

# Stigmatisation or Destigmatisation? An Analysis of Newspapers Reporting on Mental Health Problems in Malaysia

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Mental health has emerged as an international priority to secure health, well-being and human development. Media are important sources of health information, and this gives media a powerful voice in contributing to the creation, perpetuation, evolution and/or attenuation of stigma towards mental illness. Through employing stigmatisation as the theoretical framework and qualitative content analysis as the research method, this study examined the coverage of mental health problems during the Covid-19 pandemic by Malaysian legacy and online newspapers. Six dimensions of stigma (concealability, origin, course, disruptiveness, aesthetics and peril) were examined and it was found that individual level of origin and peril were the most prominent dimensions of stigma found in the reporting. In addition, the newspapers focused on promoting mental health awareness and literacy in their destigmatisation effort, while reflecting either a positive or neutral valence in their coverage. The implications of the findings were discussed with regard to the role of media in reporting mental health problems and destigmatisation of mental illness.

**Keywords:** mental health, mental disorder, mental illness, stigmatisation, destigmatisation

## Introduction

A wealth of scholarly research on stigma was inspired by Erving Goffman's (1963) book entitled *Stigma. Notes on the Management of Spoiled Identity* (LINK-PHELAN 2001). Originally, the term "stigma" came from the Greeks, it refers to signs (e.g. branding, tattooing, cutting) that were burned, marked or cut into the body to identify a blemished or ritually polluted person. The bearers of stigma were usually slaves, criminals

or traitors, who were believed to be “not quite human” and should be “avoided in public places” and “disqualified from full social acceptance” (GOFFMAN 2006: 131).

Essentially, stigma is an ideology used to assert the inferiority of the stigmatised and justify the danger he/she represents. Notably, stigmatisation is a common phenomenon discussed in the mental health literature (RAMLI et al. 2017). While various stakeholders have tried to challenge the stigmatisation by stating that mental disorder is like any other health problem and that it could affect anyone (PARROTT et al. 2020), stigmatisation is “more debilitating and more difficult to overcome than mental illness itself” (DAY et al. 2007: 2191).

Media are important sources of health information, and this gives media a powerful voice in contributing to the creation, perpetuation, evolution and/or attenuation of stigma towards mental illness. Myrick and Pavelko (2017) asserted that media and stigma are so intertwined that researchers have examined newspapers articles as a measure of structural stigma in society. Previous studies also found that the media have often portrayed mental disorder rather negatively (e.g. ELZAMZAMY–WADDOO 2020; WAHL 2003; ZUCKER 2019). Mental illness is often associated with violence, crimes, dangerousness, instability, irresponsibility, untrustworthiness, etc.

Public attitudes toward mental health problems are relevant to the social, psychological, physical and economic well-being of those affected by the condition. Hanafiah and Van Bortel (2015) pointed out that in Malaysia, schizophrenia carries the most stigma and receives the most discrimination, followed by bipolar disorder and depression. Furthermore, individuals living with mental illness in Malaysia reported an adverse impact of stigmatisation on their lives, including financial independence, social relationships and employment. Those who were employed have also reported experiencing exploitation at the workplace.

Zucker (2019) highlighted that responsible reporting of mental illness could contribute to the destigmatisation of the public health issue, and cultivate a society that would respect, protect and fulfil the rights of the vulnerable group. However, studies examining how Malaysian media report about mental health problems is limited (e.g. BAHARUDDIN–HAMID 2014; RAZALI–SANIP 2018). Furthermore, none of the previous research employed stigmatisation as the theoretical framework. In addition, scholars also warned that mental disorder is expected to be the second most common health problem affecting Malaysians after heart diseases by 2020 (CHONG et al. 2013).

This study aimed to examine the coverage of mental health problems by Malaysian legacy newspapers, which are published in Malay, Chinese and English language. The study also analysed an online-only newspaper in Malaysia. Specifically, it asked the following research questions:

RQ1: What is the stigmatising portrayal of mental health problems found in the reporting by Malaysian newspapers?

RQ2: What is the destigmatising portrayal of mental health problems found in the reporting by Malaysian newspapers?

RQ3: What is the valence of coverage on mental health problems reported by Malaysian newspapers?

## Stigmatisation

Goffman (1963) explicated that stigma is a response to an undesired difference, while outlining three types of stigma. First, there are abominations of the body, which usually refer to various physical disabilities. Second, there are blemishes of individual characters including weak will, domineering passions, treacherous and rigid beliefs. It was mentioned that mental disorder, imprisonment, addiction, homosexuality, unemployment, radical political behaviour, etc. fall under this category. Third, there are the tribal stigma of race, nation and religion. Expanding on Goffman's work, Jones et al. (1984) identified six dimensions of stigma: 1. concealability; 2. origin; 3. course; 4. disruptive-ness; 5. aesthetics and 6. peril.

The following section presents previous studies conducted in both media and other disciplines that are related to the six dimensions of mental illness stigma. This is to offer an enriched context for the public health problem because mental disorder is also a multidisciplinary concern. Additionally, this study used a directed approach to qualitative content analysis, in which existing theory and prior studies on the topic are essential in helping to establish the coding scheme. Therefore, a review of the related literature is also important for a directed coding application.

### Six dimensions of stigma

The concealability component describes how detectable a characteristic is. The visibility of mental health problems ranges from undetectable to highly noticeable, depending on the type of disorder, its severity and treatment status (DAY et al. 2007). Individuals living with mental illness will usually conceal their condition to avoid prejudice and discrimination (JONES et al. 1984). Additionally, people with manageable mental disorder have more personal agency about whether and to whom to reveal their condition, how much information to provide, and what timing should be used for any disclosure (MYRICK-PAVELKO 2017).

Nevertheless, Henderson and Hilton (2018) addressed that there are negative consequences to concealing having mental illness. It deters people from obtaining useful information about the condition, while leading to treatment avoidance, increase dropout from treatment, reduce treatment adherence, self-stigmatisation and social isolation.

Origin refers to how the stigmatising condition came into being. Specifically, it is concerned with the extent to which the stigmatised person's behaviour may have caused the problem (LINK-PHELAN 2013). According to Carod-Artal (2017), the determinants of mental illness can be divided to micro- and macro-level. At the micro-level, individual characteristics (e.g. personality, disposition, beliefs, etc.) as well as genetic and other biological factors have been identified as causes of mental illness. At the macro- or societal level, social, economic, cultural and political factors play an important role in affecting people's mental health.

Notably, scholars addressed that individual responsibility for mental health have been emphasised much more than societal level responsibility (HSIEH et al. 2021;

TEMMANN 2021). Vishwanath (2014) also stated that behaviours that were thought to be within the control of individuals were more prone to being stigmatised, and such beliefs were founded in individualist cultures, whereby traditional conservative values of self-determination, internal control and self-discipline were emphasised.

The “just world” hypothesis (LERNER 1965) and meritocratic worldviews hold that individuals are personally responsible for the outcomes they experience. People might believe that individuals who experience significant life problems must have a character flaw. Consequently, these worldviews could lead to self and public stigmatisation towards mental illness (RÜSCH et al. 2010). In contrast, Carod-Artal (2017) asserted that the determinants of mental health include not only personal attributes such as the ability to manage one’s emotions, thoughts, behaviour and interactions with others, but also consist of social, economic, cultural, political and environmental factors such as national policies, social protection, living standards, working conditions, as well as family and community social support. Therefore, scholars advocated that the society should have a broader understanding about mental health, and understand that individuals with mental illness do not deserve what they get (HSIEH et al. 2021; TEMMANN 2021). Significantly, through stressing public health as social justice, Dorfman and Krasnow (2014) also argued that when public health practitioners acknowledge that personal behaviour is only part of what determines health status, they must contend with the physical, social and political environments surrounding individuals. The authors also called for media advocacy to apply social justice values to address the social determinants of health.

Myrick and Pavelko (2017) found that episodic frames were dominant in the news coverage of mental illness, in which personal story was featured and individuals were blamed for their own situation. The authors also revealed that thematic framing was rarely used to situate mental disorder as a societal issue. In addition, research showed that individualising health responsibilities could lead to negative public opinion, as well as eroding social support for policy to address the public health problem (TEMMANN 2021).

The course dimension refers to how the stigmatised condition will develop over time. It is also related to the likelihood for people with mental illness to recover and benefit from treatment (JONES et al. 1984). Research showed that users of mental health services found it particularly demoralising when a mental health professional informed them that they have a chronic, debilitating condition that will interfere with their education, capacity to work and ability to form a family (LINK-PHELAN 2013).

The disruptiveness aspect indicates the extent to which the stigmatised condition interferes in interpersonal interaction and communication, hence adding difficulty to social life. Pachankis et al. (2018) explained that most people are uncertain about how to interact with individuals with mental disorder because they lack knowledge and experience with the health condition. Therefore, Link and Phelan (2013) suggested that disruptiveness could be avoided if a mental health problem is successfully concealed.

According to Hanafiah and Van Bortel (2015), the four main groups of people who discriminated most against the mentally ill were family, friends, employers and health-care professionals. Nevertheless, it is also noteworthy that some studies reported that

healthcare professionals were also victims of stigma due to their role and association in mental health services (HANSSON 2017).

Historically, people with mental disorder have been an embarrassment to the family, hence it is not uncommon that they were locked by their families in basements, dungeons, prisons or hospitals and institutions (DĄBROWSKA-WIECZOREK 2020). Tso and Park (2020) also found that in Chinese societies, cultural, philosophical and religious values contributed to severe forms of stigma and face loss experienced by families of the mentally ill. Consequently, these caused families to abandon mentally ill individuals.

According to Hidayat et al. (2020), the culture in Indonesia also perceive mental disorder as shameful. *Pasung* is the term used in the country to describe the method used by families to isolate and restrain people who are severely mentally ill and considered a danger to themselves or others. Although *pasung* has been banned since 1977 because it is a violation of human rights, the method continues to be used in areas with limited mental health services. Hidayat et al. (2020) also explained that *pasung* involves the use of chain shackles, rope or wooden stocks. The mentally ill are usually locked in cages and hidden spaces located at a distance from the community or in a separate hut.

Aesthetics refers to the extent to which a stigmatised condition elicits an instinctive and affective reaction of disgust (LINK-PHELAN 2013). The aesthetic aspect of the mentally ill is usually not obvious. However, when an individual with mental health problem is homeless, or when his/her condition deteriorates together with hygiene and self-care, the aesthetic characteristic (e.g. odour, appearance, clothing, etc.) could be salient, and hence evoking negative reaction from others.

The peril component is also known as dangerousness; it is related to the harm inflicted on oneself or others by the mentally ill (JONES et al. 1984). Foster and O’Mealey (2021) stressed that the peril dimension is a prominent predictor of stigmatising attitudes and desire for social distance from people with mental disorder, especially for those who develop psychosis.

Although only a small percentage of people with mental illness are connected to violent crimes, the media are more likely to report such news in headlines (O’BRIEN 2020). In addition, McGinty et al. (2014) found that news coverage in the U.S. tend to emphasise the strong association between mass shootings and serious mental illness. The cause of gun violence was often attributed to “dangerous people” rather than “dangerous weapons” (MCGINTY et al. 2014: 406).

## Method

The newspapers chosen for this study were *Harian Metro* (Malay), *Sin Chew Daily* (Chinese), *The Star* (English) and *Malaysiakini* (online-only). The first three are legacy newspapers, and they enjoy the highest circulation within their respective language stream (AdQrate 2020). According to the statistics released by AdQrate, the 2020 daily circulation of the legacy newspapers is 149,253 (*Harian Metro*), 338,568 (*Sin Chew Daily*) and 248,559 (*The Star*). Although the legacy newspapers also publish online, their digital content is almost identical to the print version.

*Malaysiakini* is one of the most respected and successful online news portals in the country (MURUDI–TING 2019). According to SimilarWeb (2020), *Malaysiakini* has 2.5 million readers per day on desktop and mobile devices. Although the online news portal offers sections in English, Malay, Chinese and Tamil language, this study only focused on the English section because other sections contain mainly translations of major English language stories.

This study employed qualitative content analysis (QCA) as the research method. QCA is divided into conventional (inductive), directed (deductive) and summative methods (HSIEH–SHANNON 2005; MAYRING 2020). The directed approach is guided by existing theory or prior research. Notably, the theory or literature help to identify the key concepts, formulate the research questions, provide predictions about the variables of interest or about the relationships among variables, as well as helping to determine the initial coding scheme (ASSARROUDI et al. 2018). The goal of a directed approach is to validate or extend a theoretical framework. The evidence can be presented by showing codes with exemplars and by offering descriptive evidence (HSIEH–SHANNON 2005). This study chose a directed approach because stigmatisation was used as the theoretical framework, and the coding scheme was developed based on the theory.

According to Dunn (2022), both nominal and ordinal qualitative data can be numerically summarised by counting the number of observations or computing the percentages in each level because these statistics help the researcher to better understand the data. Furthermore, findings recorded in both frequency and percentage could be presented in visualisable representation such as graphs, tables and charts. Additionally, in their discussion on using tables to enhance trustworthiness in qualitative research, Cloutier and Ravasi (2021: 122) stated that researchers could create a table known as “cross-case comparative table” or “co-occurrence table” to present the findings. This table would be useful to show whether and how frequently different features of cases tend to co-occur, by ordering them in a way that visually demonstrates patterns in the distribution of these features. Cloutier and Ravasi (2021) also explained that these tables often employ frequency counts or summary qualitative descriptions of observations. Significantly, the authors claimed that these tables can be considered the visual equivalent of a correlation table for quantitative researchers. The current study also used frequency and percentage to summarise and compare the data in tables.

In addition, this study employed purposive sampling, which is also the most commonly used sampling method in qualitative content analysis (ELO et al. 2014). In qualitative studies, the researcher is interested in informants/documents that have the best knowledge/information concerning the research topic (RUBIN 2021). Since this study aimed to examine the coverage of mental health problems by Malaysian newspapers, the keywords used for search in the newspapers online archives were “mental disorder”, “mental health” and variations of the terms (e.g. “mental illness”, “psychological problem”, etc.), which were found within headlines or body text of the articles. The articles were drawn from the time frame of 1 January to 31 December 2020, which coincided with the Covid-19 pandemic. Data collection started in March 2021, spanning across a period of three months.

This study collected 519 articles from the four newspapers as indicated in Table 1 and 2. The unit of analysis was the article, which included straight news, editorial, column articles, feature articles, letters and advice columns.

Table 1: Number of articles reporting mental health problems

NEWSPAPERS	NUMBER OF ARTICLES
<i>Harian Metro</i>	49
<i>Sin Chew Daily</i>	209
<i>The Star</i>	219
<i>Malaysiakini</i>	42

Source: Compiled by the author.

Table 2: Types of articles reporting mental health problems

Types of Articles	Harian Metro (n = 49)	Sin Chew Daily (n = 209)	The Star (n = 219)	Malaysiakini (n = 42)
Straight news	33	116	147	290
Editorial	0	0	0	0
Column articles	10	61	26	4
Feature articles	5	20	16	0
Letters	0	0	25	9
Advice columns	1	12	5	0

Source: Compiled by the author.

Appendix A records the operational definitions for the coding categories of the three research questions investigated in this study. RQ1 asks: “What is the stigmatising portrayal of mental health problems found in the reporting by Malaysian newspapers?” The stigma of mental health problems was examined from six aspects according to the dimensions outlined by Jones et al. (1984), namely 1. concealability; 2. origin; 3. course; 4. disruptiveness; 5. aesthetics; and 6. peril. An article could contain more than one dimension of stigma, and all of them were coded accordingly.

RQ2 asks: “What is the destigmatising portrayal of mental health problems found in the reporting by Malaysian newspapers?” This study employed an inductive approach to develop the coding categories for destigmatisation. After a preliminary examination of the data, the researchers outlined eight coding categories for destigmatisation (see Appendix A). An article could contain more than one category of destigmatisation, or contain both stigmatisation and destigmatisation statements, they were all coded accordingly.

RQ3 asks: “What is the valence of coverage on mental health problems reported by Malaysian newspapers?” Valence refers to the attitude expressed towards individuals with mental health problems. This study used the categories of supportive, critical and

neutral for the coding of valence (see Appendix A), and only the most dominant valence found within the articles were coded.

The 519 articles collected from the four newspapers were analysed using Excel. Descriptive statistics such as frequencies and percentages were used to report the data. To ensure the reliability of this study, a communication graduate was chosen as the second coder. During the training session, the author (who was also the first coder) and the second coder coded 50 articles that were chosen randomly from the sample. Disagreements were analysed and some additional explanations were included to the coding instruction in the code book. Wimmer and Dominick (2014) suggested that between 10% and 25% of the body of content should be tested for inter-coder reliability. Therefore, this study randomly selected 10% of the news items, which was equivalent to 52 articles for the calculation of inter-coder reliability. Using Cohen's kappa, the inter-coder reliability was 0.932 (stigma), 0.915 (destigmatisation) and 0.974 (valence).

## Findings

This study found that *The Star* contributed to the highest number of articles (219), followed by *Sin Chew* (209), *Harian Metro* (49) and *Malaysiakini* (42).

### Concealability

As recorded in Table 3, the four newspapers did not mention much about the dimension of concealability. *The Star* had the highest percentage (21.27%) of coverage reporting that the symptoms of mental disorders are obvious, followed by *Sin Chew* (18.66%), *Harian Metro* (12.24%) and *Malaysiakini* (9.52%).

Table 3: Aspects of concealability reported by Malaysian newspapers

Concealability	Harian Metro (n = 49) %	Sin Chew Daily (n = 209) %	The Star (n = 221) %	Malaysiakini (n = 42) %
Obvious	12.24	18.66	21.27	9.52
Non-obvious	0	3.35	6.33	0
Not mentioned	87.76	77.99	72.40	90.48

Source: Compiled by the author.

In its coverage of gaming disorder, *The Star* outlined three obvious signs of gaming addiction, which was advocated by the World Health Organization (WHO). It was also reported that a formal diagnosis of the condition requires the symptoms to persist for at least 12 months (LEE 2020). The signs include:



1. Lack of control over gaming such as time spent on games, how deeply an individual is immersed in it, unwilling/unable to stop a gaming session on his/her own, or use of dishonest means (lying, skipping school) to continue gaming.
2. Gaming becomes the main priority over everything else in real life, e.g. instead of studying for an exam, an individual stays up all night to level up his/her game character. Other daily activities and even personal hygiene may be neglected.
3. Continues to be more involved with gaming despite negative consequences and being reprimanded, which are completely ignored. This can cause significant deterioration of relationships, academic performance and personal hygiene.

### Origin

Table 4 shows that all the newspapers except *Harian Metro* attributed mental health problems more to societal rather than individual level of origin. According to literature review, individual level of attribution tends to lead to stigmatisation, and hence this study found that *Harian Metro* carried the highest percentage of stigmatisation from the dimension of origin (54.42%). This was followed by *Sin Chew* (37.05%), *Malaysiakini* (28.40%) and *The Star* (26.03%).

Table 4: Levels of origin of mental health problems

Origin	Harian Metro (n = 79) %	Sin Chew Daily (n = 421) %	The Star (n = 365) %	Malaysiakini (n = 81) %
Individual	54.42	37.05	26.03	28.40
Societal	45.57	62.95	73.97	71.60

Source: Compiled by the author.

As reflected in Table 5, among the various aspects under individual level of origin, thinking patterns were emphasised the most by *Harian Metro* (30.23%). In addition, *Sin Chew* (19.87%) and *Malaysiakini* (43.48%) highlighted the impact of loneliness. Meanwhile, *The Star* highlighted the most about unfortunate life events (28.42%). The unfortunate life events reported by the four newspapers included grief and loss, divorce, relationship problem, sexual harassment, sexual assault, war, disaster, etc.

*Table 5: Individual level of origin of mental health problems*

Individual level of origin	Harian Metro (n = 43) %	Sin Chew Daily (n = 156) %	The Star (n = 95) %	Malaysiakini (n = 23) %
Genetics, hormonal fluctuations, brain development	9.30	17.31	6.32	0
Thinking patterns	30.23	19.23	6.32	0
Physical illnesses	2.33	3.21	1.05	4.35
Substance abuse	2.33	7.05	20.00	8.70
Excessive and dysfunctional usage of media/Internet	12.33	17.31	13.68	21.74
Loneliness	20.93	19.87	23.16	43.48
Unfortunate life events	14.65	13.46	28.42	13.04
Others	7.90	2.56	1.05	8.70

*Source:* Compiled by the author.

*Malaysiakini* reported that an undergraduate student suffered from depression during the Covid-19 pandemic and lockdown. The student was afraid of being alone, especially in the dark. She also experienced palpitations, breathing difficulties, vomiting and had to sleep for more than 10 hours in order to recover (Bernama 2020).

*Table 6: Society level of origin of mental health problems*

Societal level of origin	Harian Metro (n = 36) %	Sin Chew Daily (n = 265) %	The Star (n = 270) %	Malaysiakini (n = 58) %
Family problems	13.89	14.34	7.78	10.34
School bullying	2.78	1.51	1.85	3.45
Cyberbullying	0	1.13	2.22	5.17
Academic pressure	8.33	10.19	3.33	3.45
Occupational/workplace stress	2.78	12.08	8.52	17.24
Unemployment/economic turmoil/poverty	5.56	14.72	20.37	24.14
Culture and norms	22.22	1.89	1.48	0
Problems within the public health system	0	2.26	6.67	0
Problems in other systems	0	0	7.78	0
Covid-19 pandemic	44.44	39.25	37.04	36.21
Others	0	2.64	2.96	0

*Source:* Compiled by the author.

This study analysed the news articles published in 2020, which was the period of the outbreak of Covid-19. Therefore, the pandemic and the associated measures like lockdowns were attributed by all the four newspapers as the most dominant factor at the societal level for causing mental health problems (see Table 6).

In a letter published by *Malaysiakini*, the author wrote that 35,000 distress calls to the Health Ministry’s Psychological Helpline between March and October 2020 were registered. The author also mentioned that due to Covid-19 and the subsequent lockdown, many Malaysians were losing their jobs, faced pay cuts and immense pressures on meeting monthly bills and providing food for the family. In addition, sole enterprises, small and medium-sized enterprises as well as some big corporations were also facing unprecedented challenges to sustain their businesses. The author condemned that the Malaysian Government was in denial of the detrimental effects of prolonged lockdown. Furthermore, the author criticized that a mere RM24 million was all that could be allocated for mental health needs from the RM322.5 billion of the 2021 Malaysian Government budget (LOVRENCIEAR 2020).

### Course

The majority of the articles published by the four newspapers did not consider course as a dimension in their coverage of mental health problems. Even when mentioned, it was mostly reported that mental health problems were only a temporary condition, in which they were reversible and preventable (see Table 7). Only a small percentage in *The Star* (9.46%) and *Sin Chew* (4.31%) reported that mental health problems are permanent.

Table 7: Aspects of course reported by Malaysian newspapers

Course	Harian Metro (n = 49) %	Sin Chew Daily (n = 209) %	The Star (n = 222) %	Malaysiakini (n = 42) %
Temporary/reversible/preventable	6.12	6.70	15.32	2.38
Permanent	0	4.31	9.46	0
Not mentioned	93.88	89.00	75.23	97.62

Source: Compiled by the author.

In an advice column published by *Sin Chew*, it was reported that mental illness is like any other physical illness (e.g. flu, diabetes, high blood pressure, etc.). The writer of the advice column is a psychologist and she suggested that mental health problems is nothing to be afraid of. She also stressed that the public should know that mental illness can be treated and cured, reversed and the patient can resume normal daily functioning (ZENG 2020).

## Disruptiveness

According to Table 8, most of the coverage by the four newspapers also did not mention the dimension of disruptiveness. When it was reported, *Harian Metro* focused mainly on interference in professional relationship (6.12%). *Sin Chew* and *The Star* reported about interference in family relationship, which accounted for 11.74% and 9.73% respectively. *Malaysiakini* had equal coverage mentioning about interference in family, romantic and professional relationships, which was 2.33% for each category.

Table 8: Aspects of disruptiveness reported by Malaysian newspapers

Disruptiveness	Harian Metro (n = 49) %	Sin Chew Daily (n = 213) %	The Star (n = 226) %	Malaysiakini (n = 43) %
Interfere in family relationship	4.08	11.74	9.73	2.33
Interfere in romantic relationship	0	0.47	0.44	0
Interfere in friendship	0	1.88	2.65	2.33
Interfere in professional relationship	6.12	3.76	8.41	2.33
Not mentioned	89.80	82.16	78.76	93.02

Source: Compiled by the author.

*The Star* reported about a family tragedy that happened in Singapore, in which a 35-year-old woman who was diagnosed with mental disorder refused treatment. Nevertheless, her parents did whatever was necessary to pacify her. It was also reported that the 66-year-old selfless, loving and devoted father and his wife were on the verge of suicide as their daughter became increasingly unreasonable and demanding. In November 2018, the daughter and her father had a confrontation in the kitchen, which ended with the father strangling his daughter. He was sentenced to two years and nine months in jail. A psychiatric assessment found that the father was suffering from a major depressive episode and significant caregiver stress, which substantially impaired his mental responsibility for his acts in killing his daughter (Aseanplus News 2020a).

In addition, *The Star* also published a column article written by a Malaysian professor who suffered from panic disorder. The professor shared that he could not go to work or even leave the house for fear that he might suffer an attack. Furthermore, he could only go to work if his wife came along. Eventually, his wife had to apply for early retirement just to accompany him to his lectures and everywhere else. The professor mentioned that he usually had one public speaking engagement a month but from 2006 to 2008, he refused all invitations and he revealed that panic disorder almost ended his career (RASDI 2020).

## Aesthetics

The aesthetic dimension is another category not highlighted by all the four newspapers. *Sin Chew* had only 0.48% coverage reporting about odour issues, while *The Star* had 0.91% coverage mentioning about the problem of hygiene (see Table 9).

Table 9: Aspects of aesthetics reported by Malaysian newspapers

Aesthetics	Harian Metro (n = 49) %	Sin Chew Daily (n = 209) %	The Star (n = 219) %	Malaysiakini (n = 43) %
Odour	0	0.48	0	0
Hygiene	0	0	0.91	0
Not mentioned	100.00	99.52	99.09	100.00

Source: Compiled by the author.

According to *The Star*, the Covid-19 pandemic and lockdown has exacerbated the problem of *pasung* in Indonesia. This is because the mentally ill's access to medication and treatment had been restricted. Therefore, their families had to chain and lock them up for fears they could harm themselves or others. It was also reported that the mentally ill often defecate and urinate without access to a toilet, with no ventilation aside from a small window to insert food, and extremely limited human contact. As a result, many of those subjected to *pasung* have been found to be undernourished, physically wasted and suffer from a range of untreated health conditions, and sometimes deceased (Aseanplus News 2020b).

## Peril

Although most of the coverage by the four newspapers did not report about the dimension of peril, suicide was their major concern when they did cover about the issue. *Malaysiakini* was most dominant in relating suicide in the peril dimension of mental health problems (38.10%), followed by *Sin Chew Daily* (20.64%), *The Star* (18.10%) and *Harian Metro* (16.00%).

Table 10: Aspects of peril reported by Malaysian newspapers

Peril	Harian Metro (n = 50) %	Sin Chew Daily (n = 218) %	The Star (n = 221) %	Malaysiakini (n = 42) %
Self-harm	2.00	3.67	6.33	2.38
Suicide	16.00	20.64	18.10	38.10
Dangerous to others	8.00	4.13	4.07	2.38
Not mentioned	74.00	71.56	71.49	57.14

Source: Compiled by the author.

*Sin Chew* reported that based on the WHO's findings, about 90% of suicide cases are associated with mental disorder. Suicide is among the top 10 causes of deaths globally. It is also the second leading cause of death among those who are between 15 to 29. In Malaysia, there are 2,000 suicides a year, or more than five such deaths a day. In 2017, a National Health and Morbidity Survey found that 10% of students between 13 and 17 showed suicidal thoughts, and the depression rate among teenagers was 18.3%. Furthermore, experts warned that mental health problems are expected to be the second most common health problems affecting Malaysians after heart diseases by 2020 (*Sin Chew Daily* 2020a).

## Stigmatisation

Table 11 summarises the various dimensions of stigma towards mental health problems reported by the four newspaper (Tables 3–10). Only the obvious aspect of concealability, individual level of origin and permanent course were considered stigmatisation. Meanwhile, all aspects of disruptiveness, aesthetics and peril were taken into consideration as coverage contributing to the stigmatisation of mental health problems. The average percentage of each stigma dimension was calculated to obtain the final score of stigmatisation towards mental health problems.

*Table 11: Dimensions of stigma towards mental health problems*

Stigma	Harian Metro	Sin Chew Daily	The Star	Malaysiakini
Concealability (obvious)	12.24	18.66	21.27	9.52
Origin (individual level)	54.42	37.05	26.03	28.40
Course (permanent)	0	4.31	9.46	0
Disruptiveness	10.20	16.27	18.72	4.76
Aesthetics	0	0.48	0.91	0
Peril	24.49	25.36	27.85	42.86
Average of stigmatisation	16.89	17.02	17.37	14.26

*Source:* Compiled by the author.

On average, *The Star* scored 17.37% on stigmatisation towards mental health problems in its coverage, followed by *Sin Chew* (17.02%), *Harian Metro* (16.89%) and *Malaysiakini* (14.26%). Individual level of origin was found to be the most prominent dimension of stigma found in *Harian Metro* (54.42%) and *Sin Chew* (37.05%). Furthermore, peril was the most frequently reported dimension of stigma found in *The Star* (27.85%) and *Malaysiakini* (42.86%).

## Destigmatisation

Table 12 shows that “promoting mental health awareness and literacy” was the leading aspect of destigmatisation found across the four newspapers. It was most frequently mentioned in *Sin Chew* (47.19%), followed by *Harian Metro* (36.36%), *The Star* (33.52%) and *Malaysiakini* (28.13%). On average, it was also *Sin Chew* that scored the highest in destigmatisation coverage of mental health problems (12.50%), followed by *Malaysiakini* (11.72%), *The Star* (11.33%) and *Harian Metro* (8.41%).

Table 12: Destigmatisation of mental health problems

Destigmatisation	Harian Metro (n = 49) %	Sin Chew Daily (n = 320) %	The Star (n = 364) %	Malaysiakini (n = 42) %
Providing first-person narrative	1.82	0.94	2.47	0
Highlighting that mental illness is like any other physical illnesses	0	1.56	1.65	0
Mentioning that mental health problems could affect anyone	16.36	19.06	23.90	14.06
Calling to decriminalise suicide	0	2.19	3.85	10.94
Promoting mental health awareness and literacy	36.36	47.19	33.52	28.13
Calling for acceptance, empowerment and protection of individuals living with mental health problems	1.82	12.81	10.16	18.75
Urging for changes in the public health system	3.64	2.19	4.95	3.13
Urging for changes in other systems	7.27	6.88	10.16	18.75
Not mentioned	32.73	7.19	9.34	0
Average of destigmatisation	8.41	12.50	11.33	11.72

Source: Compiled by the author.

*Harian Metro* published a column article written by the Director of the Federal Territory Islamic Religious Department (JAWI), Mohd Ajib Ismail. The author mentioned that Muslims need to return to the spiritual approach to cope with life stress, while carrying out practices that could cleanse the soul. He outlined three holy practices that could enhance an individual’s mental and spiritual well-being: 1. repentance to Allah and correction of the wrong deeds; 2. being patient and pray; 3. being optimistic. It was emphasised that being patient means that an individual accepts God’s test on his/her path of obtaining God’s blessing. Those who are patient possess good personalities that reflect their love for God. By being patient, one could control him/herself from doing non-rational deeds or those that are against the Islamic laws, while making the correct

efforts in life. The author also stressed that Muslims must be optimistic and hopeful, it was stated that giving up hope is considered as cutting one's tie with Allah. Notably, the author also encouraged Muslims to seek for advice from medical experts and certified counsellors when they face tremendous life stress (ISMAIL 2020).

*Sin Chew* reported that heart disease patients could relieve symptoms of depression by practicing *tai chi*. It was explicated that *tai chi* is considered a mind-body exercise because it requires concentration on posture, relaxation and breathing. It is well suited for people of any age or exercise ability, and can be safely adapted for everyone. Previous studies have also shown that *tai chi* is effective in relieving insomnia, fatigue and depression among breast cancer survivors (*Sin Chew Daily* 2020b).

In addition, *The Star* contributed to the destigmatisation of mental health problems by urging for changes in different agencies and sectors. In a column article written by a member of the Malaysian Mental Health Promotion Advisory Council, the author highlighted that the promotion of mental health should encompass the government, employers, community and family. It was also suggested that more can be done for the mentally ill, and it should not be limited to treatment, counselling and care but support for their next of kin as well as offering other benefits (LEE 2020). The author further proposed the following:

1. provide more benefits for the mentally ill such as insurance coverage which is now denied them
2. provide income tax relief for the parents or relatives who have to take care of the mentally ill
3. provide better healthcare services for the mentally ill in government hospitals as well as making available cheaper psychiatric drugs for them
4. remove all forms of discrimination against persons who have recovered from mental illness so that they can be successfully reintegrated into society
5. identify problems at workplaces related to poor mental health with a view towards developing a mental healthcare program for the employees, and
6. make available an employee assistance program that can provide both prevention and early intervention for workers' problems related to mental health stress and emotional issues which affect job performance

It is noteworthy that *Malaysiakini* published a letter which was written by the President of the Malaysian Mental Health Association, Dr Andrew Mohanraj. In the letter, the author addressed an incident in which a 42-year-old-man who attempted suicide was sentenced to one month in prison. Dr Mohanraj called for a total repeal or amendments to Section 309 of the Penal Code, which punishes those who survive a suicide attempt with up to a year in jail, a fine, or both. He also suggested that a psychiatric examination prior to the court proceeding would be the preferred course of action. Moreover, the author advocated that Malaysia must move towards a more compassionate, inclusive and resilient society by destigmatising mental illness and safeguarding the interests of persons with mental disorder and their families (MOHANRAJ 2020).

By publishing a letter written by an individual living with mental illness, *The Star* offered a first-person narrative and helped the readers to better understand the internal



feelings and thoughts of those who are affected by the health condition. The writer disclosed that she has been diagnosed with schizophrenia, bipolar mood disorder and schizo-affective disorder. She also wrote about her unpleasant experience when she was admitted to the hospital, in which she was not treated with dignity or respect, and her privacy was violated by the hospital staff (The Star 2020).

## Valence

Most of the coverage on mental health problems in *Harian Metro* and *Sin Chew* carried a neutral valence, which was 67.35% and 59.33% respectively. In addition, positive valence was most dominant in the coverage by *The Star* (62.44%) and *Malaysiakini* (64.29%).

Table 13: Valence of coverage on mental health problems

Valence	Harian Metro (n = 49) %	Sin Chew Daily (n = 209) %	The Star (n = 219) %	Malaysiakini (n = 42) %
Positive	14.29	39.71	62.44	64.29
Negative	18.37	0.96	4.98	2.38
Neutral	67.35	59.33	32.58	33.33

## Discussion

Media portrayal of mental health problems play an important role in influencing how the public understands the issues and how relevant agencies could help to prevent and combat the public health challenge. In addition, media depiction of mental disorder can also help to reduce stigma, while advocating equal rights and protection for the vulnerable individuals. The differences in the number of articles published by the four newspapers in this study reflected that they have devoted unequal attention to mental health problems in Malaysia. It is noteworthy that *Sin Chew* not only reported extensively on the topic but also contributed to the highest percentage of column and feature articles compared to its counterparts. The articles in *Sin Chew* highlighted the importance of mental well-being, while educating readers to recognise, manage and prevent mental disorder. In short, the Chinese newspaper plays an active role in enhancing mental health literacy among the readers.

This study found that all the newspapers except *Harian Metro* attributed mental health problems more to origin at societal rather than individual level. Furthermore, the Malay daily emphasised on thinking patterns as the origin of mental health challenges. This finding is related to the Malays' (who are also Muslims) faith, which believe that mental illness is an outcome of abandoning or neglecting Islamic teachings and values. The Muslims also believe that God governs all aspects of human experiences including physical and mental health. Therefore, mental health challenges are often viewed to be

caused by weakness in faith, as penance for wrongdoings or a test of conviction (McCRAE et al. 2019).

The Covid-19 pandemic and the subsequent lockdown were attributed by all the four newspapers as the major factor at societal level for causing mental disorders. This finding is consistent with previous studies that have documented the impacts of the Covid-19 pandemic (e.g. CHOI et al. 2020; TORALES et al. 2020). The negative effects included disruption of daily life routines, fear of infections, adverse economic impacts, emotional distress, substance abuse, domestic violence, suicide, etc. According to Choi et al. (2020), the global Covid-19 response has focused primarily on containing spread and preventing mortality. However, the authors alerted that the pandemic has potential to create “a secondary crisis of psychological distress and mental health system spillover” (CHOI et al. 2020: 340).

While the four newspapers in this study did not report much on the course of mental health problems, Conrad and Slodden (2013) stated that most of the diagnoses seen as mental disorder today were not always seen as mental illness previously. The authors also mentioned that the pharmaceutical industry, consumer and advocacy groups, health insurance industry and current level of science have become the most significant players in medicalisation. Aneshensel et al. (2013) also pointed out that the defining characteristic of a medical model is the assumption that mental disorder is a disease that is explained by genetic defects, biochemical imbalances, hormonal dysregulation and neuronal deficits that can be treated through medical means. Although the latest Diagnostic and Statistical Manual of Mental Disorders, DSM (2023) reflects a proliferation of diagnoses by including a greater range of human behaviour, Conrad and Slodden (2013) argued that psychiatric diagnoses are not necessarily indicators of objective conditions but should be seen as a product of negotiated interactive influenced by socio-political factors.

Similarly, Horwitz (2010) also claimed that the current health policy might be overly reliant on employing medical remedies for concerns that can often be addressed through alternative social policies. This includes enhancing parenting skills, investing in childhood development programs/child care, promoting healthy lifestyles, as well as reducing socio-economic inequality, workplace pressures and family demands. Aneshensel et al. (2013) also criticised that drug treatments provide temporary symptom control but do not cure the putative disease causing the symptoms. Additionally, Pūras (2017) said that many biomedical interventions could cause more harm than good if used excessively. The author also argued that the narrowly constructed biomedical model currently favoured in mental health policy is not compliant with the right to health and other human rights.

This study found that the four newspapers focused on promoting mental health awareness and literacy as an effort to destigmatise mental health problems. Mental health literacy (MHL) was first introduced by Jorm et al. in 1997. It refers to a person's knowledge and beliefs about mental illnesses, which enhances the ability to recognise specific disorders and to manage their own mental health more effectively. According to Jeon and Furnham (2017), Eastern countries showed poorer ability to recognise mental disorder than the Western countries. In their study to compare the ability to recognise specific mental disorders, Loo et al. (2012) conducted a cross-cultural study involving

British, Hong Kongers and Malaysians. They found that British showed the highest recognition rate for seven mental illnesses while Hong Kongers for two mental disorders and Malaysians none. It was also found that a higher percentage of British participants endorsed professional help for all mental disorders while more from Malaysia and Hong Kong preferred self-help and social support. Nevertheless, Van Beveren et al. (2020) revealed that increased medical literacy does not necessarily lead to increased social acceptance of individuals with mental disorder.

A literature review of stigma and mental illness in Malaysia reflects that there are social disapproval and devaluation of families with mentally ill individuals. Furthermore, there is also fear of mental illness among the general public, while the role of supernatural, religious and magical approaches are commonly used to treat mental illness due to scepticism of mental health services in the country (RAMLI et al. 2017). Raaj et al. (2021) recorded that a cohort of traditionally conservative people in Malaysia tends to avoid medical treatment and seek religious or traditional healers. The author also explained that the term psychiatric illness means *gila* (crazy or madness) in Malay language, and it carries a highly negative connotation.

Notably, Hansson (2017) outlined three approaches to reduce public stigma towards mental illness, namely protest, education and contact. Protest actions address the injustice in various stigmatising descriptions or representations while education focuses on dispelling myths about mental illnesses with facts. Contact strategies include interpersonal contact with individuals living with mental illness because it is believed that personal contact will eliminate stereotypes and reduce negative attitudes. Significantly, Kalisova et al. (2018) also emphasised that the most promising approach in reducing stigma is individual-based interventions and stories that demonstrate that mental disorder is treatable and that mentally ill people can live satisfactory and functional lives in the society. Additionally, personal testimonials are powerful because the openness and rich context of the experiences convey stories of adversity, bravery, passion and triumph, which could yield greater understanding, tolerance and inclusiveness (MA-NAN 2018; ZUCKER 2019). The media in Malaysia could work on reporting personal testimonials in their effort to destigmatise mental disorder.

While the coverage on mental health problems by *The Star* and *Malaysiakini* were mainly positive in tone, *Harian Metro* and *Sin Chew* carried a neutral valence. It is important to note that research has shown that news readers were more likely to share news about mental illness that was positive or neutral in tone and even more inclined to share stories about recovery from mental illness. Moreover, studies also suggested that readers were less likely to share news that stigmatises mental illness or that contain themes related to danger, violence and criminality (ADAMSON et al. 2017).

## Conclusion

The Sustainable Development Goals (SDGs) were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. It has also enabled mental health to emerge as

an international priority to secure health, well-being and human development. This study examined the coverage of mental health problems by Malaysian legacy and online newspapers. Six dimensions of stigma (concealability, origin, course, disruptiveness, aesthetics and peril) were examined and it was found that individual level of origin and peril were the most prominent dimension of stigma found in the reporting. In addition, the newspapers focused on promoting mental health awareness and literacy in their destigmatisation effort, while reflecting either a positive or neutral valence in their coverage. This study drew on stigmatisation as the theoretical framework, and existing knowledge about the theory could benefit from the description provided by the current study, especially on stigmatising portrayal of mental health problems.

It is important to examine the coverage of mental health problems by media because media will influence public opinion as well as social support for policy to address the public health issue. Furthermore, public attitudes toward mental illness are relevant to the social, psychological, physical and economic well-being of those affected by the condition. Future research could compare mental health reporting by electronic or social media, and between Covid and non-Covid period as the epidemic has led to many new mental health challenges across people with different demographic and sociographic backgrounds. In addition, future research could also look into media reporting of treatments and rehabilitation for mental health problems, which are important aspects in reporting the public health challenge.

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# Appendix A

## Operational Definitions

### Dimension of Stigma

#### Concealability

1. Obvious: symptoms of mental illness are highly noticeable, characteristics of people with mental illness are highly detectable.
2. Non-obvious: symptoms of mental illness are unnoticeable, people with mental health problems are likely to report physical health problems such as fatigue, muscle aches, headache, etc. rather than admitting that they have psychological issues.

#### Origin

##### *Individual level*

1. Genetics/hormonal fluctuations/brain development: biomedical explanation about how a person's genes affect him/her reacting to environmental factors and may affect whether the person develops a mental illness as a result; combination of changes in DNA and certain environmental factors may lead to the development of a mental illness; hormone imbalance or hormonal dysregulation could lead to emotional problems; problem in neurodevelopment, etc.
2. Thinking patterns: mental wellbeing could be jeopardised by unhelpful thinking habits, e.g. having a negative outlook on life, lacking of a sense of personal control (believing that one's life is controlled by luck, fate or powerful others), catastrophizing, judgmental behaviour, overgeneralisation, having high-expectation of academic or work performance toward oneself, etc.
3. Physical illness: people living with chronic physical conditions often experience emotional stress and chronic pain, which are both associated with the development of mental illness like depression and anxiety.
4. Substance abuse: chronic use of some drugs could lead to both short- and long-term changes in the brain, which can lead to *mental illness such as* paranoia, depression, anxiety, aggression, hallucinations, etc.
5. Excessive and dysfunctional usage of media/Internet: exposure to harmful social media content, e.g. bleak depressive material, graphic self-harm content,

suicide-encouraging memes; fake or overly alarmist articles about Covid-19 on media, social media or the Internet; infodemic (rapid and far-reaching spread of both accurate and inaccurate information about something, such as a disease) on mental health.

6. Loneliness: feeling of being alone due to movement control order; elderly or those who live alone may experience loneliness while others could feel lonely without being socially isolated.
7. Unfortunate life events: grief and loss, divorce, relationship problem, sexual harassment, sexual assault, homeless and other traumatic life experiences.
8. Others: any other causes at individual level that do not fit into the above-mentioned categories, e.g. difficulty in time management.

### ***Course***

1. Temporary/reversible/preventable: mental illness is an impermanent health condition that can be cured or treated effectively; mental illness is reversible and individuals can go back to their normal lives; reported stories of individuals recovering from mental illness; mental health issues can be prevented and it is within the individuals' locus of control, e.g. practicing positive psychology, exercise, meditate, having healthy and balance diet, etc.
2. Permanent: mental illness is enduring and untreatable; people with mental illness have to rely on medication for the rest of their lives.

### ***Disruptiveness***

1. Interfere in family relationship: individuals with mental illness could cause tension at home, have conflict or argument with parents, siblings, spouse or children.
2. Interfere in romantic relationship: individuals with mental illness have difficulty in finding a romantic partner or maintaining the relationship; conflicts always happen between people with mental illness and their partner.
3. Interfere in friendship: people with mental illness deliberately avoid normal social network or interaction; absence of social contact among people with mental illness; friends of people with mental illness could not understand their health condition and hence having misunderstanding that affect the friendship.
4. Interfere in professional/working relationship: people with mental illness are unable to perform optimally at work due to their health condition and hence affecting their professional relationship with superiors or co-workers; employees with mental health condition could affect productivity and profitability of a company; reported economy lost caused by mental health problems at the national or global level.

### ***Aesthetics***

1. Odour: people with mental illness have unpleasant smell.
2. Dirty: people with mental illness are unhygienic and dirty.
3. Unattractive: people with mental illness do not take care of their physical appearance.

### ***Peril***

1. Self-harm: people with mental illness cause physical harm or injury to themselves.
2. Suicide: death of people with mental illness, in which the mentally ill cause injury to oneself with the intent to die.
3. Dangerous to others: people with mental illness cause physical harm or injury to others.

### ***Destigmatisation***

1. First-person narrative: articles written by people with mental illness, in which the writers talked about their lives living/coping with the health condition, conveying their internal feelings and thoughts.
2. Like any other illness: mental illness is like any other physical sickness, and there is nothing to be afraid or ashamed of; mental illness can be treated like other sickness with medication or other medical approach.
3. Could affect anyone: reports the pervasiveness of mental illness; conveys the message that the health condition could affect anyone; reports the statistics of mental health problems at both national and global level.
4. Decriminalise suicide: calls for the government to abolish Section 309 of the Penal Code, which punishes those who survive a suicide attempt with up to a year in jail, a fine, or both.
5. Promoting mental health awareness and literacy: highlights the importance of mental health; outlines the common symptoms of mental health problems; calls for people to have a better understanding of mental health; promotes a culture of having conversation about mental health; encourage individuals in need to seek help from therapist and counsellor.
6. Acceptance, empowerment and protection: calls for understanding, sympathy and protection of people with mental illness; calls for the relief of suffering among people living with mental illness; disapproves those who inflicted harm, emotional suffering, violence, etc. toward people with mental illness; criticises discrimination and denial of rights, employment or career advancement opportunity of people with mental illness; condemns the denial of psychiatric treatment for those

who attempted suicide; calls to eradicate stigma against seeking mental health treatment.

7. Changes in public health system: calls for easier access to psychiatric treatment, e.g. not to require referral from government clinic; increase the number of psychiatrists in the country; provide cheaper psychiatric drugs; increase budget for mental healthcare; calls for general medical practitioner and social workers to play a preventive role by working together with mental health professionals; calls for special attention to be given to healthcare workers during the Covid-19 pandemic period.
8. Changes in other systems: encourages better family communication; prevent school bullying or cyberbullying; improve work environment, identify problems at workplace related to poor mental health; develop mental healthcare program for employees; calls for zero tolerance for workplace bullying; calls for changes in education system; government to provide income tax relief for parents or relatives who have to take care of people with mental illness; higher rates of taxation on mammoth tech companies like Facebook and Twitter; medical insurance coverage to be extended to psychiatric disorders; calls for tech companies to launch tools and content to help users with mental health and wellness; calls for tech startups to help counter the effects of social isolation on people's mental health.

## Valence

1. Positive: conveys a supportive, understanding, sympathetic, empathetic and compassionate impression towards people living with mental illness.
2. Negative: conveys a critical, unfavourable, judgemental, fearful impression towards people living with mental illness.
3. Neutral: neither positively nor negatively portrays people living with mental illness.