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Discourse and Stigmatisation of Mental Health: A Critical Analysis of Media Reporting in the United States (2015–2024)

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Abstract

There has been increased awareness and understanding of mental health recently causing increased media coverage and discussions on the topic. This study critically analyses reports in the media about mental health in the United States from 2015 to 2024. This study utilised a dataset of 140 articles from various newspapers and employed a discourse analysis method to evaluate the frequencies of negative, neutral and positive language used in these articles. The results showed a growing positive trend in mental health reporting, with a focus on various solutions such as budget allocation, legislation, and alternative therapies. However, despite these positive developments, the stigmatisation of mental health patients was also prevalent in some articles, hindering their access to proper care. This study suggests the need for further research and awareness to combat stigmatisation and promote a better understanding of mental health in society.

Keywords: Critical analysis, Discourse, Media reporting, Mental health, Stigma.

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Introduction

World Health Organisation (WHO) describes mental health (MH) as the state of psychological wellness that enables individuals to effectively handle everything related to their life and their role in the community. It is a crucial aspect of overall health with a significant role in our ability to make decisions, form relationships, and shape the world around us. MH is a basic human right and is essential for individual, communal, and socio-economic development.[1] In the USA, nearly one in five adults experience MH issues each year, with an estimated 5.6% mentally ill adults in 2020 by the National Institute of Mental Health (NIMH).

During the last twenty years, digitalisation and mediatisation have greatly influenced the way we communicate and had a significant effect on different aspects of communication.[2] The US media reporting on MH patients is often deficient in providing a comprehensive and accurate representation of their experiences. Instead, it tends to perpetuate stereotypes and stigmatise narratives. This type of coverage can reinforce negative public perceptions, hinder progress in destigmatising MH, and increase barriers to accessing appropriate care and support. Additionally, the media often sensationalise incidents involving individuals with MH conditions fuelling fear and misconceptions. Responsible journalism must prioritise ethical reporting with a nuanced understanding of MH issues, promote empathy and dialogue, and reduce stigma in society. The seriousness of MH conditions and their stigmatisation in media reporting in the USA prompted the researcher to undertake a study of the discourse and stigmatisation of MH in USA media reporting. From the above background, the following research questions and hypotheses were formulated for this study.

Research question: How do USA media discourse and stigmatise incidents involving patients with mental disorders?

Hypotheses:

1. US media stigmatises incidents involving patients living with MH.
2. US media use a reporting style that produces stereotypes of patients with mental disorders.
3. US media reporting causes negative public perceptions about patients with mental ill health.
4. The reporting style of the US media on patients with MH affects their access to appropriate sources of care.

This paper is organised as follows. After the above introduction, the literature on the topic covering the period of 2015–2024 is reviewed. The methodology used in the study follows. The results of the analysis of the data collected using the methodology are presented in the Results section and explained in the Discussion The Conclusion section contains some recommendations to the media and government to maintain high ethical standards of media reporting on MH and mentions the study's limitations.

Review of Literature

To examine the patterns in national conversations, McGinty et al. analysed randomly selected 400 news stories on mental problems between 1995 and 2014.[3] A notable increase in references to mass shootings committed by mentally ill individuals was observed in the latter part of the research timeframe compared with earlier years. The predominant topic covered in news stories in the entire period was violence, accounting for 55% of the overall content, with a focus on interpersonal violence or suicide. Only 14% of the stories highlighted successful treatment or recovery from mental illnesses. This disproportionate emphasis by the media on violence perpetuated by mentally ill individuals did not align with the actual rate of violence in this population. Riles et al. found a tendency of popular films to portray mentally ill individuals as prone to erratic and violent behaviour. This could influence viewers' perceptions and expectations of social interactions with MH individuals. This may lead to intensified social humiliation and decreased support for public policies benefiting mentally ill people.

Mass media may increase stigma against people with MH by reinforcing common negative stereotypes. Therefore, they need to be targeted for anti-stigma interventions. From a critical review of twenty-seven published papers, Maiorano et al. observed that interventions to reduce stigma among media professionals proved successful in improving their reporting techniques and presenting a more balanced view of MH individuals.[5] The most effective methods were educational approaches involving contact with affected individuals and providing guidelines from authoritative agencies. The authors concluded that contact-based promotion of educational programmes targeting media professionals and in the curricula of journalism students should include topics related to MH patients. The authors stressed the need for more research in this area.

A qualitative analysis of two prominent Swedish newspapers was undertaken by Ohlsson in 2009 to explore the depiction of MH and the expertise thereon.[6] Drawing on social representation theory, the analysis illustrates various topics associated with MH and depicts various perspectives. MH has been conceptualised in different and convincing ways, without distinction between normal and pathological conditions. The newspapers supplemented common perspectives with professional views. Such presentations revealed confidence and reliance on expert knowledge, along with critiques and distrustful expressions. There were noticeable arguments and conflicts in handling authoritative knowledge on MH issues. This suggests a mixed attitude towards the role of experts in the field. These trends complicated the environment from forming a personal understanding, potentially affecting relationships between individuals and MH professionals.

In countries like Canada and other Western nations, there has been a significant rise in the criminal justice systems and interactions between individuals with MH and the police. The Vancouver police have been actively involved in discussions on policies concerning MH issues. Boyd and Kerr conducted a critical discourse analysis to examine its status by evaluating four policy reports from the Vancouver Police Department (VPD) between 2008 and 2013 that outlined recommendations for addressing the city's MH crisis.[7] This study showed how VPD shaped perceptions of MH issues in an urban setting. The article

analysed the VPD's role in framing issues of mental health in one urban space. VPD reports reproduced negative discourses about deinstitutionalization, mental illness and dangerousness contributing to further stigma and discrimination of MH persons.

Kenez, O'Halloran, and Liamputtong examined how MH was depicted as a comprehensive entity in the three major Australian daily newspapers.[8] Employing content and thematic analyses to examine the material retrieved from printed versions of *The Age*, *The Australian*, and *Herald Sun* and their weekend editions for twelve weeks in 2012, they showed the portrayal of MH as a state of illness rather than a state of wellness in these papers. The articles focused on psychotic disorders and related them with deviant behaviours compared with the general population. Positive MH messages were presented in tabloid coverage, stressing well-being. Nevertheless, the depiction of psychotic disorders has not sufficiently advanced to the level of other disorders. Therefore, MH experts and institutions must maintain partnerships with and train journalists to ensure accountable descriptions.

To examine the temporal changes in general sentiment and topics of newspaper articles and identify factors related to positive or negative content, Whitley and Wang gathered a sample of 24,570 online and printed articles from more than twenty popular Canadian newspapers between 2005 and 2015[9] referring to *mental illness* or *schizophrenia*. After categorisation using codes, the data were analysed using trend analysis and the chi-square test. A positive tone was noted in 21% of the articles and stigmatising content in 28% of articles. Media coverage improved considerably over eleven years. The percentage of favourable articles nearly doubled from 18.9% in 2005 to 34.8% in 2015. The stigmatising articles decreased by a third from 32.7% to 22.3%. The front page articles and those in broadsheet newspapers had a more positive tone.

Parrott and Parrott quantitatively analysed crime-focused fictional television shows broadcast in the United States between 2010 and 2013.[12] They analysed sixty-five randomly selected episodes and 983 characters to identify the stereotypes and counter-stereotypes related to MH. In these shows, MH individuals were repeatedly portrayed with a higher probability of engaging in crime and violence than other characters, perpetuating common stereotypes. They were also more likely to become crime victims. However, there were counter-stereotypes related to social status within television content like the presence of supportive families and friends. Such stereotyping on television programmes can increase the stigmatisation of mental illnesses.

Social media are being used for health discourses very often. Pavalanathan and Choudhury evaluated the throwaway contents of MH communities on Reddit. MH discourses on Reddit throwaways exhibited considerable disinhibition, pessimism, perceptive bias, self-attentional focus and reduced self-esteem.[13] Prevalence of throwaways as identity choice was six times more on MH than in other Reddit groups. These discussions on Reddit aid in shaping MH interventions and the creation of online communities to serve vulnerable groups.

Twitter users tend to provide emotional updates from daily life. Therefore, tweets can provide unique insights into experiences of mental health problems. Depression is one of the most prevalent health conditions carrying a social stigma. Tweeting about one's depression and seeking social support may provide relief from symptoms. Lachmar et al. studied the public discussions on the continuing hashtag "MyDepressionLooksLike" to examine how users tweeted about their symptoms of depression.[14] Qualitative content analysis on 1978 tweets from this hashtag identified seven main topics: maladaptive thinking, difficulties with everyday living and social interactions, concealing one's true self, feeling indifferent and melancholic, contemplating suicide, and engaging in solace behaviours.

In 2018, Holland, interviewed nine journalists from Australia to gain insight into their roles and opinions on the features of remarkable stories and sources, and the reporting challenges.[15] He identified themes including exposing issues of psychiatry and MH care, stressing discrepancies between pomposity and truth, using case studies to humanise stories, potential risks to vulnerable individuals, and navigating assertive and reserved sources. These findings were analysed through the concept of 'biocommunicability'. Factors like funding rivalries and pressure in the media industry shaped how MH

news is portrayed and how actors in the MH field engage with the media. Being overly concerned with the potential harm of reporting, journalism may be constrained and limited in its ability to challenge and move beyond the dominant biomedical authority and patient-consumer models. Holland discussed biocommunicability and biomediatisation as new approaches to health journalism.

Duxbury, Frizzell, and Lindsay evaluated the truth behind the disproportionate framing of White men and the media descriptions of mass shootings using MH as the explanation to the exclusion of other explanatory frames.[17] Logistic regression and content analysis on 433 news articles focusing on 219 mass shooting incidents from 1 January 2013 to 31 December 2015 showed that White or Latino people were more frequently linked to MH in the reports than Black. Qualitative results showed White men as sympathetic. Black and Latino men were perpetually portrayed as violent threats to the public. Thus, there is a racial variability in blaming mass shooters.

According to an analysis of print and broadcast media by Zhang et al., individuals were often portrayed as bearing more responsibility for causes and solutions while society received less attention.[20] However, there has been an increase in the reference to societal solutions over time. While print media targeted causes at the individual levels, the focus of broadcast media was both individual and societal-level solutions. The problem-solving burden was put on individuals by local newspapers, unlike national newspapers. In cable news channels, long discussions on the overall responsibilities for depression were held, unlike network television. These patterns demonstrate cultural influences, organisational limitations, evolving practices and approaches in coverage of health-related news and the larger contexts of political and social influences on the operation of media.

Choudhury et al. created a statistical approach to determine which individuals could potentially move from discussing MH to contemplating suicide.[23] Unobtrusive data were sourced from partly anonymous support communities on Reddit to determine the possibility of these shifts. Methods to measure language and interaction were developed for this purpose. A “propensity score matching-based statistical approach” was used for predictive modelling. This approach was useful for identifying distinct markers of a shift towards suicidal ideation. These markers can be used to create a predictive model for identifying individuals at risk of harbouring suicidal thoughts.

The widely shared footage of George Floyd’s murder by white policemen on 25 May 2020 caused more anger, depression, and anxiety among American Blacks than among Whites for a long time. Using 117,568 responses from 47,355 people on Gallup before and after his death and 409,652 responses from 319,471 people from US Census data showed a larger increase in anger, sadness, depression and anxiety among Black Americans compared to White Americans after Floyd’s death. Police brutality against Black Americans placed Black Americans at disproportionate risk for reduced mental health, both reflecting and reinforcing US racial inequality.[24]

Exposure to disasters can lead to mental stress of people. Riehm et al. used secondary data from a US national survey of 6329 adults in March 2020. Participants spent more time on social media and traditional media to get information on the COVID-19 pandemic. The mental distress increased with increasing use of social and traditional media. Spending more time on media to know more about the pandemic was modestly related to mental stress. The information overload during the pandemic confused their minds and thus led to increased mental stress.[25]

Figenschou examined the use of human-interest narratives in contemporary health journalism across different media and health systems[26]. The content of newspapers from Norway, Spain, the UK, and the USA between 2016 and 2017 were compared. Stories of human interest were often focused on individual biomedical treatments for illnesses. They also portrayed idealised victims conforming to the typical storytelling conventions of the media. In explaining MH as a structural issue and a collective responsibility, European media stressed political intervention and accountability of health officers compared to the commercial interests of US media.

There is an increased visibility, authenticity and influence of personal experiences outlined in human interest stories in the news media on organisational actors and interest groups. Thorbjørnsrud and Ytreberg focused on descriptions of patients and their experiences in the news media where diseases played a progressively crucial role.[27] The theory of the human-interest economy uses examples of ordinary people due to the authenticity of their experiences with healthcare problems. These stories may prioritise certain diseases, victims, and narratives over others. As a result, the idea of representing immediate and authentic voices from the bottom-up perspective in news media is mixed with less apparent strategic interests.

Serious concern exists about the stereotyped descriptions of MH problems and suicides in the media. These journalistic output are influenced by sensitivity to the topic, protection of family interests, regard to public and private interests, the need to report only truth, identify proper sources, meet media platform requirements, comply with reporting guidelines, and the scarcity of stories on MH (O'Brien, A. (2021).[28] However, these guidelines are not often complied with as negative representation of MH patients in the media shows. Despite the fear attached to stigma, the media want to cover them in a detailed way as they have only the commercial interest of viewership rating. This might have prompted journalists to express their inability to find wider coverage of MH events to guard against negative stereotyping.

The Linguistic and Media Theories Applicable to this Study

In the above literature review, some theories used were the human interest narrative,[26], the knowledge-attitude-behaviour practice (KABP) paradigm,[21] critical content analysis,[18] and social representation theory.[6] These theories were used to explain the results of this study in the discussion section.

Methodology

A systematic approach was used to collect data. First, a list of relevant American publications was compiled, and seven newspapers were chosen based on their reputation, circulation, and influence, as reflected in Table 1. The inclusion of seven geographically diverse newspapers — *Los Angeles Times*, *Newsday*, *Star Tribune*, *USA Today*, *Wall Street Journal*, *Washington Examiner*, and *Washington Post* — for media discourse analysis on MH is methodologically sound and devoid of subjective bias. This selection ensured comprehensive coverage across different regions of the United States, reflecting a spectrum of perspectives, both regional and national. This choice adheres to a well-established methodological approach in media studies, where geographic diversity is crucial for capturing the plurality of media narratives and reducing sampling bias.[29] Each newspaper represents a significant American media market: from the West Coast (*Los Angeles Times*), the Midwest (*Star Tribune*), to the East Coast (*Newsday*, *Wall Street Journal*), and the nation's capital (*Washington Examiner* and *Washington Post*). *USA Today*, a national newspaper enriches this spectrum by transcending regional biases and providing a more unified national viewpoint. This method ensures a balanced view of the discourse surrounding MH, thus enhancing the reliability and validity of the findings.

The researcher searched for articles related to MH in the chosen publications using the keywords 'mental health' and 'USA'. After obtaining a list of potential articles, the selection was narrowed by including only those published between April 2015 and January 2024. This period was chosen because it included many major events in the USA, such as the 2016 presidential election in which Donald Trump won, the COVID-19 pandemic during 2020–2021, and the changing ways of some celebrities. Articles published outside of this period were excluded from the study.

In total, 155 articles were selected initially. Articles without details were excluded from the analysis. The final dataset comprised 140 articles. Generally, the methodology used by McGinty et al. was used to select news media, resulting in the selection of four out of seven papers in their studies.[3] The inclusion criterion was one study for each census region.

Table 1 Frequency of articles shortlisted from American publications

Name of Newspaper	Print Circulation (September 2023)[1]	Influence[4]	No. of articles
Los Angeles Times	105.7K	Low	20
Newsday	83.5K	Lower	22
Star Tribune	86.9K	Lower	9
USA Today	121.6K	Low	23
Wall Street Journal	555.2K	High	21
Washington Examiner	9.0K[3]	Lowest	20
Washington Post	127.7K	Low	25
Total			140

[1] (Majid, 2024). [2]HTRMH-Historical track record for reporting mental illness. [3]https://web.archive.org/web/20230414232701/https://mdcwp.s3.amazonaws.com/docs/2021-mediadc-media-kit.pdf. [4]Influence based on the relative ranking of circulation.

The selection of articles was done using the inclusion and exclusion criteria listed in Table 2.

Table 2 Inclusion and Exclusion criteria for the final selection of articles

Inclusion criteria	Exclusion criteria
Articles containing the keywords 'mental health' and 'USA'.	Articles not containing the keywords.
Published between April 2015 and January 2024.	Published outside this period.
Articles directly dealing with MH topics.	Articles only indirectly deal with MH topics.
Articles with sufficient details.	Articles without details.

The contents of the articles were analysed and tabulated for the frequency of occurrence of the tone of the article and positive, neutral, and negative sentiments related to MH. Mentions of any MH reforms, fund allocations, access of patients to mental health care facilities, and some examples of statements to prove certain contentions by news participants were identified for each article. The specification of the context helped to evaluate the article.

Figure 1 Distribution of papers per their months and years of publication

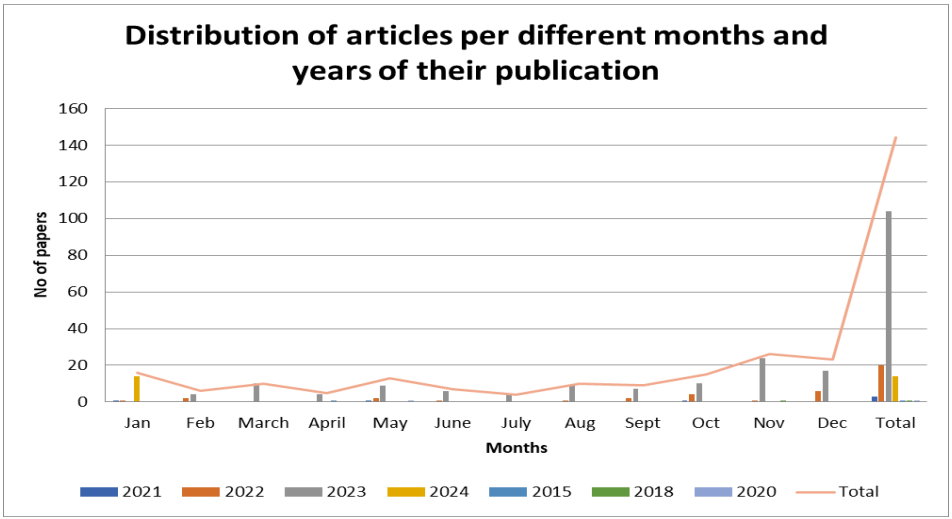


Figure 1 shows that the greatest number of articles were published between October and December (64 out of 140) and in 2023 (98 out of 144).

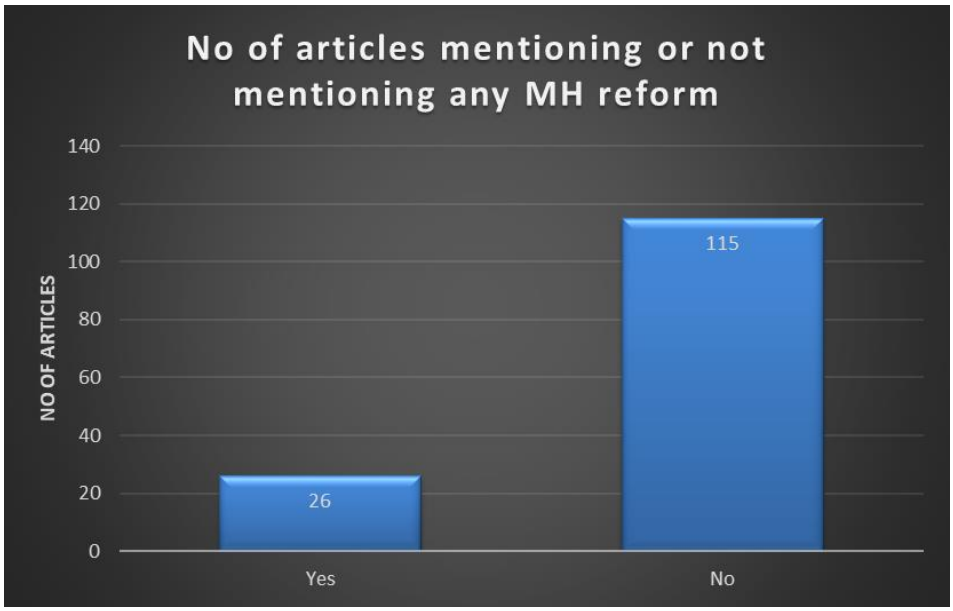
The iterative process of conducting discourse analytic research described by Wetherell et al. and Willig[30–32] was adapted to analyse 140 articles published in American newspapers by categorising them according to tone (positive, negative, neutral), description of the article, context of the article, and some quotes in many of the articles. The results of this analysis are described below.

Results

MH reforms

The number of articles in which MH reforms were mentioned and those in which they were not presented is given in Fig 2. Only twenty-five out of 155 (including excluded articles) articles made any mention of MH reforms. They include article numbers 1, 2, 9, 10, 15, 17, 57, 76, 89, 99–101, 109, 113–115, 117–119, 121, 122, 125–127, 136, and 150. MH reforms were mentioned in many ways in these articles, including laws (acts), insurance laws to include MH, connecting schools for MH relief, policy changes, strategic decisions, and federal advisory.

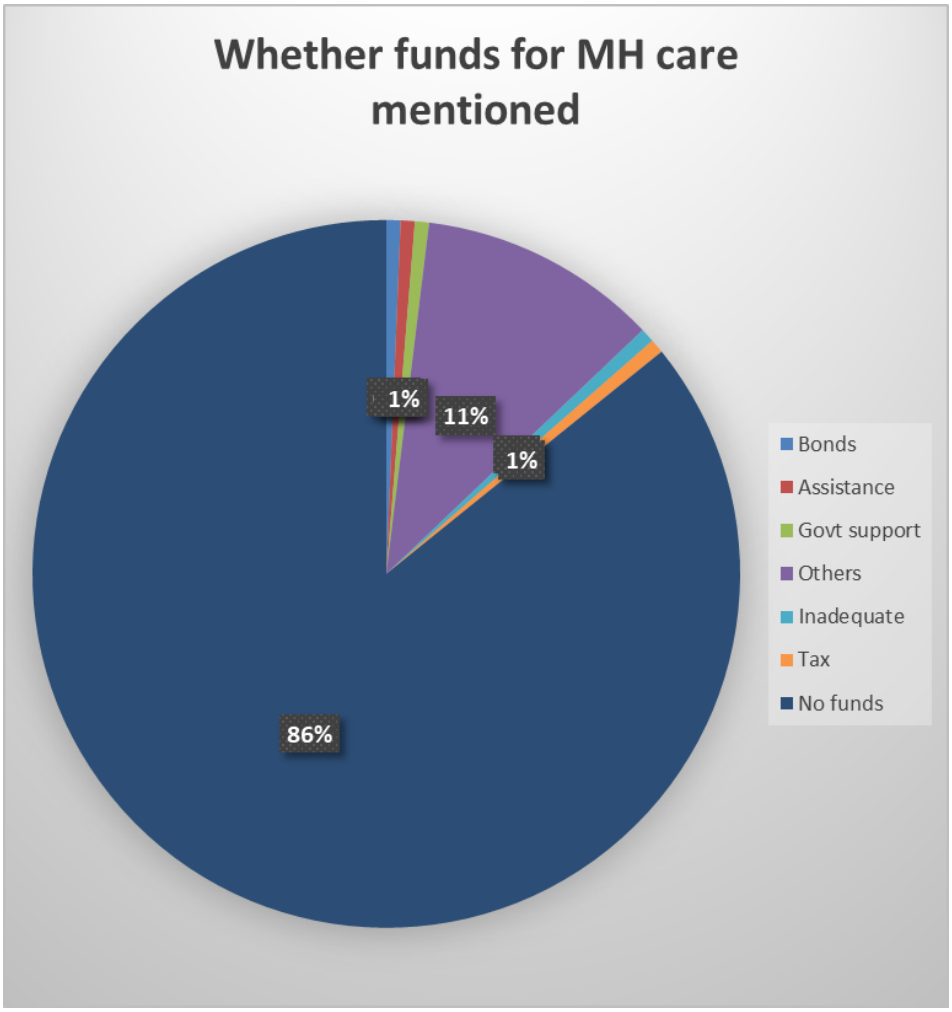
Figure 2 Number of articles mentioning MH reforms (Yes) and those not mentioning it



Funding MH care

In some articles, the provision of funds in some form was mentioned. The trends in funding offers are depicted in Fig 3. Of the 155 (excluded articles also counted) articles, only 22 mentioned funding for MH care. Thus, 86% of the articles did not mention anything about funding. Only 1% of the articles mentioned bonds, assistance, government support, or taxes as funding sources. One study reported inadequate funding. Approximately 11% of the articles mentioned other sources of funding.

Figure 3 ***Mention of funding in the articles***

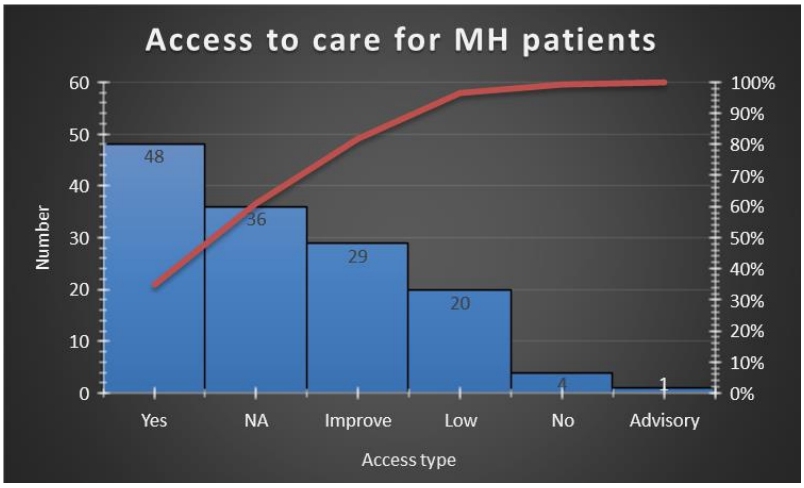


Access to healthcare for MH patients

The different types of access to healthcare for MH patients are presented in Fig. 4. The mere existence of access is termed 'Yes' in the chart. Where the information is not given, 'NA' is given. When there is scope for improvement or in the process of improvement, the label 'Improve' is given. A low level of access is indicated as 'Low'. When there is no access, the label is 'No'. When only an advisory on access exists, it is labelled 'Advisory'. The frequencies of No and Advisory responses were only one and four, respectively. Therefore, certain types of access always existed. Approximately 48% of the articles showed the mere existence of access (Yes). The number of articles decreased gradually through the NA, Improved, and Low categories. The high percentage of articles which did not provide any access information (NA) is a matter of serious concern. Efforts to improve access in many ways indicated by twenty-nine articles is a welcome sign. Low access (twenty articles) also is a serious concern. These trends indicate the need for federal and state governments to devise various policies and strategies, including insurance payments, on par with those for physical disabilities. To date, such efforts have been inadequate and half-hearted.

Figure 4

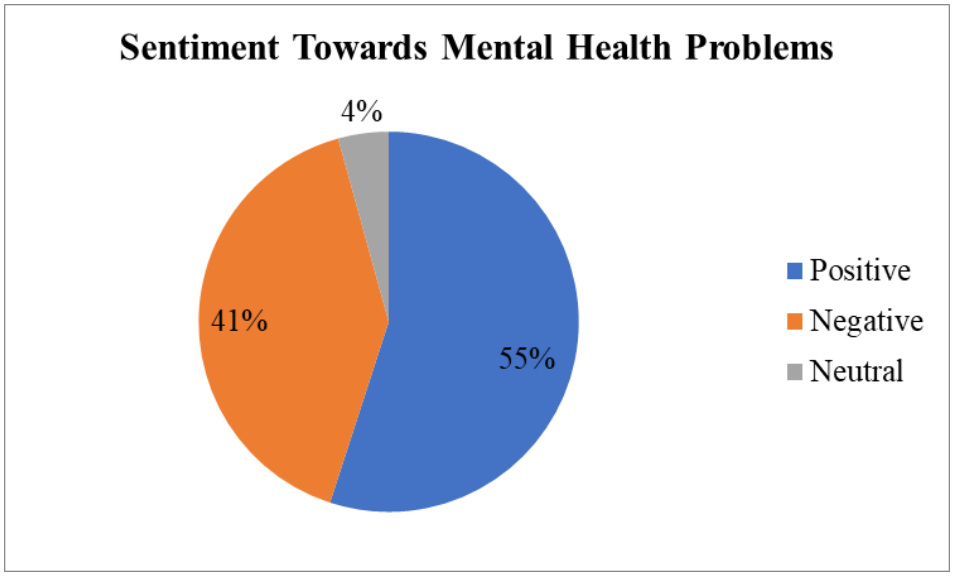
Access to care for MH patients



Sentiment analysis was done to determine the tone of the articles and examine whether a particular article argues in favour of (positive), against (negative), or is neutral towards MH problems. Of the 140 articles, 77 were positive, 57 were negative, and six were neutral (Fig. 5).

Figure 5

Sentiment towards mental health problems



Some examples of positive tones are: In Article 1, California Governor Gavin proposed diverting 30% of the 1% personal tax, or $1 billion annually, to support housing for serious MH and substance use patients despite criticisms of more harm by its implementation, locking in of the patients, and a lack of funds in counties. In Article 2, treating MH patients with kindness and encouragement was suggested for better outcomes.

The shortage of MH therapists was addressed by cross-state licencing of MH professionals (Article 15), using accredited social workers to mentor students with MH problems (Article 16), peer supporters (Article 39), relaxing visa rules for foreign nurses to work in the USA (Article 50), and enrolling more students in MH courses at universities by offering scholarships.

A few other positive trends were the budgetary allocation of funds by some states like California (Article 1), New York (Article 29), Denver (Article 112), North Carolina for veterans (Article 127), laws enacted by states like California (Article 17), the rollout of a hotline 988 in Los Angeles (Article 22), laws to control

harmful contents on social media (Articles 52, 121, 126), MH holidays for school children (Article 57), float therapy (Article 68), complementary and alternate medicines, using libraries as shelters for MH patients during their working hours (Article 86), online cure offers for behavioural corrections (Article 87), workplace interventions (Article 97), the concept of JOMO (joy of missing out) (Article 131), low intensity focused ultrasound (LIFU) (Article 134), music therapy (Article 138), micro-dosing psychedelics (Article 142), faith (Article 143), bird watching or listening to bird songs (Article 144), positive ways of thinking and talking (Articles 147–149), wearable gadgets (Article 153), and mental gymnastics (Article 154).

Despite these positive ideas to reduce mental illness in the country, some articles stigmatised MH patients. Stigmatisation is the act of treating someone or something unfairly by publicly disapproving of them or it. In Article 5, Ross Reimer stated, "Underreporting of mental health symptoms and diagnoses is probable among airline pilots due to the public stigma of mental illness". In Article 13, Judge Kacsmaryk wrote, "Women who have aborted a child — especially through chemical abortion drugs that necessitate her seeing her aborted child once it passes — often experience shame". According to Burgess, in Article 18, "Headlines start to shift, people start to feel even more isolated", probably indicating stigmatisation of mentally affected victims of the Maui fire accident.

Sad Girl Creamery's Sue Ellen Mancini sought help in a culture where discussing MH issues was uncommon as stigma attached to them (Article 20). The mentally ill Eiffel Tower attacker was stigmatised as an extremist and Islamic radical, exemplifying the stigma attached to the Islamic religion (Article 21). In the US military, anyone acknowledging MH problems can face serious consequences as the stigma is compounded by bureaucratic obstacles and threats to their careers (Article 24).

Ricky Rubio expressed in Article 26: "I hope to share his experiences going forward so I can help support others going through similar situations. Until then, I would like to keep it private out of respect for my family and myself" reflecting his fear of stigmatisation threatening his reputation as a world-famous basketball player.

In Article 34, Washington expressed his anger over racism attached to MH, saying, "You have racism. You've got teacher compassion fatigue. You have a workforce shortage. You have trauma on trauma. You got gun violence." In discussing the MH issues of Trinidad and Tobago, Article 44, pointed out that due to misplaced pride and fear of stigmatisation, some people needlessly suffer in silence.

Article 45 by UN Secretary-General, Antonio Guterres discusses stigmatisation thus: "Stigma is usually the biggest hurdle to overcome because, with stigma, people suffer in silence. It's debilitating when people suffer in silence. Unfortunately, stigma is one of the largest realistic issues contributing to why people don't report or seek help." (Asha Garib in Article 45). "In the younger generation, men are not expected to show any mental weakness. So, more women seek help than men for MH problems. MH is more prevalent in some ethnic groups and races. There is stigmatisation of MH people everywhere like naming, ridiculing, and labelling as crazy or mad, making the issue sensitive and imperfect, positive public MH care is a problem."

In Article 54, baseball player Bill Pulsipher said, 'It was difficult because people didn't want to accept what was going on'. This statement probably implied stigmatisation by others, which is unacceptable for a famous baseball player like him. In Article 55, according to Jennifer Phelps, Black women are stigmatised. This leads to Black parents not encouraging their children to pursue an MH career. The MH stigma acts as a barrier for pregnant women seeking treatment (Article 58). Conversations around MH can be stigmatised preventing affected people from seeking treatment (Article 60). Article 67 states about stigmatised child sex abuse victims need community support to overcome their trauma. "Before you even get to talking about policy and funding and treatments, and research and whatnot, it begins by overcoming stigma and normalising the conversation" (Alex Padilla in Article 78). Jill Biden said in Article 79, "People who are older — we never ever spoke about mental health. There was shame attached to it." The ethnic stigmatisation of a mentally ill man resulting in his jumping out of the exit door of a plane was highlighted in Article 80. Senator John Fetterman and his family avoided going to public places and

stopped using social media to post pictures of family members due to fear of damage to his image as a political leader (Article 111). The stigma around war veterans' MH problems acts as a barrier to faith-based programmes to address their mental illnesses (Article 115). Many people are ambivalent or weary of veterans due to alleged and unproven MH issues. This negative attitude is reflected in social media (Article 116).

Other articles addressed various topics related to MH issues of children, adults, war veterans, laws, funding, shortage of therapists and facilities, medical insurance problems and some novel non-psychiatric solutions. These solutions must be thoroughly investigated for acceptance by the scientific community. However, solutions cannot wait for scientific endorsements due to the rapidly increasing number of MH issues as, especially since the pandemic. These solutions continue to be used on MH patients with encouraging outcomes. These articles did not consider the issue of stigmatisation due to their non-relevance to their primary topics.

Discussion

The research question was: How do the US media discourse and stigmatise incidents involving patients with mental disorders?

The content analysis of 140 articles from seven leading USA newspapers showed that only 20 articles mentioned stigmatisation as a deterrent to individuals reporting their condition openly and seeking treatment. Stigmatisation may be due to considering mental illness as dangerous, connected to crimes, or as a medical disorder.[33] A few crimes committed by mentally ill patients were stigmatised. Expert opinions were juxtapositioned with laypersons' opinions in many analysed articles. Novel solutions implemented by many people exemplify this. Despite being questioned by experts, these novel solutions were practised by many MH patients with benefits. Similar findings were reported by Ohlsson et al.[6]

Many articles described the personal experiences of mentally ill persons, including celebrities, what they suffered from, and how they overcame it. These narratives provided hope for general MH patients. Such descriptions of personal experiences by patients with MH support the social representation theory.

In the studies of Nairn and Coverdale, only 0.8% (five) articles could be selected on this topic, and five categories of description were identified, "ordinariness/living well, vulnerability, stigma, crisis, and disorder/treatment."[34] In this study, about 14% of the articles mentioned stigmatisation. The categories used by Nairn and Coverdale were also identified in this study. People who overcame mental illness lived well (ordinariness or living well) and even started programmes to help others. Vulnerability to mental illness was higher among children and adolescents, women, sportspeople, artists, war veterans, homeless people, and those affected by COVID-19. Stigmatisation was usually associated with veterans, criminals, race, ethnicity, pregnant women, and abused children, in this study. The shortage of MH specialists has led to long waiting times for MH patients and difficulty in securing appointments with therapists. These articles discussed some solutions for this problem.

Reforms to benefit patients with MH have been slow, as depicted in Figure 2. Only twenty-six articles mentioned this issue. Hesitation for reforms was due to funding difficulties, shortage of MH specialists, dedicated MH hospitals/wards/beds and limited access to current facilities due to insurance problems. Insurance problems related to MH care were discussed by Blair and Espinoza, who welcomed new legislation passed by both Houses of Congress.[35] A comparison of nineteen countries for MH reforms by Cohen, Magnezi, and Weinstein showed that while most countries used private/public insurance schemes, it was tax-based and not necessarily a welfare aspect in countries like the USA, Japan and Saudi Arabia, where patients bear 20% of costs.[36] In other countries, MH care is fully insured. The highest per capita health expenditure in the USA shows that MH patients in the USA are disadvantaged.

The huge funds required for MH reforms are a major barrier to increased access (Fig 4) and affordability for MH patients. However, this study found that only 1% of the newspaper articles mentioned bonds, taxes, assistance, and government support for this purpose (Fig. 3). McGinty discussed the challenges and opportunities related to the need for social budgeting and reimbursement expansion for MH care at

various levels.[37] Evidence-based care and multiple interventions were beyond the majority of the MH population in the USA. Community MH services are in the reinstitutionalisation stage. Other problems include service provider shortages, system fragmentation, insurance reimbursement barriers and the persistent stigma surrounding serious mental illness.

Most findings of this study are congruent with those reported by Gallagher et al., who found a supportive and factual tone.[38] In this study, 20 of 140 papers were positive and had a supportive tone. In more than half of the articles, there were a few judgment elements regarding the opinions of individuals. MH professionals did not author most articles examined in this study. Some cited MH experts' opinions. A few articles covered violence and crime by mentally ill patients.

Some theoretical applications of this study

Descriptions of human interest are journalistic tools that fascinate and engross audiences, impact public opinion, and generate income for media organisations, as suggested by Figenschou.[26] In the articles studied, the experiences shared by celebrities had captivating and engaging effects that induced the public to follow their examples. Some of them said that they were using their experiences to help solve the problems of others. Walsh and Foster pointed out the use of a knowledge-attitude-behaviour practice (KABP) paradigm by professionals for public education on the biomedical explanations of MH.[21] Despite over twenty years of high-profile national campaigns, the public continues to 'Other' MH patients. These anti-stigma programmes had no long-term effects. Some unintended consequences can therefore not be ruled out. This may be the reason for the 45% of negative sentiments observed in the present study. Critical content analysis probes the dynamics of power within social activities by comprehending, revealing, and altering circumstances of inequity while identifying points of resistance and change.[18] In this study, the power of social activity was represented by the opinions expressed on MH. The sentiments expressed in these articles determined whether these opinions altered inequity between MH patients and others. Although most articles were positive, a sizeable number were negative. Patients with MH resisted these negative sentiments. However, their resistance did not change this negativity. Ohlsson observed that MH was often taken for granted to distinguish between normal and pathological conditions, leading to criticism and mistrust of MH patients.[6] This could be another reason for the large number of articles expressing negative sentiments on the issue. Based on these findings and discussion, the validity of the hypotheses formulated for this study is presented in Table 3.

Table 3 *Validation of the hypotheses formed for this study*

Hypothesis	**Result**	**Validation status**
US media stigmatise incidents involving mental patients.	About 55% of the articles expressed positive sentiment about MH patients.	Rejected
US media use a reporting style that produces stereotypes of mental patients.	Many papers attributed labels to MH patients as evidence of stereotyping.	Accepted
US media reporting causes negative public perceptions of mental patients.	The existence of 45% negative sentiments partly supports this hypothesis.	Partly accepted
The reporting style of US media on mental health patients affects their access to appropriate sources of care.	Many barriers to access like MH specialists, long wait times due to non-availability of specialists and beds, and insurance problems show the difficulties of access to care sources by MH patients.	Accepted

Conclusions

This study examined the content of American newspaper articles on MH issues. Critical discourse analysis was used to derive findings from 140 articles published in seven American newspapers from 2015 to 2018 and 2020 to 2024.

The analysis revealed stigmatisation mentioned in twenty out of the 140 articles. A positive tone of articles was noted in 77 articles, a negative tone in 57, and a neutral tone in six articles. Most articles were published between October 2020 and December 2024.

Stigmatisation was mentioned in the cases of accident victims, airline pilots, artists, child abuse victims, ethnicity, Islamic extremists, politicians, pregnant women, racism, sportspersons, USA military veterans, women, and women who had chemical abortions.

Novel solutions for patients with MH are used by some people without any scientific validation. Research should test these solutions and other promising interventions for their efficacy in treating patients with mental illnesses.

The USA and state governments may consider increasing the intake of significantly more students for courses related to MH and even offer scholarships to maximise enrolment. Meanwhile, visa rules can be relaxed to allow foreign MH nurses to work in the USA.

Policy implications- Recommendations

Each finding is linked to a conclusion in the previous section. The conclusions are extended to advocate some policy implications that also function as recommendations.

It would be advisable for USA newspapers to adopt a more ethical approach by ensuring accurate reporting rather than sensationalising MH issues. The self-regulatory bodies, alongside the Federal Communication Commission, could play a pivotal role in promoting ethical practices within newspaper reports of MH issues.

The federal government may initiate a dialogue with the media to devise guidelines for the non-stigmatised reporting of MH patients. A supportive law treating media stigmatisation as a cognisable offence can be enacted.

The MH care problems are related to insurance reimbursement. Federal and State governments must consider enacting and implementing a suitable law to address this issue.

Clear policies and strategies to increase the access to and affordability of MH care for patients need to be devised. Adequate funding and government support must be provided for this purpose.

To increase the availability of hospitals and beds, there should be adequately staffed separate hospitals for MH patients at a rate of one per district in each state.

The shortage of MH specialists and nurses should be addressed by relaxing visa rules to permit foreign nurses to work in the USA. MH nursing education should be promoted by providing scholarships that attract more students.

People need to be educated through public campaigns using celebrities to eliminate the stigmatisation of MH patients. They should be designed and conducted for sustained effect over a long period. This effect should be visible in people's positive attitudes and sentiments towards MH patients, media reports and a willingness to assist them.

Future research directions

1. Novel solutions used by some people can be tested scientifically to prove or disprove their effectiveness.
2. Research to assess the impact of each problem on the access to and affordability of care by MH patients will enable the development of strategies to overcome them.

3. More experimental types of research for more interventions need to be done. AI-assisted care can be tested.
4. Differences between laypeople and experts on the scope of certain interventions and solutions to MH care problems will inform what others (compared to governments or political leaders) think about them. Interviews can be conducted for this purpose.

Limitations of this study

This study aimed to examine the portrayal of the stigmatisation of MH in US newspapers. Explicit references to stigmatisation were identified in twenty out of the 140 articles surveyed providing initial insights. However, expanding the range of salient articles could potentially broaden the understanding of the media discourse on this issue. While the study included a diverse selection of major US newspapers to cover a wide spectrum of media discourse, the inclusion of more news outlets in future research could enrich the comparative analysis of media portrayals across different publications. It is strongly recommended to consider these limitations in future studies.

This study was limited to the US newspapers published between April 2015 and January 2024, and only a limited analysis of articles was performed. These may affect the generalisability of the findings. Future research should cover more newspaper articles for a longer period and use multiple methods of analysis.

This study used the principles outlined by McQuail for a rigorous methodology to select news outlets, ensuring diverse and comprehensive sampling across various geographic regions in the USA.[29] This approach aimed to mitigate regional biases and provide a representative cross-section of the national media discourse on mental health, thereby enhancing the validity of the research findings. Despite these precautions, the potential for residual biases inherent in media representations from different regions cannot be entirely excluded. Future studies might explore additional dimensions, such as the socio-political leanings of these outlets, to further refine our understanding of how regional characteristics influence media discourses.

Figure Captions

FIG. 1. Distribution of papers per their months and years of publication

FIG. 2. Number of articles mentioning MH reforms (Yes) and those not mentioning it

FIG. 3. Mention of funding in the articles

FIG. 4. Access to care for MH patients

FIG. 5. Sentiment towards mental health problems

Table Captions

Table 1. Frequency of articles shortlisted from American publications

Table 2. Inclusion and exclusion criteria for the final selection of articles

Table 3. Validation of the hypotheses formed for this study

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