2002; Hallam, 2002; Heginbotham, 1998; Paterson & STARK, 2001). As from this aspect, Latvia and other Central-Eastern European countries still have an opportunity to use mass media to strengthen public awareness of rights of people with mental disabilities and prepare general public for community based mental health care policies in advance to policy activities. Such a proactive approach would allow reducing the probability of occurrence of a situation where mass media feed negative attitudes and consequently supports or even facilitates more controlling mental health policies.

Moreover, in the same time, if ignored or inappropriately approached, mass media can reinforce negative images and stereotypes of mental health care professionals and people with mental disability and illnesses.

However, instead of simple quantitative saturation of mass media with information on mental disability issues, carefully targeted, prepared, and tested actions are needed for two main reasons. Firstly, actions should be carefully targeted in order to use effectively the extremely limited resources of interest groups. Secondly, the strategy and content of representation of mental disability issues should be tested before being implemented in order to achieve the expected positive outcomes. Even more important, activities should be tested in order to avoid negative unintended consequences. For example, Hallam (Hallam, 2002) demonstrates how media coverage of issues of schizophrenia patients promoted with good intentions by advocates of rights of these patients in UK raised unexpected reactions of public and consequently led to the opposite result- more controlling mental health care policy.

Despite the significance of mass media, there is no evidence that cooperation between advocates and mass media in Latvia has been developed on a strategically or regular basis. Moreover, there is no information on mass media representations of mental health and persons with mental health problems in Latvia.

Therefore the aim of this project is to explore how mass media in Latvia can be used to increase awareness of society members in Latvia of the rights of people with mental disabilities and need to integrate them into society and to give policy recommendations for relevant intuitions and interest groups

Literature review

While in literature from Western Europe (e.g. (Philo, 1996), USA (Anderson, 2003), Canada (Edney, 2004; Day & Page, 1986; Olstead, 2002)and Australia (Allen & Nairn, 1997; Coverdale et al., 2002) mass media has been widely recognized as an important factor that facilitates both negative and positive attitude towards people with mental health problems, there is no published evidence that mass media representations and society attitudes towards people with mental disabilities and illnesses have been studied or discussed in Latvia so far.

In countries, other than Latvia, there have been numerous studies on mass media representations of people with mental disabilities and illnesses (for a detailed and comprehensive overview (Edney, 2004). These studies mainly analyzed TV(Wilson, Nairn, Coverdale, & Panapa, 1999; Signorielli, 1989; Wahl & Lefkowitz, 1989; Wilson et al., 1999)and printed press (Allen et al., 1997; Coverdale et al., 2002), as mostly used media, and movies as a most powerful media.

In majority of research on mass media have a retrospective approach has been used. Rarely longitudinal or repeated measures studies on representations of mass media before and after a widely known event where people with mental disabilities and illnesses are involved have been done. Despite mainly employing quantitative approach using content analysis, most of the studies have used unrepresentative samples. However, in last years there is a tendency to choose nationally representative samples of media (e.g. (Coverdale et al., 2002). The main method that has been used is content analysis but in some cases questionnaires, like Community Attitudes Toward the Mentally Ill III (Granello, Pauley, & Carmichael, 1999), have been applied.

The results of research on mass media representations of people with mental disability and illness show consistent evidence that mass media usually fuel a negative stereotype of person with mental disability or illness (Edney, 2004). These people are pictured as aggressive (Wilson et al., 1999), criminal (Coverdale et al., 2002), with low self-control, naïve, with a tendency to suicide (Wilson et al., 1999), unpredictable (Wilson et al., 1999) and dangerous (Allen et al., 1997; Coverdale et al., 2002; Wilson et al., 1999). Even, if researchers have specially been searching for positive or neutral portrays of these individuals, in the best case they have found expressions of compassion and grief (Wilson et al., 1999). Only some studies identified positive representations, like human rights and achievements of people with mental disabilities (Coverdale et al., 2002). Majority of these studies claim that there is a relationship between negative portrayals of people with mental disability in mass media and attitude toward them into society (Coverdale et al., 2002; Diefenbach, 1997; Olstead, 2002; Wahl et al., 1989; Wahl, 1995; Wahl, 1992; Wahl, 2003; Wilson et al., 1999) and (Philo, 1996; Granello & Pauley, 2000; Thornton & Wahl, 1996) have proved that.

Even more scarce literature is available on attitudes towards people with mental health problems (e.g.(Markova & Farr, 1995; O'Grady, 1996)) and it contains no policy suggestions that can be used by advocates of rights of persons with mental disability illness.

Compared to the literature on media depictions of mental disability, the literature on how advocates of rights of persons with mental disability illness have used mass media in order to improve society's understanding of mental illness/disability and attitude towards people with mental health problems is very limited (e.g.(Morselli, 2000; Mayer & Barry, 1992) . Nairn, N. (Nairn, 1999) that found that cooperation between psychiatrists and mass media has positive influence on mass media content only if close relationships are developed and if psychiatrists appreciate media practices. March, P. (March, 1999) has discussed how counselors can respond to inaccurate representation of people with mental illness in mass media. Grierson and Scott (Grierson & Scott, 1995) have examined the relationship between editors and publics attitudes toward mental illness and have found a significant relationship.

(Matas, el Guebaly, Peterkin, Green, & Harper, 1985) explored that among the reasons why journalists do portray mental illness in a negative way are not a negative attitude but “cost and time” factors. An activity that encouraged cooperation between mass media and mental disability advocates in Central Eastern Europe and Middle Asia has been organized by Mental Disability Advocacy Programme.

To sum up, there is sufficient and rich information (mainly from Western Europe and USA) on how mass media represent persons with mental health problems and less information about how these people are perceived into society. However there is a limited amount of publications on how mass media can be used or have been used in order to facilitate a positive attitude towards people with mental disability and their integration. Moreover, there is limited information of how persons with mental health problems are represented in mass media and society in Central Eastern European countries. Therefore, before to undertake activities aimed on facilitating societal understanding of need to re/integrate people with mental health problems into society in Latvia, firstly the current situation should be explored. By ‘current situation’ I mean, how mass media in Latvia represent people with mental health problems, how these people are perceived in society and what is the current situation in cooperation between advocates of interests of people with mental health problems and mass media. Therefore three research questions are set for the field study: (i) how are persons with mental health problems represented in mass media? (ii) how are persons with mental health problems represented in society? What are peoples’ knowledge about them and attitudes toward them and their re/integration? (iii) what are the main issues in cooperation between advocates of interests of people with mental health problems and mass media?

Methods

Mass media representation of persons with mental health problems

Methods

In order to explore how persons with mental health problems are represented in mass media, I used a content analysis and a qualitative analysis, specifically ‘grounded theory’ approach. The content analysis was chosen because it is widely recognized as the most appropriate method for the study of representations for certain issues, events and groups in mass media (Berger, 1998; Berger, 2000; Burn & Parker, 2003). In addition, in current studies on mass media representations of people with mental disabilities, content analysis as mostly used method that has been proved as the most appropriate. In addition, in policy research quantitative strategies, in this case content analysis, give a quantitative results, that are perceived from audience, i.e. policy makers of being more reliable and more easily perceivable. The content analysis give quantitative information about the issue studied, e.g. are there more positive and negative images of person with mental disability in mass media. The qualitative analysis allowed exploring the problem “in depth”.

Sample and procedure

For the content analysis all issues of 15 newspapers and magazines for one randomly chosen month (6th May 2004/ 6th June 2004) were collected. The printed mass media were chosen because according to the Baltic Media Facts³, printed media are the second most commonly used media in Latvia. Although, the first most widely used media is TV, it was not chosen for analysis because according to BMF, people on TV mainly watch movies, especial serials, whose selection and content cannot almost be influenced by mental disability advocates.

The sampling frame for content analysis was the list of all printed press titles that are published regularly. From the list those titles that are highly specialized and therefore with low probability can involve topics on mental health, were excluded (i.e. free add

³ www.bmf.lv

newspapers, newspapers and magazines about auto, handicraft etc.). The sampling method was stratified probability sampling. Firstly, all titles were divided into two strata according to the readability: 1) most frequently read newspapers and magazines, i.e. those read by at least % of population 2) read by less than % of population. This division was needed because those press media with higher readability potentially have wider influence.

Then, each stratum was subdivided further into two subgroups- regional and national titles. It was done because national press covers not only wider audience but also different topics. Then from each subgroup around 25% of titles selected that constituted altogether 15 titles.

During May 2004 all issues from these titles were collected. Then all issues were searched for analytical units. All types of publications (i.e. news, reports, adds, anecdotes, interviews etc.) that were related to mental health, illness and disability were collected. From the analysis were excluded publications that mentioned illness or disability in general and it was impossible to identify whether mental disability or illness is meant. In total 24 items or analytical units were collected.

For the purposes of analysis, a coding handbook was developed. It specified variables and categories that were used for coding analytical units. Variables and categories were defined and described in order to assure consistency in coding.

Then all analytical units were coded and data were input into SPSS⁴file for analysis.

During the period of 6th May 2004/6th June 2004 all issues from these titles were collected and searched for units for analysis. As units for analysis all types of publications (i.e. news, reports, adds, anecdotes, interviews etc.) that were related to mental health, illness and disability were collected. From the analysis were excluded publications that mentioned illness or disability in general and it was impossible to identify whether mental disability or illness is meant. In total 24 items or analytical units were collected.

⁴ a software for data analysis

Finally, all units for analysis were coded qualitatively using ‘grounded theory’ approach, e.g. identifying themes that appear in texts without prior assumptions.

Representations of persons with mental health problems into society and attitudes towards them

Method

To identify how persons with mental health problems are represented in society and what are attitudes toward them and what role in these representations and attitudes play mass media focus group study was conducted. The results of the focus group study will be used in order to identify what has to be changed in perception of people with disability/illness using mass media, i.e. to set the aim for mass media communication strategy. Focus group method was chosen because it has been widely used as a method to explore how representation and attitudes are socially constructed, to identify sources of negative perception of certain groups or issues and how these representations and attitudes might be changed.

Sample and procedure

For the focus group studies 41 people in age from 16- 62, who read press at least once per week and who have not had a direct experience with persons with mental disability/ illness were selected. The purposeful sampling method was used. The purpose of sampling was to obtain a sample that constitutes diversity of people in respect of age, gender, nationality, region of living, educational level, occupation and media usage. This sample qualitatively represents the population of Latvia in age of 15-75.

All participants were divided into 6 groups and focused interview was conducted with each of the groups. The agenda for interviews contained three main topics: 1) general representations and attitudes of people with mental health problems; 2) sources of information on mental health issues, the role of mass media; 3) attitudes towards integration in society of people with mental health problems. Every focus group lasted around 1.5 –2 hours.

Data obtained were qualitatively coded using preset categories and concepts that were identified from previous studies.

Current situation in cooperation between advocates of interests of persons with mental health problems and mass media

Method

In order to identify the main issues in cooperation between advocates of interests of people with mental health problems and mass media, semi-structured individual and group interviews were employed. Information obtained in these interviews will be used in two ways: firstly, these participants will be invited to participatory study where aims for mass media communication will be set. It will be done in order to assure that all key players in the field of mental health advocacy have common vision and strategy regarding mass media issue. Secondly, interests and attitudes of all parts involved should be taken into account and balanced in the development of the strategy of cooperation between mass media and advocates. For example, if there is conflict and misunderstanding between mental health care professionals and mental health advocates, it should be solved.

The interview agenda contained questions that were common for all interviews, for example: ‘What are your experiences in cooperation between you and mass media? What are the main barriers in this cooperation? What should be done in order to improve this cooperation?’ Other questions were more specific, according to the field of work of interviewed individual. For example, a mental health care professional was asked about procedure of what happens with an individual if he or she has been diagnosed a mental illness. Each interview lasted around 1.5 – 2 hours.

Sample

In order to obtain as diverse, valid and reliable information as possible from different points of view, I chose representatives from mental health care professionals, mass

media, from NGOs supporting people with mental illness, from NGOs supporting people with intellectual disabilities.

I interviewed:

Prof. Dr. Biruta Kupča, The President of Association of Psychiatrists in Latvia, psychiatrist with many years of experience, senior lecturer in psychiatry in Riga Stradina University. B. Kupča has participated in governmental committee that prepared Mental Health Care Law. She has published numerous articles and press releases aimed on raising awareness of society and government of the problems of people with mental health problems. I choose B. Kupča because the Association of Psychiatrists and especially she in last years has been particularly active in advocating welfare of people with mental illnesses in Latvia. However, in the same time psychiatrists in Latvia are perceived as those who can use their power in order to violate rights of patients. In some sources, psychiatrists in Latvia are accused to be interested to isolate patients into psychiatric hospitals for as long as possible and being behind the times in their working methods⁵. In addition, it was important to involve in this project psychiatrists for two reasons. Firstly, it was important to understand psychiatrists' opinions and attitudes towards reintegration of people with mental health problems into society. Such understanding is essential, taking into account that psychiatrists in Latvia are those from who depends the decision, whether a certain person with a mental illness can or cannot be integrated into society or should be kept in mental health care hospital or similar isolating institution. Secondly, in order to better understand the situation of patients in the mental health care system in Latvia, it was important to clarify what are the recent criteria and procedures regarding recognizing somebody mentally ill or being with intellectual disability and isolating or not this person into mental health care hospital.

Mrs Sigita Kirilka, The Chief Editor of Baltic News Service (BNS⁶), a journalist and editor with almost 10 years experience. As the main aim of the project was to establish cooperation between advocates of people with mental health problems and mass media, it was crucial to secure a support from an established and recognizable

⁶ After preliminary research on publications on mental health issues in two Latvian news services, I concluded, that majority of publications on this issue are from BNS.

professional from of mass media. It was important to involve Mrs S. Kirilka because she can not only provide an noteworthy information on how mass media should be approached but also to introduce with other editors and journalists that might support endeavors of mental health advocates. Mrs. S.Kirilka became the individual mentor for this project.

Mrs. Brigita Silīņa, the leader of the non-governmental organization “Gaismas stars” (‘Beam of the light’) for support of persons with schizophrenia and their relatives.

Mrs. Biruta Grāve, the Chair of “Latgales priekšpilsētas rūpju bērns” (*The Care Child of Latgale Suburb*⁷) (in Riga), **Ms Ieva Pikšena**, the executive director and **Mr. Māris Grāvis**, the Project Manager (both from “Ģimenes atbalsta centrs” (*The Family Support Center*)). The Care Child of Latgale Suburb is a non-governmental organization that provides support for around 620 people with intellectual disability and their relatives. During 10 years of work it has established The Family Support Centre that provides necessary help and support for families who have children with intellectual disability up to school age and for people with intellectual disabilities in age over 16. The Family Support Centre unites three day care centres, support centre for families with children with intellectual disabilities, “Life school” (a service for young adults for acquiring life skills for independent living), social (group) flats and a specialized joinery. In addition ‘The Care Child of Latgale Suburb’ organizes different activities for and about people with intellectual disabilities. Work is concentrated on parents of children in pre- school age and on people with intellectual disabilities in age over 16.

Mrs. Ieva Leimane- Veldmeijere- the Director of Mental Disability Advocacy Programme in Latvia, researcher in Latvian Centre of Human Rights and Ethnic studies.

The interviews’ data were qualitatively coded using preset categories.

⁷ www.rupjuberns.lv (in Latvian only)

Results

1. Mass media representation of persons with mental health problems.

In this section the results of the content analysis and the qualitative analysis of nationally representative sample of printed press in Latvia are presented.

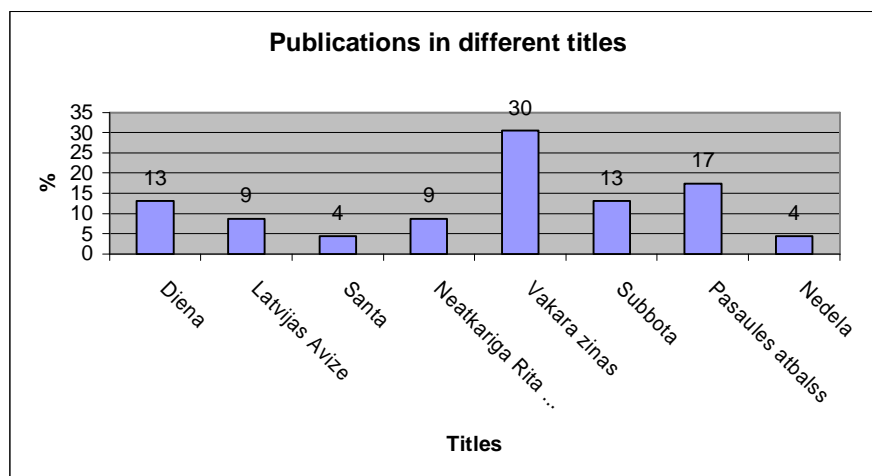
THE RESULTS OF THE CONTENT ANALYSIS

General information – the context of publications

In general, from 15 titles in the representative sample of the printed press in Latvia, only six (i.e. around 40 %) had published at least one piece on mental health issues during May/June 2004. In total 24 publications were devoted to mental health issues in this period.

As can be seen in graph 1, around 30% of all publication on the topic were in evening newspaper “Vakara zinas” (a tabloid), 17% in Pasaules Atbalss – a weekly published newspaper on topics of general interest, 13% in Diena- the mostly read daily newspaper and 13% in Subbota –a newspaper in Russian.

Graph 1



In majority of publications (74%), mental health issues were just mentioned, and only in 13% of all publications these issues were one of the main themes of the article and in around 13%- the main theme of the publication. Only around 17% of all publications on mental health were about people with mental health problems. Around 26% of selected publications were devoted to issues of isolation/integration of persons with mental health problems. From those pieces considering integration issues around 37% of them discussed isolation but 63%-integration.

Publications on mental health issues mainly appeared in national newspapers (86%) and titles published daily (61%). There were no pieces on mental health issues in regional printed media.

Majority of publications on the topic were articles (44%), news (26%) and anecdotes (22%). Around the half of publications (52%) about mental health/illness were in general news, 17% - in criminal news and 17% in publications about health issues. Only one article (4%) was a story about (well-known) person with mental health problems and only two articles (9%) were about mental health care.

Character of information

Around 78.3% of all publications related to mental health issues were very weakly connected with these issues (like anecdotes about psychiatrists and their patients, criminal news informing that a murderer has been sent to psychiatric expertise etc.). Only very minor proportion (9%) of information are articles about particular person with mental health problems, their rights (4%), popular sciences information about mental health (4%) or statistics on mental health (4%).

Around one third (around 34%) of information was factual (e.g. a consulting centre has been opened) and 30%- descriptive (e.g. how person with mental illness has committed murder). Very little place is devoted to explanatory information (13%)(for example, about causes or symptoms of mental illnesses) or recommendations (14%) (e.g. where to look for a help in case of mental illness).

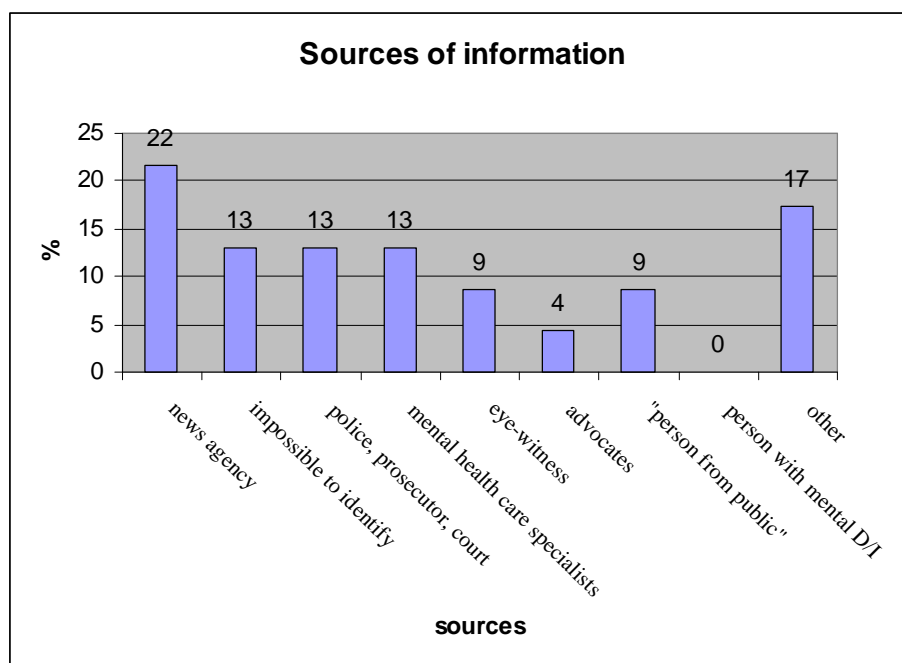
Mostly (48%) themes of mental health issues were considered in 1-4 paragraphs or even less – under 2 sentences (37%). Very minor proportion (4.3%) of all publications on topic was entirely devoted to mental health/illness issues. Majority of publications on mental health issues (78%) were published within the issue, not on the front/back cover or title page.

Sources of information

In around 48% the author of the publication was a journalist, 9%- doctor, not specialised in mental health care and only in one case (4%) – doctor specialised in mental health care. There were no publications whose author was an individual or organisation advocating interests of persons with mental health problems.

It can be seen in graph 2 (see in the next page) that the main source of information for printed media are news agencies (22%), police, public prosecutors or court (13%) and mental health care specialists (13%) or unspecified source (17%). Only in one case the source of information was the advocate of interests of people with mental health problems. No voice is given to the persons with mental health problems themselves. In majority of cases (83%), information was taken only from one source, in 13%- from two.

Graph 2



Attitude towards people with mental health problems.

Around half of publications (48%) can be characterised by positive, favourable attitude, 27% -neutral and 21% -by negative, unfavourable attitude towards people with mental health problems. However, attitude varies from title to title. Favourable attitude towards people with mental illness/disability was in 75% publications in Pasaules Atbalss, 67% in Diena and Subbota and only in 29% of publications in ‘Vakara zinas’,

In 13% of publications people with mental health problems are characterised as vulnerable, in 22% as criminal, 17%-dangerous for themselves and others, 13 %-credulous and naïve. More than half of publications (61%) do not specify whether people with mental health problems are dangerous for others, 17% directly asserts that they are dangerous and 17% indirectly refers to their harmlessness. There were no publication that directly asserted that persons with mental health problems in general are not dangerous to others.

In 28% of all cases positive, favourable attitude is related to perception of people with mental illness/disability as naïve, credulous and but in 18% as vulnerable, defenceless. In other cases relationship between positive attitude and certain characteristics cannot be specified.

80% of publications with negative, unfavourable attitudes argue that these people are aggressive and 100% that they are criminal.

Attitude towards integration of people with mental health problems into society

Around 26% of selected publications were devoted to issues of isolation/integration of persons with mental health problems. From those pieces considering integration issues around 37% favour isolation but 63%-integration.

Publications with positive attitudes are more likely to discuss isolation/integration issues than publications with negative or neutral attitudes (37%, 20% and 17%

accordingly). All publications with positive or neutral attitude support integration of people with mental health problems into society but all publications with negative attitude favour their isolation.

THE RESULTS OF QUALITATIVE ANALYSIS OF PRINTED MEDIA MATERIALS

“ A typical representation”

The results of the qualitative analysis of how mass media represent mental health issues and people with mental illness and disability can be summarized in following passage- “a typical representation”:

Mentally ill person- a person about whose illness is not clear why and how it has started. Sometimes reasons of the illness are everyday problems in relationships, unemployment etc. In fact, who cares... He or she behaves strangely, not like others, but when in anger- cannot control her/himself. If s/he goes to the doctor, the doctor will cram into him/her a lot of medicine. Though, very often mentally ill wander around without attention while commit a crime- usually a murder. Yes, they are potential criminals, because some of them have murdered other people. In addition, all murderers are sent to psychiatric expertise, after all. Consequently, if somebody commits a murder, he can be suspected as having a mental illness. Certain organisations say, that human rights of mentally ill are violated, that they have a hard time – they cannot study and work. However, if they commit a murder, they do not get punished but are put into hospital. Some of mentally ill are strange and talented but such people cannot adapt themselves to society, therefore they commit a suicide. About them we hear very rarely.

How mental illnesses and disability and people with them are labelled?

People with mental illness and disability and illnesses and disability in printed media in Latvia are labelled in four ways using (i) a correct scientific and medical term; (ii) a legal term; (iii) a general term than includes these people in any group of people with special needs in general and (iv) an everyday expression.

From correct scientific and medical terms most often are used either general term, like “with intellectual disability”, “people with mental illnesses ” or terms of certain

diagnosis, like “dementia”, “schizophrenia”, “depression”. As most commonly used legal term can be classified expression “recognized as irresponsible”.

Expressions, that are used regarding people with mental disability and illnesses and that include then into more general group of people with special needs are “children with special needs”, “heavily ill”, “disabled”.

Finally, people with mental disability and illnesses are labelled using either neutral or negative everyday language expressions. Neutral expressions, like “having a serious problems with psyche”, “mentally ill”, “being in deep depression”. Negative expressions used are: “mentally ill deceiver”, “mentally defective”, “psycho”, “lunatic elderly man”.

What causes are attributed to mental illnesses and disabilities?

There is very scarce and biased information on the causes of mental illnesses and disabilities.

The causality of mental illnesses is mainly attributed to life events, like difficulties in relationships (“after an affair has finished, women more easily (*than men D.K.*) can switch to other things, thus avoiding depression and mental disorders”), unemployment, infertility (*related to depression D.K.*). In one article as one of consequences of tick-bone encephalitis was mentioned dementia. In one add, there was a claim: “Does depression start in “brain”? Sometimes the problem comes from glandule”.

What ways of treatment and help in cases of mental health problems and intellectual disability are presented?

Like information on causes, the information on treatment and help in case of mental illness and disability was also extremely limited. In one article treatment with medication was claimed to be inimical to patient. Another article advertised soothers and healer who among other illnesses can cure depression. Finally, one article publicized the recently opened consulting centre of people with epilepsy.

How people with mental disabilities and illnesses are represented?

In fact, there are more publications about particular individuals with mental disability or illness rather than about this group of people in general. While writing about particular individuals (mainly those who have committed murder or behaved strangely), usually their full name, place of living (town) and age or year of the birth is given.

The only additional information that has been given about these individuals usually was either detailed description of their essentially peculiar behaviour (e.g. “he was singing in crematory for many years”) or crime they have committed (e.g. “while arguing with another man about politics, he grabbed a knife and stabbed into man’s neck”). An exception was an article about a quite famous poetess where wider description of her life was given. Very often it has been emphasised that despite committing a murder because of recognising somebody mentally ill, he (usually- a man) has been punished but put into hospital.

2. Public’s attitude towards people with mental health problems and knowledge on mental health issues

This section presents the results of focus group study on representations of persons with mental illness/disability in society.

Does general public distinguish mental disability and mental illness?

In fact, according to the results, general public does not distinguish exactly mental illness from mental disability. While asked directly, whether and how mental disability and illness can be distinguished, two differences were articulated. Firstly, difference in causality, i.e. people say that disability is inherited, from childhood but mental illness can be get during the life; secondly- in dangerousness. It was argued that people with mental illness are more dangerous (“those who are disabled, with them everything is clear but with those who suddenly get ill- you never know....”). However, while talking about causes, symptoms in other topics of discussion, certain

confusion related to these two terms was observed. For example, one person mentioned a day care center in Tukums for mentally ill while actually this day care center is only for people for mental disabilities.

Feelings of general public related to mental illness/disability

Feelings that are related to certain aspects of life can be predictors of ones attitude towards this aspect; therefore feelings related to mental illness/disability of general public were investigated.

In general feelings related to mental illness/disability can be characterized by one word- 'fears'-fears from the fact of having mental illness, fears to be excluded from society and stigmatized, and fears from methods of treatment used in mental health cares. Participants said that perception of mental illness is related to "fear to find out that indeed you have a mental illness" because "if I have problems with a heart, I can be cured. However, if I have problems with my head, I won't be able to control myself anymore".

Mental illness and visit to mental health care professionals were associated with shame, stigma and fears to be excluded from society. Thus "visit to the doctor is shameful, better to try to solve this problem on my own", "like going to sex-shop, it is shameful to go to the psychiatrist". Mental illness as a shame is perceived probably because it is recognized as "abnormal" ("it is shame because other do not have such illness"). In addition to shame, people are afraid to get stigmatized ("once you have been in psychiatric hospital, you are lost (norakstīts)", "this will be a sign on you for all your life") . As the result of stigma, people are afraid to be excluded from society and to loss their friends and job ("They will not ask you out anymore and won't be friends anymore", "people will avoid me", "you will get faired from the job...they will find an excuse why", "you won't be able to find a job").

Finally, mental health problems are related to the fears from medical treatment ("I am afraid from psychiatrist because I don't know what he will do with me") that is perceived as being more harmful than helpful ("from this medicine it will get worse and worse") and especially fears from being isolated into hospital ("I am afraid that I

will get closed into home for crazy people”) and be included in a register of mental health care patients (“people are afraid to be included in the register”).

What behavior and characteristics are attributed to people with mental illness and disability?

There is no wonder that people with mental illness and disability are often excluded out of society: main attributes that were prescribed to them into interviews were – inadequacy and deviance from general, widely agreed social behavioral norms or unusual, untypical behavior that has not been usual for an individual before.

Inadequacy to social norms were mainly articulated in three ways: (i) as general inadequacy; (ii) as unusual, inadequate behavior, (iii) as emotional instability related to aggressiveness and dangerousness to other people and as ones inability to control oneself.

General inadequacy of people with mental disability and illness is described as “something is not as it suppose to be”, “they are strange and different”, “somebody with incongruity”.

As signs of mental illness or disability and “inadequate behavior” were mentioned- non-adequate verbal expressions, like “talking with himself” and “singing without reason”. As inadequate verbal expressions were indicated also arguments that are perceived by other as non-supported, laughable, like “when old lady is arguing that she will be the next president of Latvia and organizing election campaign in a shop”. However, in some groups, even people whose opinions either differ from majorities’ opinions or are critical were perceived as having mental problems.

The third most often mentioned inadequacy, as a sign of mental health problems was emotional instability like “swinging mood” and nervousness.

The most serious difference in representations between people with mental illness and disability were regarding to their aggressiveness. There was a trend that aggressiveness is attached to people with mental illness but not to persons with mental disability. People with mental illness were described as “aggressive, can harm

themselves and others”, “they are dangerous because aggressive”, “better to keep away from them because they are dangerous” etc. At the same time, people with mental disability are described as “they are just labdabīgi retarded”, “they are not dangerous”, “Yes, those who get the mental illness during their live and more dangerous than those who are mentally disabled since they have been born”. However both groups are described as dangerous for others because of their inability to control themselves. For example “...cannot leave them alone- can leave gas open...”, “If not attended can make fire at home...”. Therefore it was often expressed that they “cannot be left without attention”.

The second group of characteristics of people with mental disability and illness that was expressed less is related to their deviance from their own normal behavior, i.e. when person has changed and behaves in untypical way, like “inadequate behavior, if it has not been before”, “changes in behavior” and ‘unusual seclusion’, apathy, insomnia, difficulties to concentrate and remember things.

Summary: people with mental disability and illness, generally, are characterized as discrepant (disparate) and different from general society, as ‘others’. Usually they are distinguished by behavior perceived by majority as inadequate (like talking with oneself) and emotional instability. Although aggressiveness is attributed mainly only to people with mental illness but not to people with mental disability, both groups are perceived as dangerous for others because of their inability to control themselves. Relatively more rarely, the deviations from individual norm as indication of mental illness have been referred to.

What are attitudes towards isolation or reintegration of people with mental illnesses into society?

There were four dominating attitudes towards isolation/integration of people with mental health problems observed- ignorance/avoidance, pro-isolation, pro-isolation if person is aggressive and fears about ones own safety.

The most dominating attitude towards integration of persons with mental health problems was ignorance and avoidance. People said that if they would get a new

neighbor who has mental illness, they would rather “avoid him”, “no to visit, you never know”. Some of interviewees said that “better not to communicate to ill people” or “even avoid them and their family”. Avoidance and ignorance seem to be based on fears and on insufficient knowledge. For example, some people argued: “I will avoid them because I don’t know how to behave with them”.

According to the results, there is a good reason to suppose that without preparation of public initiatives aimed to integration, like social flats, would not be successful. Some respondents asserted that “ if they want them to live out of hospital, let them live together but far away from other people” or “I would protest and check the regulations and laws whether it is legal... *(to give a flat for person with mental illness D.K.)*.

The second dominating attitude towards integration can be labeled as “selective isolation” i.e. only those who are seriously ill and/or aggressive should be isolated in mental health care hospital. This attitude can be characterized by expressions, like “While their behavior does not harm neighbors and others, let them live with others. However, if they get dangerous, they must be isolated”, “If they are dangerous for society, better keep them behind the fence. It will be better for them and society”, “it depends, how serious is their illness”. [As can be seen the main criteria of isolation vs integration is aggressiveness and dangerousness for other members of society *(in media these people are described as dangerous..)*.

However, pro-isolation tendency is led not only by considerations of aggressiveness of people with mental health problems but also by perception of them as incapable to control their own behavior and as dangerous for others in indirect ways like unpredictable behavior that can unintentionally harm others. These considerations were expressed like fears from “if he leaves the gas opened”, “they can burn their flat”.

Compared to people who think that people with mental illness/disability should be isolated only if they are dangerous for other people, there were some people who were

absolutely sure that each person with mental health problems “should be excluded from society”, mainly in psychiatric care institutions.

Only one respondent emphasized that living into society might be more beneficial for people with mental illness/disability than being in hospital.

What additional information in what form is needed?

In all groups interviewees pointed out that information available about mental health and people with mental illness/disability is insufficient and that they would be interested to get it more. It was emphasized that information provided should be positive (“Should show something positive. So that both- they and we are satisfied”), simple (“Information should be in simple language, without difficult medical terms”) and should not be negative (“..Without threatening. So, that people do not get scared”, “should not describe shocking cases”. Participants would like to know more about “how to make relationships with these people, how to live with them” (*with people with mental health problems D.K*), “what are the causes of mental illnesses”, “where to look for a help if it is needed...if any of my relatives gets ill”.

Participants emphasized that they would like to see and read about persons with mental health problems themselves, about “their situation”, “that they are real people, that it is not anything very extraordinary, that they are normal in some ways”, “interviews with them”.

3. Current situation in cooperation between advocates of interests of persons with mental health problems and intellectual disability and mass media

Interviews with mental health advocates and representatives of mass media identified that cases of successful cooperation between mass media and mental health advocates are very rare. Mass media representatives argue that they are business- driven and therefore concerned that nobody from their audience will be interested in “business of mentally ill”. Secondly, journalists’ lack the access and information from mental health advocates and people with mental health problems. They complain that even if

they are interested to prepare a material on mental health issues, they usually are not sure where to find information. Finally, some journalist identified that they are uncertain how to report mental health issues because their knowledge on mental health issues is rather limited.

The issues raised by mental health advocates were following. Firstly, they complain that mass media representatives very rarely are interested in information they provide them. For example, one of mental health advocate told a story on how they organised a press conference but nobody from mass media turned up. Secondly, quite often information provided in mass media is misrepresented, especially, if interview is given on phone.

Positive examples from cooperation between mass media and mental health advocates indicate that collaboration is more successful if mental health advocates develop a long term regular cooperation with certain journalist and provide him/her with information. Secondly, cooperation is more successful if information provided by mental health care advocates is interesting, relevant to wider audience, not only to people with mental health problems, for example, information about exhibition of drawings of people with schizophrenia.

Conclusions

Mental health issues in printed media In Latvia are presented very rarely; more often in tabloids rather than in other titles. Rarely entire publication is devoted to mental health issues and persons with mental health problems; usually these topics are discussed in the context of other topics. Despite in general, publications in mass media related to mental health and people with mental health problems are neutral or positive, the effect of them is outweighed by extremely negative criminal news that picture people with mental health problems as dangerous criminals or anecdotes that make them objects of laugh.

Current common stereotypes about persons with mental illness in Latvia are that they are dangerous, unpredictable, and responsible for their illness, incompetent and that mental illness is incurable. These stereotypes are in all groups of society, but especially strong among young men with higher education, parents of young children and among Russian speaking elderly. These stereotypes are facilitated by mass media that represent people with mental illness mainly as criminals, strangers, irresponsible, weak and pitiable.

In order to improve cooperation between mass media and mental health advocates in Latvia, journalists should be provided with some guidelines where they can find information and informants on mental health issues and why these issues might be relevant to their audiences. In addition, understanding of mental health advocates about development of successful relationships with mass media should be improved by increasing knowledge in effective media communication methods.

Reference list

Reference List

Allen, R. & Nairn, R. G. (1997). Media depictions of mental illness: an analysis of the use of dangerousness. *Australian and New Zealand journal of psychiatry*, 31, 375-381.

Anderson, M. (2003). "One flew over the psychiatric unit": mental illness and the media. *Journal of Psychiatric & Mental Health Nursing*, 10, 297.

Berger, A. A. (1998). *Media research techniques*. Thousand Oaks: Sage.

Berger, A. A. (2000). *Media and communication research methods :an introduction to qualitative and quantitative approaches*. Thousand Oaks: Sage.

Burn, A. & Parker, D. (2003). *Analysing media texts*. London, New York: Continium.

Coverdale, J., Nairn, R., & Claasen, D. (2002). Depictions of mental illness in print media: a prospective national sample. *Australian & New Zealand Journal of Psychiatry*, 36, 697.

Day, D. M. & Page, S. (1986). Portrayal of mental illness in Canadian newspapers. *Canadian journal of psychiatry.Revue canadienne de psychiatrie*, 31, 813-817.

Diefenbach, D. L. (1997). The portrayal of mental illness on prime-time television. *Journal of Community Psychology*, 25, 289-302.

Edney, D. R. (2004). Mass Media and Mental Illness. www.ontario.cmha.ca [On-line]. Available: w

Granello, D. H. & Pauley, P. S. (2000). Television Viewing Habits and Their Relationship to Tolerance Toward People with Mental Illness. *Journal of Mental Health Counseling*, 22, 162.

Granello, D. H., Pauley, P. S., & Carmichael, A. (1999). Relationship of the media to attitudes toward people with mental illness. *Journal of Humanistic Counseling, Education & Development*, 38, 98.

Grierson, D. & Scott, R. (1995). Comparison of Attitudes of Editors and Public Toward Mental Illness. *Newspaper Research Journal*, 16, 95-102.

Hallam, A. (2002). Media Influences on Mental Health Policy: Long Term Effects of the Clunis and Silcock Cases. *International Review of Psychiatry*, 14, 26-36.

Hanningan, B. & Cutcliffe, J. (2002). Challenging Contemporary Mental Health Policy: Time to Assure the Coercion? *Journal of Advanced Nursing*, 37, 477-585.

Heginbotham, C. (1998). UK mental health policy can alter the stigma of mental illness. *Lancet*, 352, 1052.

Holloway, F. (1996). Community Psychiatric Care: from Libertarianism to Coercion: Moral Panic and Mental Health Policy in Britain. *Health Care Analysis*, 4, 235-243.

Latvian Centre for Human Rights and Ethnic Studies (2003). *Human Rights in Latvia 2003*. Riga: Latvian Centre for Human Rights and Ethnic Studies.

March, P. A. (1999). Ethical responses to media depictions of mental illness: An advocacy approach. *Journal of Humanistic Counseling, Education & Development*, 38, 70.

- Markova, I. & Farr, R. M. (1995). *Representations of Health, Illness and Handicap*. Routledge.
- Matas, M., el Guebaly, N., Peterkin, A., Green, M., & Harper, D. (1985). Mental illness and the media: an assessment of attitudes and communication. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 30, 12-17.
- Mayer, A. & Barry, D. D. (1992). Working with the media to destigmatize mental illness. *Hospital & community psychiatry*, 43, 77-78.
- Mental Health Care Center (2003). *Mental Health Care in Latvia*. Riga.
- MIND (1997). *Tall Stories from the Back Yard*. London: National Association for Mental Health.
- Morselli, P. L. (2000). Present and future role of Mental Illness Advocacy Associations in the management of the mentally ill: realities, needs and hopes at the edge of the third millennium. *Bipolar disorders*, 2, 294-300.
- Nairn, R. (1999). Does the use of psychiatrists as sources of information improve media depictions of mental illness? A pilot study. *Australian & New Zealand Journal of Psychiatry*, 33, 583.
- O'Grady, T. J. (1996). Public attitudes to mental illness. *British journal of psychiatry; the journal of mental science*, 168, 652.
- Olstead, R. (2002). Contesting the text: Canadian media depictions of the conflation of mental illness and criminality. *Sociology of Health & Illness*, 24, 621-643.
- Paterson, B. & STARK, C. (2001). Social policy and mental illness in England in the 1990s: violence, moral panic and critical discourse. *Journal of Psychiatric & Mental Health Nursing*, 8, 257.
- Philo, G. (1996). *Media and Mental Distress*. Harlow, Essex: Addison wesley Longman Ltd.
- Signorielli, N. (1989). The Stigma of Mental Illness on Television. *Journal of Broadcasting & Electronic Media*, 33, 325-331.
- Thornton, J. A. & Wahl, O. F. (1996). Impact of a Newspaper Articles on Attitudes Toward Mental Illness. *Journal of Community Psychology*, 24, 17-25.
- Wahl, O. F. (1995). *Media Madness: Public Images of Mental Illness*. Rutgers University Press.
- Wahl, O. F. & Lefkowitz, J. Y. (1989). Impact of a television film on attitudes toward mental illness. *American journal of community psychology*, 17, 521-528.
- Wahl, O. F. (1992). Mass Media Images of Mental Illness: A Review of the Literature. *Journal of Community Psychology*, 20, 343-352.
- Wahl, O. F. (2003). News Media Portrayal of Mental Illness. *American Behavioral Scientist*, 46, 1594.
- Wilson, C., Nairn, R., Coverdale, J., & Panapa, A. (1999). Mental illness depictions in prime-time drama: identifying the discursive resources. *Australian & New Zealand Journal of Psychiatry*, 33, 232.