

Newspaper reporting on schizophrenia: A content analysis of five national newspapers at two time points

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Abstract

Aim: This study aimed to assess change in the quality of reporting of schizophrenia in UK national daily newspapers, comparing 1996 with 2005.

Methods: Five newspapers were searched using the PROQUEST database for articles published in 1996 or 2005 which contained the term ‘schizo...’. 1196 articles were identified and rated against indicators of poor quality reporting. Derived from guidelines for media reporting on mental health the indicators were: metaphoric use of schizophrenia terms; use of stigmatising descriptors; use of equating descriptors; not including information putting the risk of violence into perspective in articles about violence; and use of the term ‘release(d)’ in articles about discharge from psychiatric hospital.

Results: More recent year of publication was associated with a decrease in the odds of an article using a schizophrenia term metaphorically by a factor of 0.103 (95% CI 0.014–0.776), but this masked a pattern of decreasing use in broadsheets and increasing use in tabloids. The use of equating descriptors was significantly lower in 2005 in the univariate analysis ($p < 0.001$), but this was no longer significant ($p = 0.558$) when confounding variables were controlled for. There was no significant change in the use of stigmatising descriptors; the non-inclusion of information putting risk of violence into perspective, nor in the use of the term ‘release(d)’.

Conclusions: There is little evidence that the quality of reporting of schizophrenia has changed over time. This suggests a need for the implementation of effective measures to bring newspaper reporting in line with current guidelines.

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1. Introduction

A large body of international research has demonstrated that much of the newspaper coverage of mental

illness is negative or problematic (Lawrie, 2000; Coverdale et al., 2002; Huang and Priebe, 2003; Corrigan et al., 2005). Media coverage on severe mental illness tends to be particularly negative, focusing on high risks of violence and poor mental health services compared with reporting on other mental health conditions (Shift, 2006, p. 20).

There has been much debate about the impact of the media. The traditional conceptualisation of a simple linear relationship between sender–message–receiver

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has been challenged (Hall, 1980; Philo, 1999). However, in a review of qualitative research undertaken by the Glasgow Media Group involving 1500 participants in 250 focus groups it was concluded that there is compelling evidence of media influence (Kitzinger 1999). Quantitative studies have supported the view that the media can have a negative impact on attitudes to people with mental health problems (Angermeyer and Matschinger, 1996; Angermeyer et al., 2005). In addition evidence suggests that newspaper reporting may influence mental health policy in unbalanced ways (Hallam, 2002). Reviewing the evidence on media portrayals of mental illness, Thornicroft (2006, p. 120) concluded that the media is “one of the most potent forces ... in the structural discrimination against people with mental illness”.

Many have highlighted the role of the media in contributing to the stigma experienced by people with mental illness (e.g. Ferriman, 2000). Such stigma may decrease self-esteem and social interaction leading to maladaptive coping styles (Link et al., 1989). Stigmatisation may also lead to disengagement with services or inappropriate levels of dependency on these services (Warner, 1994, pp. 182–187). The behavioural consequence of stigma is discrimination (Thornicroft et al., 2007) which contributes to the low employment rates and social exclusion often experienced by those with serious mental illness (Thornicroft, 2006).

The vast majority of studies on print media reporting of mental illness have been cross-sectional in design, and relatively few have focused specifically on schizophrenia. One pre-post intervention study was found, in which journalists were provided with accurate materials about schizophrenia and were helped to develop more positive stories. This study had mixed findings with an increase in both positive and negative reporting (Stuart, 2003). We did not locate any observational studies examining newspaper reporting on schizophrenia over time.

There are several reasons why there may have been an improvement in print media coverage of schizophrenia in the United Kingdom (UK). During the study period, four sets of guidelines on good reporting practice in relation to mental health were issued (Press Complaints Commission, 1997; Royal College of Psychiatrists, undated; National Union of Journalists, 2004; See Me Campaign, undated). In addition training materials for journalists (Mental Health Media, undated), were developed and disseminated and general anti-stigma campaigns directed at the whole population were introduced (e.g. *Changing Minds*, undated).

In the light of these developments, it was hypothesized that there would be a decrease in the prevalence of

poor quality reporting on schizophrenia in UK national daily newspapers over time when comparing 1996 and 2005.

2. Materials and methods

2.1. Data

PROQUEST, an electronic database of UK newspapers, was searched to identify publications that met the following inclusion criteria: national, daily, non-specialist newspapers with full-text articles available for the 2 years of interest: 1996 (the first year in which PROQUEST contained a significant amount of full-text material) and 2005 (the most recent complete year at the time of the analysis). Five newspapers met the inclusion criteria: two popular tabloids (‘The Daily Mirror’ and ‘The Sun’) and three quality, traditionally broadsheet, newspapers (‘The Times’, ‘The Guardian’, and ‘The Independent’), with a combined circulation of 6,302,289, 73% of total UK national daily newspaper sales (Magforum, 2007).

A PROQUEST search of these five newspapers for 1996 and 2005 was undertaken using the search term “schizo*” (*=truncation wildcard). This produced 1201 articles, five of which were excluded as the term yielded was not relevant (all being horticultural words). The final sample consisted of 1196 articles containing a term relating to schizophrenia, including medical, lay, metaphoric and slang usage.

2.2. Measures

Indicators of poor quality reporting were derived from the National Union of Journalists guidelines for reporting on mental health (National Union of Journalists, 2004). These indicators were:

1. metaphoric use of schizophrenia terms, e.g. ‘the team played schizophrenically’, ‘his performance was schizophrenic’. Such usage is deemed problematic by the guidelines because it is typically used to infer an unpredictable switching between opposites or a “split personality”, fuelling common misconceptions about schizophrenia;
2. use of stigmatising descriptors, defined here as negative adjectives, other than medical or legalistic ones, e.g. ‘madman’, ‘maniac’, ‘nutter’, used to describe individuals with schizophrenia;
3. use of equating descriptors e.g. ‘a schizophrenic’ or ‘schizophrenic followed by a person’s name’ in articles involving people with schizophrenia, as this linguistically equates the person with the disorder;

4. not including information putting the risk of violence into perspective in those articles reporting a violent incident perpetrated by a person with schizophrenia;
5. use of the term ‘release(d)’ in articles referring to discharge from psychiatric hospital, as the guidelines argue the term is more appropriate for leaving prison than hospital.

2.3. Analysis

Data were analysed using SPSS v. 10. Initially univariate analyses (chi square tests) were undertaken. In addition, logistic regression was performed for the first three indicators to control for the potential confounding effects of variables other than the year of publication. The Enter method was used with the indicator of poor quality reporting as the dependent variable, and year (1996 or 2005), type of publication (tabloid or broadsheet), and their interaction entered as independent variables. For the second and third indicators, whether the article referred to violence by a person with schizophrenia, and interactions with this variable, were included as further independent variables. Logistic regression was inappropriate for the fourth indicator due to the low proportion of one of the outcome categories (2%, 5/265), and for the fifth indicator due to the small denominator ($n=77$).

3. Results

The articles that contained terms relating to schizophrenia included news (423), feature (367), entertainment (197), opinion (73), business (72), and sport (25) articles, letters (20) and obituaries (17).

The main findings are shown in Table 1, which illustrates that overall there was little evidence that the

quality of reporting of schizophrenia has changed over time.

For both years combined, 23% (276/1196) of the articles used the schizophrenia term in a metaphoric sense. We noted that the metaphors were most often used to infer a ‘multiple personality’ or an unpredictable switching of opposites, but also sometimes to infer being evil or zany. More recent year of publication was associated with a decrease in the odds of an article using a schizophrenia term metaphorically by a factor of 0.103 (95% CI 0.014–0.776). However, there was also a significant interaction of year by type of publication for this indicator (odds ratio 4.340, 95% CI 1.529–12.317). Univariate analysis revealed that whilst there was a reduction in metaphoric usage in broadsheet newspapers from 32% (153/477) to 20% (92/469), there was increased usage in tabloid newspapers from 7% (5/71) in 1996 to 15% (26/179) in 2005. The difference between tabloids and broadsheets was highly significant in 1996 (chi square=18.874, $p<0.001$), but was no longer significant in 2005 (chi square=2.255, $p=0.133$).

Overall 14% (83/608) of articles referring to individuals with schizophrenia used one or more stigmatising descriptor. There was no significant association between the year of publication and the use of stigmatising descriptors. Use of stigmatising descriptors was more common in tabloid than broadsheet articles (35%, 61/177 vs. 5%, 22/431, chi square=91.748, $p<0.001$) and in articles reporting violence (28%, 68/243 vs. 4%, 15/354, chi square=67.879, $p<0.001$). Twenty three different terms were used, the most common being ‘mad/madman’ ($n=30$ articles); ‘maniac’ (25); ‘crazy/crazed’ (17); ‘monster’ (8); ‘nut/nutter’ (8); ‘psycho’ (8); and ‘schizo’ (7). In 48% (40/83) of the articles the stigmatising descriptor appears in the headline; in 13% (11/83) in the

Table 1
Association between year of publication and quality of reporting on schizophrenia

| Indicators of poor quality reporting | 1996 % (proportion) | 2005 % (proportion) | Chi square (df=1) | p | Odds ratio (95% CI) for year of publication ^a | p |
|---|------------------------|------------------------|----------------------|--------------------|---|-------|
| Schizophrenia term used metaphorically | 29% (158/548) | 18% (118/648) | 18.872 | <0.001 | 0.103 (0.014–0.776) | 0.027 |
| Stigmatising descriptor used in article about person with schizophrenia | 14% (38/280) | 14% (45/328) | 0.003 | 0.958 | 0.195 (0.026–1.487) | 0.115 |
| Equating descriptor used in article about person with schizophrenia | 78% (219/280) | 53% (173/328) | 42.783 | <0.001 | 0.425 (0.024–7.474) | 0.558 |
| No information included putting risk of violence into perspective in article about violence | 97% (142/146) | 99% (118/119) | 1.278 | 0.383 ^b | N/A | N/A |
| Use of term ‘release(d)’ in article about hospital discharge | 67% (36/54) | 78% (18/23) | 1.035 | 0.309 | N/A | N/A |

^a From logistic regression for association between year of publication and indicator of poor quality reporting after controlling for potential confounders.

^b Fisher’s exact probability.

caption and in 78% (65/83) in the text (note: percentages are greater than 100% due to the descriptors being used in more than one part of the articles).

Combining both years, 64% (392/608) of the articles referring to people with schizophrenia used equating descriptors. The use of equating descriptors was significantly lower in 2005 compared to 1996 in the univariate analysis ($p < 0.001$). However, when the potentially confounding variables (the type of publication, an article reporting violence, and interactions) were controlled for in the logistic regression the association between year of publication and use of equating descriptors was no longer significant ($p = 0.558$). Equating descriptors were used as frequently in tabloids as in broadsheets (67%, 118/177 vs. 64%, 274/431, chi square = 0.524, $p = 0.469$), but were significantly more common in articles about violence (75%, 183/243 vs. 57%, 201/354, chi square = 21.556, $df = 1$, $p < 0.001$). The most common alternatives to equating descriptors were: ‘suffers from schizophrenia’ (75) and ‘diagnosed with schizophrenia / diagnosed as schizophrenic’ (42).

Of all the articles referring to violence by a person with schizophrenia, 2% (5/265) gave some information putting the risk of violence into perspective. Four of these articles appeared in 1996 and one in 2005, and there was no significant difference between the 2 years ($p = 0.383$). There were significantly more articles about violence by an individual with schizophrenia in tabloids than in broadsheets (62% 106/172 vs. 32% 137/425, chi square = 43.829, $p < 0.001$). All of the articles putting the risk of violence into perspective appeared in broadsheet newspapers.

Overall 70% (54/77) of articles about hospital discharge used the term ‘release(d)’. There was no significant change in the frequency of the use of this term when comparing 1996 with 2005 ($p = 0.309$). Tabloids and broadsheets did not differ significantly in how often they used the term ‘release(d)’ when referring to hospital discharge (80%, 20/50 vs. 65%, 35/52, chi square = 1.722, $p = 0.189$).

Although small expected cell frequencies precluded formal testing, the prevalence of poor reporting appeared to vary by type of article and type of indicator. Stigmatising descriptors were used most frequently in news (64) and feature (12) articles. Equating descriptors appeared most often in news (209), feature (94) and entertainment (60) articles. Schizophrenia-related metaphors were used most often in feature (119), entertainment (77), opinion (22) and sports (22) articles.

4. Discussion

The main findings, shown in Table 1, suggest that poor reporting, as measured by guideline-derived

indicators, was similar in 1996 compared with 2005. The only significant differences were firstly, a decrease in the metaphoric use of schizophrenia, but the interaction indicated decreasing use in broadsheets and increasing use in tabloids; and secondly a reduction in the use of equating descriptors, an effect which disappeared after the potentially confounding effects of publication type and reported violence were controlled for.

For both years combined, nearly a quarter of the articles used the schizophrenia term metaphorically. Other studies have reported figures of 31% (Hoffman-Richter et al., 1998) and 28% (Duckworth et al., 2003) for metaphoric usage of the term in print media. This usage may contribute to misconceptions that schizophrenia is primarily a condition involving a “split” or multiple personality, which was the dominant understanding of the term in a German survey of both the general population and of medical students (Holzinger et al., 1998). We noted that the term schizophrenia can have other metaphoric meanings and suggest that future qualitative research might usefully explore the metaphoric ways the term is used.

We found that overall around one in seven articles about a person with schizophrenia used a stigmatising descriptor, and that this was particularly true for tabloid articles and those about violence. Other studies have also reported high levels of stigmatising terms in tabloids (Ward, 1997). Although some in the service user movement have started to ‘reclaim’ words such as ‘mad’, seeing it as a more positive way to refer to themselves than by using a psychiatric diagnosis, none of the examples in our survey used the terms in this way. When stigmatising words were used they appeared in the headline in nearly half of these articles suggesting that these words are likely to have an undue prominence.

It was common for people with schizophrenia to be referred to with equating descriptors such as ‘a schizophrenic’, with two thirds of the articles about people with schizophrenia using these terms. Equating descriptors are also used in relation to physical illness, but this may happen less frequently. For example a study of US newspaper coverage of epilepsy found that 45% of articles used the term ‘epileptics’ (Krauss et al., 2000). It is interesting to note that the most common alternative to equating descriptors in our study was ‘suffers from schizophrenia’ / is a ‘sufferer’, a terminology which is sometimes considered inappropriate due to the connotation of victimhood (Byrne, 2000; See Me Campaign, undated). The difference between the univariate and multivariate findings for this variable highlights the importance of controlling for the type of

publication, reported violence and interactions within print media research on mental health.

Although a total of 265 articles made some mention of a violent incident perpetrated by a person with schizophrenia, only five of these articles put the risk of violence by people with mental health problems into perspective. People with schizophrenia are commonly perceived as dangerous and unpredictable (Crisp et al., 2000), and the lack of newspaper information putting risks into perspective may perpetuate these perceptions. Furthermore, research on the reporting of all types of homicide shows that homicides involving strangers and those with multiple victims receive more coverage (Sorenson and Peterson, 1998), which is likely to further contribute to inaccurate perceptions of risk. The fact that perspective information was so rarely included meant that few statistical inferences could be made, and suggests that this indicator is of limited use in research.

The term ‘release(d)’ was used in the majority (70%, 54/77) of articles about hospital discharge. As relatively few articles covered hospital discharge, numbers were not sufficient for multivariate analysis, which limits the usefulness of this indicator of poor reporting. Another consideration is that in situations where individuals are legally detained in hospital the term released might not be altogether inappropriate.

It is interesting to note that for two of the variables—not including information on the risk of violence, and the use of the term ‘release(d)’—there was a (non-significant) increase in the percentage of articles with poor reporting, but a decrease in the absolute numbers of such articles. It is likely that newspaper readers’ perceptions could be influenced by both the percentage and absolute number of articles with poor reporting.

Although it might be expected that reporting would be of a higher quality in broadsheet newspapers for all of the indicators examined, the pattern of findings was more complex. The tabloids were much more likely to use stigmatising descriptors and to contain articles reporting violence by individuals with schizophrenia, none of which put the risk of violence into perspective. Overall broadsheets were more likely to use the term schizophrenia metaphorically, but there was a converging pattern over time, with no statistically significant difference in 2005. The broadsheets were no less likely to use equating descriptors nor to use the term ‘release (d)’. All of the articles putting violence into perspective appeared in broadsheets, however these were a very small minority of all articles reporting violence.

A major strength of this research is that it appears to be the first quantitative observational study on the quality of reporting on schizophrenia over time.

Furthermore, the first three indicators operationalized for this study—metaphoric use, stigmatising descriptors and equating descriptors—can be recommended for use in future research.

Four of the indicators focus on specific aspects of language, and one (putting violence into perspective) focuses on the message contained within the article. However language is important in that its structure channels individuals’ mental experiences of the world (Fowler, 1991, p. 4).

It is a limitation of the study that the indicators were derived from one set of guidelines since, although the existing sets of guidelines are similar, they are not identical. We did not assess the tone of articles, the images used, or the category of person cited in the articles. As a quantitative study it lacks the richness and breadth of understanding that can be provided by qualitative research. As only two time points were studied, inferences cannot be made about longitudinal trends. It is possible that there was something specific about these particular years that may have influenced the findings, although some potential confounders were controlled for. Finally no mid-market (less sensationalist) tabloids were included.

The implications of this work are that there is a clear need for effective measures to be implemented to bring newspaper reporting in line with current journalistic guidelines. The current evidence is very limited and cannot tell us which measures are most likely to be effective. Strategies suggested include: issuing more accessible, pragmatic and concise guidelines; providing positive stories on serious mental health problems, speakers bureaux to train and support people with mental health problems to be spokespeople; providing context in public statements relating to mental health and violence; monitoring coverage of mental health issues (Shift, 2006, p. 38); awards for excellence in mental health media coverage (Mental Health Media, undated); and programs to coordinate complaints about poor quality reporting (National Mental Health Association, undated). Having reviewed the literature on what works to reduce stigma and discrimination, Thornicroft (2006, p. 238) states that the most promising approaches are those involving direct social contact with people with mental health problems, and those using a social model referring to human rights, social inclusion and citizenship. Future studies with intervention designs are needed to elucidate the most effective strategies for achieving better reporting on schizophrenia. The study finding that poor reporting cuts across several types of articles including entertainment and sports suggests that measures should not be directed solely at news

journalists. The findings that poor quality reporting was not confined to tabloid newspapers indicates that interventions need to be directed at both tabloid and broadsheet newspapers, and the disproportionate use of stigmatising descriptors in headlines and picture captions demonstrates the need for interventions for editors as well as journalists. The relative lack of change over time suggests that measures need to be more intensive than those implemented in the UK to date.

Finally, this study serves to remind clinicians that there continues to be a significant amount of negative reporting on schizophrenia which may have an adverse impact on their patients both directly and indirectly.

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The sole role of the funding source was to fund Sarah Clement's time in undertaking this study.

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Conflict of Interest

No known conflict of interest.

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