THE MEDIA: AGENTS OF SOCIAL EXCLUSION FOR PEOPLE WITH A MENTAL ILLNESS?

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'400 Care in the Community Patients Living by Murder Park' was the dramatic headline that appeared in the Daily Mail (21 February, 2003) following the murder of Margaret Muller, an American woman found dead while jogging in Victoria Park in East London. Police officers later admitted being 'very surprised to discover that so many care in the community patients lived so close to the park'. Subsequent to this revelation, the police came up with the theory that Margaret was 'murdered by a deranged psychiatric patient living in the community'. There were no crime statistics available for reported violent incidents within the precincts of Victoria Park, but given the high number of 'care in the community' mental health patients, the automatic assumption was that there should be a relatively high percentage of violent incidents where there are correspondingly high concentrations of people who are perceived to be dangerous.

Not long afterwards in September 2003, Frank Bruno, the former world heavyweight boxing champion was admitted under a section of the Mental Health Act to a mental health unit in Essex. The Sun newspaper ran a headline titled 'Bonkers Bruno Locked Up'. Such unsympathetic and stigmatising language provoked sufficient outcry that the Sun later changed the second edition headline to 'Sad Bruno in Mental Health Home' and decided to set up its own charity for people with mental health problems, initiating a donation of £10,000.

The media is frequently cited as a common source of information for the general public on mental illness, yet its coverage of people with mental illness (PWMI) remains remarkably consistent, conjuring stereotypical images of the violent, unkempt, dangerous, unpredictable 'others' who remain incomprehensible, incurable and a burden on society (Secker & Platt, 1996, Sieff, 2003, Cross, 2004, Harper, 2005). The historical reasons for the widespread stigmatisation of PWMI are well-established: they include fear of the unknown, the tendency to attack, ridicule or laugh at what we don't understand (RCP, 2000), the need to create social and psychological distance between ourselves and that which we fear (Gilman, 1982 cited in Cross, 2004), especially in light of deinstitutionalisation where the boundaries between the 'mad' and 'non-mad' are no longer obvious. The origins of the negative portrayals of PWMI date back centuries and can be found in ancient Greek texts, when 'madness' was believed to take on a clear visual form ('madness is as madness looks'; Porter, 1991, 2002 cited in Cross, 2004). Such deep-seated public attitudes towards PWMI can be traced to children's exposure to media stereotypes (Wahl, 2003).

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Yet, these unfavourable and hopeless depictions of PWMI are largely false, as many studies support the reality of PWMI's contribution to violence as low (Hafner & Boker, 1973, Taylor & Gunn, 1999; Walsh & Fahy, 2002 cited in Harper, 2005). In fact people with mental illness are far more likely to be victims of crime (Walsh et al, 2003).

In this article, we discuss the nature, role and forms of media and its complex relationship with mental illness, provide a rationale for re-examining this relationship, and offer recommendations for offering more balanced, health-promoting portrayal of PWMI within the media.

But first, perhaps, we should ask why it is important that this relationship be examined at all? Apart from any moral objections, why should policy-makers be concerned about the generally negative media portrayal of PWMI? And what makes this issue a political one? The reasons for re-examining this issue are multiple and significant. The costs of mental illness to the NHS are staggering and have been estimated at £21 billion a year. Lord Layard, an economist and professor at the London School of Economics whose influence will shape the NHS's response to mental wellbeing, recently described mental health as "our biggest social problem - even bigger than unemployment and bigger than poverty". In the UK, an estimated 91 million working days are lost annually to mental distress (O'Hara, 2005). Schizophrenia has been widely hailed as the most expensive illness that exists, given its tendency to strike in young adulthood, its frequently devastating and unremitting course, and the huge stigma and misunderstanding that surrounds it (Lalani, 1996; Social Exclusion Unit Report, 2004). The personal and social costs of mental illness, both to the individual and their families are less easy to measure but just as real and painful (Lalani, 1996; Jones, 2001).

So on an epidemiological level, mental illness, including schizophrenia, represents a major public health concern, mainly because of its chronicity. The lifetime risk for schizophrenia (which does not vary much between societies) is one percent of the general population. This represents a significant number of people who will need treatment and who may be stigmatised. Schizophrenia usually appears in the early twenties and may be present for fifty years or more.

The tendency of the media to present negative portrayals of PWMI undermine efforts put forward in the Care in the Community Act (1990) to re-integrate them back into the 'community', leading to a higher risk of relapse and the 'revolving door' syndrome. The negative effects of the media can undermine health promotion efforts, also aimed at improving the quality of life for PWMI through the latter's experience of social exclusion from others (Secker & Platt, 1996). Finally, stigmatisation can delay help-seeking for PWMI, thus increasing the risks of further severity of the illness and pushing up the risk of suicide, itself associated with depression (Wilkinson, 1994 cited in Secker & Platt, 1996). This issue is a political one because the media's influence both shapes and reflects our values, which in turn has consequences for resource distribution and ultimately for the health and wellbeing of all those affected by mental illness.

The overall relationship, then, between the media and the mentally ill is not in dispute: it is one of sensationalism, exaggeration and fear mongering. But, is this universally true of all types of media? The media, by definition, covers a range of different and varying processes, which serve different functions and appeal to different audiences, and includes a wide range of formats from television news, documentaries, entertainment programming, films, newspapers (Sieff, 2003) to novels and cartoons (Wahl, 1995 cited in Harper, 2005). Henderson (1996) argues that the use of the media in its global sense is unhelpful, obscuring the differences between the various different formats the media occupies, which have important implications for issues relating to accuracy and complexity. Harper (2005) concords with this view, arguing that an over-generalised view of the different formats the media takes leads to a limited (and inaccurate) view of the role of the media, and the audience's expectations of it. The relationship between the media and public health has been described as ambivalent, contradictory and uneven (e.g. Naidoo & Wills, 2000). In a culture of sound bites, quick fixes and ever-increasing demands on people's time, the media is in the process of 'selling' stories rapidly, succinctly and in an interesting way. However, mental health, like public health more broadly, is multi-dimensional and complex and therefore requires depth and critical analysis to render its complexity justice. This can make it awkward to fit into a snappy, concise and exciting media framework which some media formats demand. The 'uneven' relationship between the media and public health refers to the need for public health – and mental health campaigners – to win over the media more than the other way round; in other words, it has been argued that public health needs the media more than the reverse, and the same could be applied to mental health (Atkins & Wallack, 1990).

Moreover, those involved in the business of media have multiple interests to consider, in particular the need to focus on the 'bottom line'. Within television programming, for example, conflicts can arise between the need on the one hand to entertain via the creation of an emotionally appealing narrative or to educate, sometimes perceived as 'lecturing' and therefore a turn-off for the audience. While the two are not necessarily mutually exclusive, the 'ratings versus responsibility' dilemma persists with the former likely to win out over the latter in many televisual formats. The documentary might be considered a more credible source of representation, but even here challenges remain, for example surrounding access and control of psychiatric patients. The medical profession can exert control over who is considered 'appropriate' to interview in an effort to protect PWMI from being (further) exposed to stigma. In addition, the convenience of the hospital as a setting can lead to the erroneous conclusion that this is the appropriate 'home' for PWMI (Henderson, 1996), in itself treating the latter as a single, homogeneous (and incurable) group, reinforcing the notion of 'difference' attached to PWMI.

The article's title raised the question as to whether the media is an agent of social exclusion for PWMI. A more conservative definition of media in the form of televisual media would suggest that this is by and large true. However, this is not universally the case and we concur with Harper (2005) that there is a danger of over-generalising what is a more complex debate. It is not inevitable that the media be used negatively to perpetuate unhelpful stereotypes, or serve to exclude an already widely excluded group. Indeed, the media has been cited as an important partner in the effort to address the stigma and discrimination

experienced by PWMI and to promote the mental wellbeing of the population (DoH, 2002, Friedli, 2002), as identified in standard one of the Mental Health National Services Framework (NSF). Elsewhere, the media's role has been identified and evidence of good practice brought together in the form of 'toolkits' such as the one produced by Mental Health Media, which highlights the importance of large-scale, long-term mass media campaigns conducted alongside more targeted local initiatives (www.openuptoolkit.net/what_works), although there is a need for such campaigns to be thoroughly evaluated.

Cross (2004) argues that more open TV formats can help to cross the increasingly symbolic boundaries that separate 'us' (the 'non-mad') from 'them' (PWMI) rather than merely reproducing and reinforcing the stereotypes in more established guises, but that this openness will remain a challenge in the face of deep-seated historical prejudices. The value placed on research (e.g. as in the British hospital drama, Casualty) where the pressure of deadlines is less intense than for other dramas, the personal experience of mental distress and/or links with mental health organisations by the writers (e.g. as in Takin' Over the Asylum) and support and commitment from those 'at the top' of the hierarchy are all key influential factors that can help to promote balanced and accurate portrayals of mental illness. There is a role here for mental health service users too but this will require them to become better acquainted with the negotiating processes involved in media production and to present alternative (more hopeful) representations of their experiences (Henderson, 1996).

There exist opportunities for people working in public health and health promotion to develop political advocacy skills both for PWMI and with mental health professionals, to challenge the power relations involved the professional-patient dynamic, and to develop a more sophisticated understanding of the processes – and dilemmas - involved in media production. While journalists and broadcasters are professionally bound by their codes of practice to be accurate and unbiased in their reporting (Secker & Platt, 1996), the multiple and frequently conflicting needs and priorities involved in the production process (Henderson, 1996) can render this obligation challenging.   There are no simple solutions here. As Sayce (2000) argues, dismantling discrimination is a complex and multifaceted business, which cannot be left to one group or one form of intervention. Social inclusion draws on but is not restricted to anti-discrimination legislation and negative 'stories' of users will need to be actively challenged but also replaced by more positive experiences that are themselves contextualised in a more accepting social climate.

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