Journalist Fellowship Paper

Follow the money: the missing link in the booming coverage of mental health

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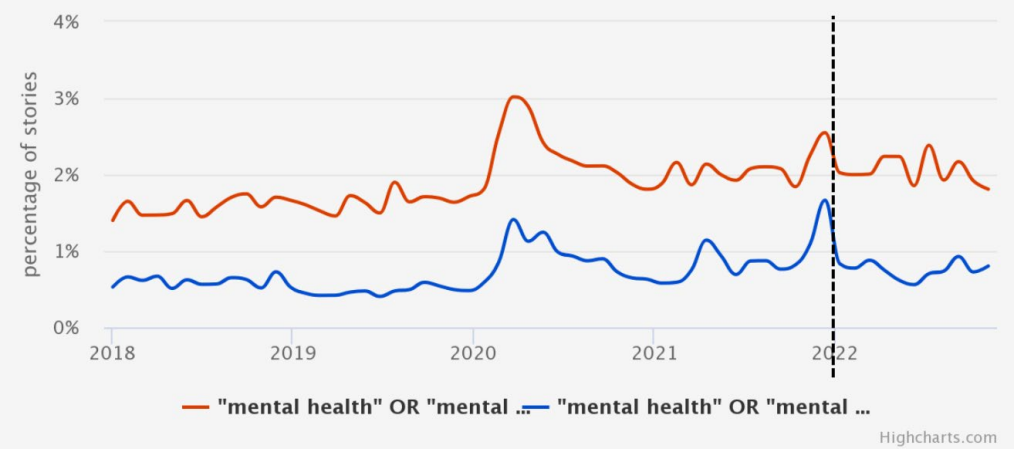
Introduction

Mental health news coverage exploded during the pandemic, reflecting a surge of public interest in the topic. A comparative analysis of global English-language media two years before the lockdown of March 2020 and the two years after showed the number of stories with mental health-related themes more than doubled.



Graphic representation of data from the Media Cloud tool, developed by the University of Massachusetts at Amherst, Northeastern University, and the Berkman Klein Center for Internet & Society at Harvard University

This growth raises important questions about the role of mental health journalism and the current state of reportage on the topic. It also signals a responsibility and opportunity for the media to deliver powerful, untold stories about a subject that touches everyone.

I used my time as a journalist fellow at the Reuters Institute to offer a vision for the future of such coverage by addressing a critical missing theme: the unjust economics of global mental health.

Global mental health: the failing dream of equitable care

Global mental health is an emerging field of research and practice with the goal of "alleviating mental suffering through the prevention, care, and treatment of mental and substance use disorders, and promoting and sustaining the mental health of individuals and communities around the world" (Collins, 2020).[1]

[1] Collins PY. What is global mental health? World Psychiatry. 2020 Oct;19(3):265-266. doi: 10.1002/wps.20728. PMID: 32931115; PMCID: PMC7491634.

The field has taken shape over the past three decades through the intervention of bodies such as the World Health Organization and coverage in *The Lancet*.[2] It is pitched as a response to the long history of systematic oppression and exclusion from networks of care of marginalised nations and communities through structures such as colonialism and racism.

At the heart of the global mental health project is the pursuit of 'equity' in access to resources — still disproportionately controlled by rich, mostly western countries.

But has this idea of equity translated on the ground? And has the media kept up with this important story? The answer to both those questions is 'no'.

Mental health in the media: dominated by the western biomedical model

Mental illnesses such as depression are the leading cause of disability worldwide. The traditional and culturally dominant view of mental ill health, often attributed to western psychiatry, is that it is an individual's problem, caused by, for instance, an imbalance in their brain chemicals.

This whitewashes deeper socioeconomic stressors, such as poverty and inequality. It shifts the blame for systemic and structural factors on to vulnerable individuals. And it contributes to warped policymaking, marked by excessive emphasis on medical 'cures' at the cost of deep-rooted social and economic reforms.

The media has been complicit in perpetuating these distorted attitudes. On the one hand, sensational and ill-informed news stories have deepened stigma against people living with mental illness.[3] And on the other hand, the overemphasis of western perspectives has erased the lived realities and needs of people in low- and middle-income countries (LMICs) — home to 80% of the global population, and by some estimates, 80% of people who live with mental illness.[4]

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[2] Cohen, Alex, Vikram Patel, and Harry Minas, 'A Brief History of Global Mental Health', Global Mental Health: Principles and Practice (New York, 2013; online edn, Oxford Academic, 1 Feb. 2014), https://doi.org/10.1093/med/9780199920181.003.0001, accessed 3 July 2023.

[3] Stuart H. Media portrayal of mental illness and its treatments: what effect does it have on people with mental illness? CNS Drugs. 2006;20(2):99-106. doi: 10.2165/00023210-200620020-00002. PMID: 16478286.

[4] LMICs are countries with gross national income (GNI) per capita between US$1,085 (or lower) and US$13,205, as determined by the World Bank. The list of LMICs is revised every three years. LMIC is often used as a monolithic term, which can be problematic since there are wide socioeconomic differences within the group.

When the western media does report on health in LMICS, its interest is limited to communicable illnesses and "exotic disease, disaster, and despair stories".[5] This takes oxygen from non-communicable diseases, including mental illnesses. It also bumps invisible structural issues — such as the almost criminal disparity in resources between high-income countries (HIC) and LMICs, highlighted in the WHO's *World Mental Health Atlas* — out of the news cycle.

Consider that WHO reports more than 75% of people living in LMICs with mental, neurological, and substance use disorders receive no treatment at all. Or that low-income countries have fewer than two mental health workers per 100,000 population, compared to over 60 in HICs.

There's also persistent criticism that even the meagre resources allocated to the mental health sector are underutilised or mis-utilised.

When the media does want to engage with these themes, they are stymied by multiple intersecting challenges, including:

1. The inherent complexity of mental health, which doesn't follow the neat 'diagnosis-intervention-cure' pattern seen in the rest of healthcare
2. Lack of awareness and conceptual clarity among journalists about the workings of the sector
3. Lack of reliable data, and
4. The deprioritising of stories that don't fit the 'breaking news' formula.

My content analysis for this project found that (notwithstanding the spike in mental health reportage during the pandemic — and the growing accent on the social and interpersonal aspects of mental health) stories focused on the sector's economic/funding situation remained almost non-existent.

This, despite the pandemic laying bare how inequality had rendered more vulnerable the already-marginalised communities in the developing world.[6]

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[5] Imison M, Chapman S (2010) 'Disease, Disaster and Despair'? The Presentation of Health in Low- and Middle-Income Countries on Australian Television. PLoS ONE 5(11): e14106. https://doi.org/10.1371/journal.pone.0014106

[6] Available at https://www.ox.ac.uk/news/2022-03-09-two-years-covid-19-threatens-derail-prospects-generation-global-south-report (Accessed 31 July 2023)

What to do about it

I propose four foundational areas that the media could focus on to rectify its historical omissions:

1. The flow of money into the mental health sector from various sources
2. Who benefits from it
3. Who is left out, and
4. At what cost?

Over the next four chapters, I'll explain the context, the depth of the problem, the how and the why of this approach. Each section contains insights from interviews with key stakeholders, including reporters, editors, mental health funders, and academics studying global mental health.

Chapter one will set the context, by examining the harmful history of the media's mental health coverage. I'll present data on the growth in mental health coverage during the pandemic and show how personal narratives about mental health are gaining increasing space in public conversations, while the economic aspect remains underexplored.

Chapter two describes the scale of the mental health challenge and the main sources of mental health funding in LMICs — including governments, philanthropies, and international aid agencies — and their shortcomings. I also explore the recent phenomenon of venture capitalists pumping funds into technology-based solutions such as mental health apps, which carry significant risks for users.

Chapter three offers five key lessons that should serve as a beginner's guide for reporting on mental health through an economic lens: i) reimagine mental health as more than a healthcare issue ii) change how mental health stories are written and presented iii) train up reporters and editors iv) don't confine yourself to large sums and glamorous characters, and v) remember that scale and impact cannot be divorced from inclusion.

In conclusion, I outline what the media stands to gain by improving its coverage.

Chapter 1: An overview of mental health media coverage pre- and post-pandemic

> "Nothing will change unless or until those who control resources have the wisdom to venture off the beaten path of exclusive reliance on biomedicine as the only approach to health care."
>
> — George Engel, psychiatrist and creator of the biopsychosocial model of mental health

Part I: The media and mental health – a history of harm

Mental health and wellbeing are a key component of the Sustainable Development Goals (SDG), with two of the 17 SDG targets dedicated to it: [7]

> *Target 3.4 | Noncommunicable diseases and mental health: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.*
>
> *Target 3.5 | Substance abuse: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.*

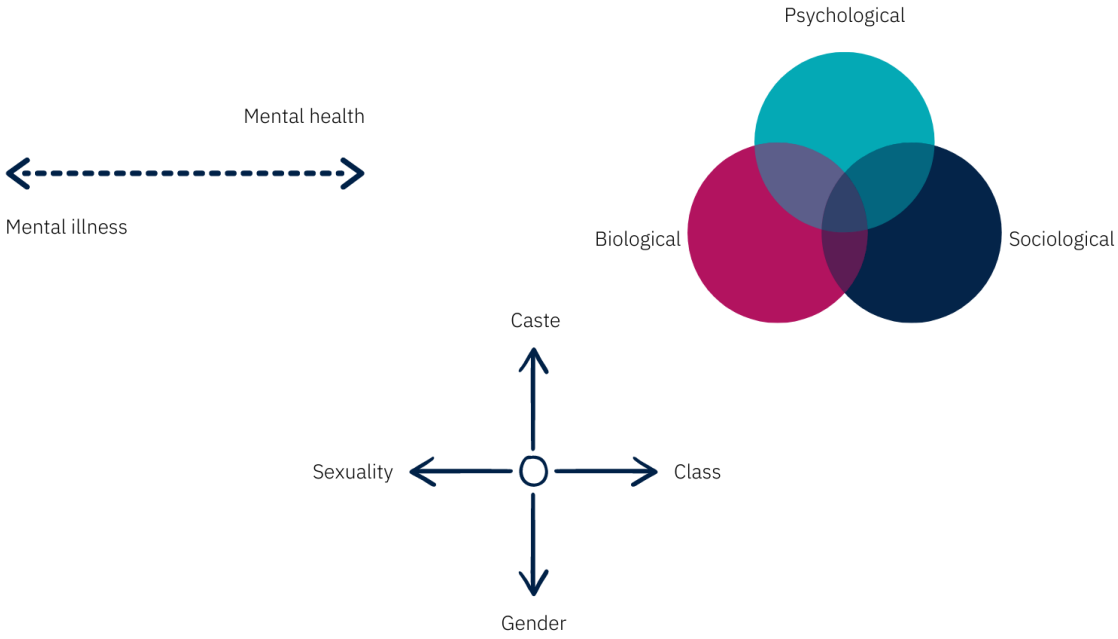
Meeting these targets requires a clear-eyed understanding of what mental health is, and what it is not.

This is best captured through three fundamental epistemological principles:

1. Mental health is a **spectrum**. It is not a fixed point on a scale that can be neatly captured by diagnostic labels.
2. Mental health is a **biopsychosocial** construct. It is heavily influenced by social issues such as discrimination, poverty, and inequality and not just by biological determinants.

[7] https://sdgs.un.org/goals

3. Mental health is **intersectional**. It sits flush at the intersection of caste, class, religion, gender, disability, and other markers of identity. It does not look or feel the same for everyone.



The epistemological pillars of mental health

Society at large — and the media as sense-makers of society — cannot do justice to the complexities of mental health unless the public discourse on this subject reflects these core principles. Available evidence reveals that the media has fallen far afoul of this goal, with serious consequences for both individuals and society.

Researchers are working to understand why so many patients report that news can be inherently injurious to mental health.[8] This effect was made more visible during the pandemic, when a parallel bad news infodemic allegedly contributed to a spike in anxiety and depression levels in the public.[9]

A more damaging problem lies in the media's longstanding apathy towards mental health as a topic, its complicity in colonial attitudes, and the harm this has caused to people living with mental illness, especially in non-western countries.

[8] https://www.apa.org/monitor/2022/11/strain-media-overload

[9] https://theconversation.com/how-the-media-may-be-making-the-covid-19-mental-health-epidemic-worse-153616

A trail of sensational and dehumanising stories

Mental health stories have historically constituted a minuscule share of the overall volume of stories in English-language media. Until the pandemic, media interest in mental health was largely limited to obligatory articles on World Mental Health Day. And persons with lived experience found that even this tepid coverage was often marked by a lack of understanding of the nuances and sensitivities of the topic.

Media coverage plays a vital role in shaping public attitudes towards people with mental health conditions. The way the media portrays them can profoundly affect their chances of living with dignity. Research shows that, historically, the media has been guilty of perpetuating stigma and discrimination through crude and dehumanising stereotypes of mental illness, such as dangerousness, criminality, and unpredictability.

News reports have often overplayed the "violent", "delusional", and "irrational" behaviour of people with a mental illness, and sensationalised headlines or content to attract attention. In the process, they have normalised negative reactions to the mentally ill — including fear, rejection, derision, and ridicule.[10]

Negative media images hamper help-seeking behaviour, medication adherence, and prospects of recovery for those with mental illness. Such portrayals also exacerbate the fear, intolerance, and hostility they experience when they interact with society at large.

Ultimately, these social attitudes contribute to the disenfranchisement of persons with mental illness, who are shut out of supportive policies and programmes.[11]

Overly westernised, medicalised, and individualised narratives

At an epistemological level, the media has failed to effectively challenge the narrow western biomedical model of mental illness.

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[10] Stuart H. *Media portrayal of mental illness and its treatments: what effect does it have on people with mental illness?* CNS Drugs. 2006;20(2):99-106. doi: 10.2165/00023210-200620020-00002. PMID: 16478286.

[11] To be sure, sensationalism and misinformation are a challenge with health journalism in general. See for instance Sharma DC et al. Fighting infodemic: Need for robust health journalism in India. Diabetes & Metabolic Syndrome: Clinical Research & Reviews, Volume 14, Issue 5, 2020. Pages 1445-1447. ISSN 1871-4021. https://doi.org/10.1016/j.dsx.2020.07.039

Unlike physical illnesses, mental distress cannot be spotted through simple biomarkers or laboratory tests. And yet, public understanding of mental health issues is disproportionately shaped by western psychiatry, predicated on a rigid, formulaic, and questionable conception of medical "diagnosis" and "cure", which in turn puts the onus for "illness" and "recovery" entirely on the individual. The enduring "chemical imbalance" theory of mental illness has also come under criticism within a section of the scientific community for lacking reliable evidence.[12] However, it is unclear whether this has pushed the large part of the population who believe in the primacy of the chemical imbalance model to engage more deeply with the complex nature of psychological distress.[13]

In low- and middle-income countries (LMIC), home to 80% of the world's population and an equal percentage of those living with mental illness, the dominance of western biomedical thinking manifests in the form of the erasure of indigenous knowledge and lived realities of local communities. [14,15]

> *"For more than a generation now, we in the West have aggressively spread our modern knowledge of mental illness around the world," writes US journalist Ethan Watters. "We have done this in the name of science, believing that our approaches reveal the biological basis of psychic suffering and dispel prescientific myths and harmful stigma. There is now good evidence to suggest that in the process of teaching the rest of the world to think like us, we've been exporting our Western 'symptom repertoire' as well. That is, we've been changing not only the treatments but also the expression of mental illness in other cultures. Indeed, a handful of mental-health disorders — depression, post-traumatic stress disorder and anorexia among them — now appear to be spreading across cultures with the speed of contagious diseases. These symptom clusters are*

[12] https://www.nature.com/articles/s41380-022-01661-0

[13] Pilkington, PD, Reavley NJ, Jorm, AF. The Australian public's beliefs about the causes of depression: Associated factors and changes over 16 years. Journal of Affective Disorders, Volume 150, Issue 2, 2013, Pages 356-362, ISSN 0165-0327. https://doi.org/10.1016/j.jad.2013.04.019

[14] https://doi.org/10.1016/j.jemep.2021.100719

[15] The legacy of colonialism is not limited to the media. A study of 45 biomedical journals found that over 95% of the editorial staff were from high-income countries and less than 5% from LMICs. The study found a correlation between staff representation and publication of research focused on LMICs.

> *becoming the lingua franca of human suffering, replacing indigenous forms of mental illness."*[16]

Raj Mariwala, director of Mariwala Health Initiative, a mental health advocacy, grant-making, and capacity-building nonprofit in India, argues that the prevalence of the biomedical model in the media has helped perpetuate the narrative that a person with a mental health condition can only choose one of two options: either go to a psychiatrist and take medication, or sign up for talk therapy.

"There's little acknowledgement of the fact that these treatments are inaccessible and unaffordable for most people in LMICs," Mariwala said.

Researchers who study media reporting on scientific disciplines, including public health, warn that the over-medicalisation of such news is particularly problematic in the context of the Global South because it leads to the suppression of adjacent themes such as poverty, lack of community support, and social justice.[17]

Consider suicide, one of the world's gravest public health challenges. While high-income countries have consistently found that up to 90% of suicides are attributable to mental disorders, in a representative LMIC such as China, the incidence of mental disorder in suicides is significantly lower, with interpersonal conflicts and lack of social support for vulnerable individuals playing an important role.[18]

Also, in keeping with the socioeconomic aetiology of suicide, there's growing evidence from LMICs that an economic intervention in the form of cash transfers is a strong preventive factor against suicide — arguably stronger than any clinical intervention by itself.

The most comprehensive piece of research in this area was led by Daiane Borges Machado, a Harvard epidemiologist from Brazil.[19] Machado studied the public health impact of Brazil's Bolsa Familia cash transfer programme

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[16] https://www.nytimes.com/2010/01/10/magazine/10psyche-t.html

[17] Nguyen, A., & Tran, M. (2019). Science journalism for development in the Global South: A systematic literature review of issues and challenges. Public Understanding of Science, 28(8), 973–990. https://doi.org/10.1177/0963662519875447

[18] Philips, Michael R. Rethinking the Role of Mental Illness in Suicide. The American Journal of Psychiatry. https://doi.org/10.1176/appi.ajp.2010.10040589

[19] Machado, BD et al. *Relationship between the Bolsa Família national cash transfer programme and suicide incidence in Brazil: A quasi-experimental study.*

between 2004 and 2015, covering more than 76 million people. The programme handed about US$17 to the poorest families in Brazil. The result: 56% lower risk of suicide among beneficiaries compared to non-beneficiaries, with a particularly strong effect on women and children. It'd be hard for any drug to match this outcome.

Experiments from Malawi to Mexico have shown that financial security has a profound protective impact on mental health and overall wellbeing. But awareness and media coverage of such solutions remain poor.[20]

Mariwala adds that too much emphasis on the medical model takes away attention from the growing mental health impact of phenomena such as climate change, especially on historically marginalised communities, which call for socioeconomic and not just clinical interventions. [21]

Overmedicalisation has yet another fallout: it leads to the exclusive valorisation of one kind of expertise — the kind held by researchers and clinicians — at the cost of the expertise of persons with lived experience.

"People are the best experts on their own contexts," said Mariwala. "What we need are community-level solutions instead of exclusive focus on 'curing' individuals. For instance, what does a Dalit community who may be facing floods in Tamil Nadu really need? The media rarely asks these questions."

Case study: A brief history of mental health coverage in Indian media

As a member of the LMIC universe, India offers a case study on the socioeconomic influences on mental health.

"Mental disorders are known to be caused by a complex interaction of biological, social, environmental, cultural and economic factors," India's National Mental Health Survey 2016 acknowledged.[22] "In countries like India, the social determinants of health like employment, education, living standards, environment, access, equity and others contribute significantly to both causation and recovery. Poverty, low living standards and related factors are implicated in the increased occurrence, but they also vitiate the cycle of poverty and impoverishment."

There is little research on whether and how the media in India has traditionally engaged with mental health and helped build social awareness of its complexities, but we can piece together a picture based on two important sources.

[20] https://www.sanitybytanmoy.com/cash-transfers-for-suicide-prevention/

[21] Hayes, K., Blashki, G., Wiseman, J. *et al.* Climate change and mental health: risks, impacts and priority actions. *Int J Ment Health Syst* 12, 28 (2018). https://doi.org/10.1186/s13033-018-0210-6

[22] Available at: https://ruralindiaonline.org/en/library/resource/national-mental-health-survey-of-india-2015-16-summary/ (Accessed: 31 July 2023)

The first of these sources, albeit an indirect one, is *The Psychological Impact of the Partition of India* – a book edited by psychiatrists Dr Sanjeev Jain and Dr Alok Sarin.[23] In their note, the editors ponder the profound and puzzling silence in Indian society about the mental scars of the country's partition by the British during independence in 1947.

Up to 20 million people were affected by the Partition, and between 200,000 and 1 million people lost their lives (the exact numbers could be higher).[24] And yet, unlike Europe after the Holocaust, for a long time India did not witness any meaningful public conversation on prejudice, trauma and displacement, or how social upheaval impacted mental health.

Jain and Sarin wrote: "For those who had been part of the partition, was the mental trauma of the partition too intense to allow into consciousness? Was it another event in the lives of ordinary people which did not merit discourse? Do issues like poverty, disempowerment, marginalisation, communal strife hold no place in mental health discourse? Or is it the alleged stoicism (fatalism) of the East, the tendency of people here to lean more towards a philosophic and spiritual approach to life and its challenges. Whatever the vantage, it is intriguing that these issues have not formed a part of discourse, either in academic or general discussion."

They argued that the lack of discourse has impacted current attitudes towards mental health, "wherein we pay relatively little attention to social trauma and distress, and its role in mental (ill) health, as also a fractured system for providing health care".

The other, more direct document of the Indian media's coverage of mental health is novelist and historian Daman Singh's book *Asylum: The Battle for Mental Health Care in India*.[25] Singh outlined how newspapers in India historically neglected mental health as a beat, and when they did begin to turn their gaze towards the subject, notably in the 1980s, they were interested solely in sensational and disturbing stories on the state of mental health care institutions.

Here's an instructive excerpt from the book:

"The mentally ill did not make it to the national news very often. When they did, it was for all the wrong reasons. [...] In June 1982, *India Today* carried an article on the hospital, which by then was called the Ranchi Mansik Arogyashala. The grim account by Chaitanya Kalbag described it as 'crawling with decay and despair'. Everything assailed the senses, from the sight of men and women living in conditions 'that make the word squalid sound respectable', to the smell of 'uncared-for bodies' that inhabited 'shockingly maintained' wards. Many patients had to 'rot for years' after being certified as sane, because their relatives would not take them back. Women were more likely than men to be abandoned in this fashion.

"A sprinkling of disturbing articles had appeared in the press during the 1980s and 1990s. [...] Were all mental hospitals in the same situation? And did all patients get a raw deal? That was not the case. The stories of those who were treated well, whose condition improved, and who returned to their home would remain untold."

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[23] Jain, S. Sarin, A. *The Psychological Legacy of the Partition of India*. SAGE Books. 2018.

[24] https://www.partitionmuseum.org/partition-of-india/

[25] Singh, D. *Asylum: The Battle for Better Mental Health Care in India*. Westland. 2021.

How has television news covered mental health? Amrita Tripathi, founder of the mental health storytelling platform The Health Collective, was a health editor at a national news channel around 2006. "We were lucky to even have a healthcare team at that time," she said. "We were initially a team of six or seven, and we mostly looked at health as a lifestyle issue. One of our popular shows featured doctors talking about common healthcare concerns. Later, when the H1N1 and swine flu pandemics hit (2009), the channel realised how valuable it was to have reporters with some expertise in health. The coverage changed dramatically, and we started doing many more newsy stories on health.

"Around the same time, I started talking to psychologists and psychiatrists, who were bothered by the lack of attention to mental health, except for 'sensational' celebrity cases. It was extremely difficult to make a case for mental health coverage in the newsroom.

"We somehow managed to pitch and get a few dedicated half-hour special feature shows (on topics like addiction or learning disabilities), but it was hard to get sustained news coverage in daily bulletins, except when you had some super-sensational cases – say, a celebrity suicide."

Apart from the lack of trained journalists and the overall slide to generalists over beat expertise, Tripathi said there's been an important business rationale for the media's indifference towards mental health: because of the stigma associated with the topic, mental health was not considered "brand-safe" by advertisers.

Breaking this vicious circle of social silence and editorial and commercial disinterest required a strong external stimulus — and along came the COVID-19 pandemic.

Part II: Dissecting the Covid bump in mental health coverage

COVID-19 triggered a global mental health crisis, with lockdowns and social isolation doubling the likelihood of people developing mental health symptoms, according to a review of 33 papers on the topic.[26] Researchers also found a significant mental health burden among those hospitalised with the infection.[27] A more recent study claimed that the impact wasn't as catastrophic as feared, but it has reportedly polarised opinion among experts. [28]

To assess how the media responded to these trends, I compared the quantity of English-language news stories addressing topics related to mental health globally and in India before and after the onset of the pandemic.

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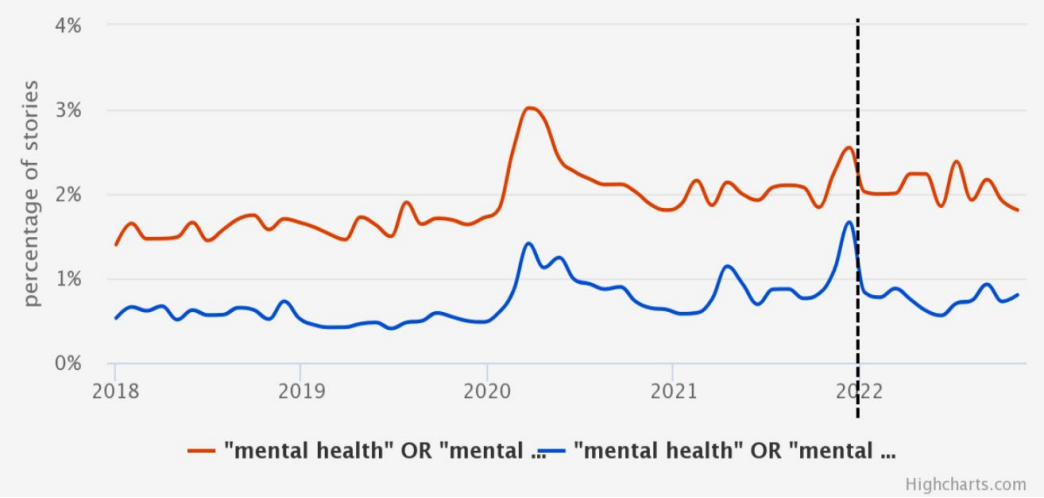
[26] https://theconversation.com/lockdowns-doubled-your-risk-of-mental-health-symptoms-180953

[27] Naidu, SB. Shah, AJ. Saigal, A. Smith, C. Brill, SE. Goldring, J. Hurst, JR. Jarvis, H. Lipman, M. Mandal, S. *The high mental health burden of "Long COVID" and its association with on-going physical and respiratory symptoms in all adults discharged from hospital*. European Respiratory Journal Jan 2021, 2004364; DOI: 10.1183/13993003.04364-2020

[28] Available at: https://www.hindustantimes.com/world-news/mental-health-during-covid-19-had-birthday-party-for-dishwasher-twitter-users-respond-after-report-downplays-mental-health-crisis-during-covid19-101678888750285.html

I used the Media Cloud's explorer feature, developed collaboratively by the University of Massachusetts at Amherst, Northeastern University, and the Berkman Klein Center for Internet & Society at Harvard University. This tool monitors fluctuations in media coverage of subjects over time.[29]

According to WHO, the first cluster of cases of pneumonia, eventually attributed to the novel coronavirus, was announced in Wuhan, China, on December 31, 2019. [30] For my analysis, I examined a period of two years prior to that date, beginning on January 1, 2018, and almost three years thereafter, ending on November 6, 2022, which was the most recent date with accessible data. My search string contained:
“mental health” <or> “mental illness”
<or> “depression” <or> “anxiety”.



Graphic representation of data from the Media Cloud tool

The chart above shows stories containing any of these keywords as a percentage of all stories published during this approximately five-year period.

The red line represents mental health-related stories in the global English language media and the blue line represents stories in Indian media platforms with a national presence. Plateaus in the graph reflect periods of stable media attention to the selected keywords, and spikes denote increased media attention which can be correlated with key events.

Here’s a breakdown of the data:

[29] https://explorer.mediacloud.org/ (Note that the tool ceased operations in this form on January 1, 2023.)
[30] https://www.who.int/news/item/27-04-2020-who-timeline---covid-19

- Globally, English-language stories with mental health-related keywords more than doubled (+166%) with the onset of the pandemic: from 1.4% of total stories in January 2018 to 3.02% in March 2020 at the start of lockdowns.
- Across Indian English-language media, too, the proportion of stories containing these keywords more than doubled: from 0.53% in January 2020 to 1.41% in March 2020 (+115%).
- The average number of such stories leading up to January 2022 stayed significantly above trend line for 2018 and 2019, both globally and in India.
- As anxieties over the pandemic eased in most regions of the world over 2022, media attention to mental health-related stories stabilised to pre-pandemic levels. This is represented by dotted lines in the chart above.

The question we now need to ask is: will the normalisation of mental health as a subject in the media translate into sustained better coverage?

Part III: A tale of two halves

What does *better* mental health coverage look like, and how far are we from it? Before answering that question, here's a refresher: mental health as a construct is made up of two equally important components — *social* and *economic*. As such, for media reporting on mental health to be well rounded, it must engage equally with both these components.

First, the good news: the social and interpersonal dimension of mental health is gaining greater space in public conversations.
For instance, according to a 2021 study by text analytics firm Relative Insights, there's greater room now for personal stories in mental health-related news, as evidenced by the increasing use of personal pronouns and words such as "spoken".[31] It also suggests that the media today are 10.8x more likely to describe the conversation around mental health as "open", "relatable", and "friendly" compared to 2010.

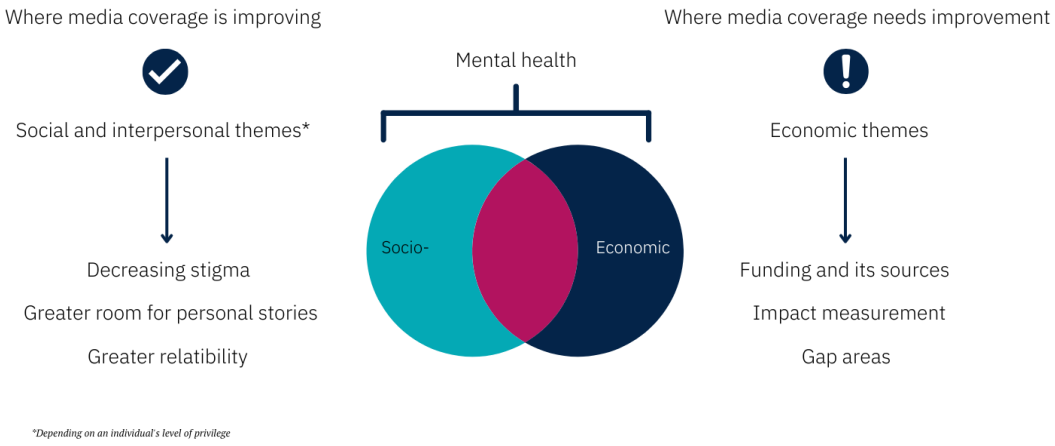
Much of this improvement owes to a single factor: advocacy by a growing phalanx of people with lived experience who helped prise open a long-stigmatised conversation and create a sense of community, especially on social media.

A 2019 survey showed that #MentalHealth Twitter was the biggest subgroup within #HealthTwitter, with 87% of the community saying they use Twitter because "they

[31] https://relativeinsight.com/mental-health-awareness-how-has-the-media-conversation-changed/

did not feel alone".[32] (Self-disclosure of mental health conditions remains a function of privilege, and we are still far from a truly inclusive conversation.)

Now, for the bad news: even as the social component of the mental health matrix picks up momentum, its other half — *economics* — remains largely ignored.



Graphic shows mental health is a socioeconomic construct. While one half of this — social and interpersonal themes — is getting better treatment in the media, the other half pertaining to economic themes remains underexplored.

The experts I spoke to for this paper had a common concern: that the media doesn't do enough to highlight these problems and remains too preoccupied with the "cost" of mental illnesses — i.e. the widely circulated statistic that depression and anxiety costs the world economy $1 trillion annually owing to lost productivity.[33] This lopsided narrative reduces mental health to raw material for the benefit of capitalism rather than the fundamental human right it is under the Sustainable Development Goals.

It also leads to the omission of vital structural questions: where does the mental health sector get its funding from? Is it enough? Is the money going towards areas that really need funding? And if it's neither enough nor well directed, what does that mean for the end user?

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[32] https://www.sanitybytanmoy.com/why-we-mourn-twitter/

[33] https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/mental-health-in-the-workplace

As part of my content analysis for this paper, I ran a search for stories containing the keywords “mental health care” and “funding” between January 1, 2018 and December 24, 2022 using the Media Cloud tool.

Both globally and in India, the number of stories featuring these keywords relative to the total number of stories was barely above zero — even during the window in 2020 when stories on mental health registered a sharp increase. A search with the keyword “budget” and “investments” in lieu of “funding” showed similar results.

An analysis of the most frequently occurring keywords in stories that address mental health also demonstrates the neglect of economics/funding as a subtheme:

Word map shows frequently occurring keywords in stories that address mental health: global English language media, Jan 1, 2018-Nov 6, 2022

Part IV: Why newsrooms need to follow the money, and why they struggle to do it

Economic evaluation is a pillar of evidence-based decision making in public health. It helps policymakers and communities identify, measure, and compare activities with the necessary impact, scalability, and sustainability to optimise population health.[34] For the media, economic evaluation can be colloquially equated with the journalistic edict of “following the money”.

Engaging with economics is central to an appraisal of the global mental health movement, now more than ever. In particular, there is substantial evidence in LMICs of the nexus of rising mental illness and extreme poverty in the aftermath of the pandemic. Researchers have found that mental ill-health and poverty are closely

[34] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4478374/

linked in a complex negative cycle, and that people affected by material deprivation are at a higher risk of mental illness.[35]

Dr Shekhar Saxena, former director of the Department of Mental Health and Substance Abuse at WHO, summarised the economics of global mental health for the *Guardian*: "When it comes to mental health, all countries are developing countries."[36]

The LMIC struggle is particularly acute owing to a combination of poor government budgets, inadequate aid from international organisations, and misutilisation or underutilisation of whatever funds are available, together with severe social inequities. We will discuss these challenges in greater detail in the next chapter.

Lacking history, context, and structural focus: how the absence of an economic lens manifests in mental health coverage

"It is critically important for the media to develop an understanding of the economics of mental health [in order to ground itself contextually]", said Mariwala of Mariwala Health Initiative. "Historically, the very development of the mental health sector is linked to money [and class]. For instance, asylums started out as workhouses for the poor, 'lunatics', or 'criminal lunatics', funded by charities and entrepreneurs."

Dr Tom Burns, professor of social psychiatry at the University of Oxford, has written about the role played by class in mental health care in Europe, where private madhouses and spas catered to the rich, and workhouses were reserved for the destitute.[37]

In India, Daman Singh writes in *Asylum* that colonial-era asylums maintained separate lodgings for Europeans, which offered better facilities compared to the quarters for Indians. Newer, more progressive ideas were introduced in the lone mental hospital catering solely to Europeans and Anglo-Indians.[38]

Mariwala said contemporary media narratives on mental health cursorily deal with the idea of the "treatment gap": the fact that there are too few

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[35] Kumar M. Kumar P. *Impact of pandemic on mental health in lower- and middle-income countries (LMICs)*. Glob Ment Health (Camb). 2020 Dec 3;7:e35. doi: 10.1017/gmh.2020.28. PMID: 34191999; PMCID: PMC7750653.

[36] https://www.theguardian.com/society/2019/sep/25/new-global-scorecard-to-map-extent-of-mental-illness-crisis

[37] Burns, T. *Psychiatry: A Very Short Introduction*, 1st edn, Very Short Introductions (Oxford, 2006; online edn, Oxford Academic, 24 Sept. 2013), https://doi.org/10.1093/actrade/9780192807274.003.0002, accessed 24 Feb 2023.

[38] https://www.sanitybytanmoy.com/interview-with-daman-singh-asylum/

psychiatrists and therapists to take care of population-scale mental health challenges. For instance, news stories often mention India having only 0.75 psychiatrist per 1,000 population (the desirable number is three).[39]

"But these reports don't delve into why this is the case," Mariwala said. "Why aren't there more professionals and what will it take to change that? A lot of these are economic arguments.

"At a basic level, the media could analyse government spending in the sector and why most of it is allocated to tertiary level institutions. How can primary institutions open proper mental health departments and offer comprehensive services in the absence of funding? Today, even in a city like Mumbai, and even if you are from a privileged background, you have to really look hard if you want an official diagnosis for a learning disability."

As the leader of a funding organisation, Mariwala would also welcome more stories on the funding landscape. For instance, the concentration of funding power and access to funding in the hands of a few prominent organisations that have the resources to manage the bureaucracy and logistics of fundraising.

"I could count on the fingers of my hands the number of NGOs that have the capacity for this," Mariwala said. "What happens then to the grassroots mental health movements or smaller nonprofits?"

Dr Valentina Iemmi, fellow at the London School of Economics and Political Science's Department of Health Policy, has studied the economic landscape of the mental health sector in LMICS. Iemmi concurs that media stories overplay clinical or medical solutions, (including, more recently, 'therapy' apps), which end up individualising the problem. She adds that when the media does report on mental health from a structural perspective, it is usually only around a specific high-profile event or disaster — for instance, the increase in mental health challenges during the pandemic, or the 2018 tragedy in South African 'care homes' that killed 144 people.[40]

To be fair, a lack of reporting on structural issues is a shared problem in broader science and health journalism. The preponderance of episodic reporting is especially common in lower-income countries, where news of

[39] Garg K, Kumar CN, Chandra PS. *Number of psychiatrists in India: Baby steps forward, but a long way to go. Indian J Psychiatry.* 2019 Jan-Feb;61(1):104-105. doi: 10.4103/psychiatry.IndianJPsychiatry_7_18. PMID: 30745666; PMCID: PMC6341936.

[40] https://www.theguardian.com/global-development/2018/oct/14/emaciated-mutilated-dead-the-mental-health-scandal-that-rocked-south-africa

long-term science-related issues peaks during special events (e.g. climate summits or the World AIDS Awareness Day) or during short periods of intense debates, but does not last long enough to sustain public interest.[41]

In mental health, a similar peak in coverage occurs every year on World Mental Health Day (October 10).

Challenges with reporting

In LMICs, mental health often falls low on the list of priorities, said Iemmi. Economic development or infectious diseases top the agenda. And the complexity in defining and diagnosing mental disorders doesn't help.

There's also a technical difficulty in formulating an economic logic for the sector. "If you consider return-on-investment of mental health interventions, one of the key components is productivity," Iemmi said. "This works well when everybody in a country is employed. But when you have, say, only 50% of the population employed, the productivity metric isn't enough.

"For instance, say you are calculating return on investment of mental health intervention in kids. You are looking at a very long timeline. This isn't as attractive and doesn't have the same immediate outcome as, say, a public vaccination campaign."

What are the other key challenges that newsrooms face in their mental health coverage? To begin with, considering the relative newness of the mental health beat in LMICs, it can be hard to find journalists who can see the big picture and decode trends.

"The technology beat has specialist journalists now," said Sachin Kalbag, former executive editor of the leading Indian daily *Hindustan Times* and currently a fellow at the policy think tank The Takshashila Institution. "There are people who specialise only in gadgets. Then there are others who specialise in startups. Similarly with climate change, there are journalists doing local environmental reporting. But at the same time, there are people who can zoom out a bit and look at climate change as a global phenomenon.

"There are very few reporters on mental health with this kind of expertise. In most newsrooms there's a generic health reporter who also covers mental health. In fact for a long time, until suicide was decriminalised in India in

[41] Nguyen, A. Tran, M. (2019). *Science journalism for development in the Global South: A systematic literature review of issues and challenges. Public Understanding of Science*, 28(8), 973–990. https://doi.org/10.1177/0963662519875447

2017, suicides were covered exclusively by crime reporters and the health reporter came as an afterthought. Then there are editors who still don't think that topics such as mental health or LGBTQIA+ issues should be given more prominence."

Priti Patnaik, founder of Geneva Health Files, a newsletter on global public health, said, "Reporting beats such as health and environment were seen as punishment assignments when I started my career in financial newspaper two decades ago in New Delhi. Although things may have changed now post-COVID, for freelancers and even staff reporters, it is not straightforward to convince their editors that a particular story is important."

Ultimately, Kalbag added, the biggest stumbling block for newsrooms is the lack of understanding of the fundamentals of the mental health sector. The next chapter tackles this by offering a primer on the economics of mental health in LMICs.

Chapter 2: Understanding LMIC mental health funding

To begin with, what are low- and middle-income countries?

Low- and middle-income countries (LMIC) are countries with gross national income (GNI) per capita between US$1,135 (or lower) and US$13,205, as determined by the World Bank.[42]

The list of LMICs is revised every three years. The table below lists average annual income per person in the four categories:

Low-income	Lower-middle income	Upper-middle income	High-income
Up to US$1,135	USS$1,136-USS$4,465	USS$4,466-USS$13,845	US$13,846 and above

Mental health in LMICs: a vicious cycle of resource constraints and vast inequities

I've already mentioned that LMICs are home to 80% of the global population, and by some estimates, about 80% of people who live with mental illness worldwide reside in these countries.[43,44]

However, funding for mental health in LMICs remains poorly researched, and there is a significant lack of accurate data on resource allocation and spending.[45]

What data is available — notably data compiled by WHO for its triennial *Mental Health Atlas* — points to severe resource constraints and inequities compared with high-income countries (HIC), driven by chronic underinvestment by the two major traditional sources of funding: governments and international donors.[46,47]

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[42] https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups

[43] https://depts.washington.edu/risemh/complete/

[44] Naslund JA, Deng D. *Addressing mental health stigma in low-income and middle-income countries: A new frontier for digital mental health*. *Ethics, Medicine and Public Health*. Volume 19, 2021, 100719, ISSN 2352-5525, https://doi.org/10.1016/j.jemep.2021.100719.

[45] Mahomed, F. *Addressing the Problem of Severe Underinvestment in Mental Health and Well-Being from a Human Rights Perspective*. *Health Hum Rights*. 2020 Jun; 22(1):35-49. PMID: 32669787; PMCID: PMC7348439.

[46] https://www.who.int/publications/i/item/9789240036703

[47] Asher L, De Silva MJ. *A little could go a long way: financing for mental healthcare in low- and middle-income countries*. *Epidemiol Psychiatr Sci*. 2017 Jun;26(3):248-251. doi: 10.1017/S2045796016001116. Epub 2017 Jan.

- More than 75% of people living in LMICs with mental, neurological, and substance use disorders receive no treatment at all.[48]
- In the *Mental Health Atlas 2020*, 56% of low-income countries reported that persons pay mostly or entirely out-of-pocket for mental health services. No HIC reported such extreme reliance on personal resources.
- Similarly, 71% of low-income countries (LICs) reported that persons pay mostly or entirely out of pocket for psychotropic medicines. The figure was just 2% in the high-income group.
- LICs reported 100 outpatient visits per 100,000 population. The number is over 5,000 visits in high income countries.
- Globally, the median number of mental health workers is 13 per 100,000 population. It falls to below two workers per 100,000 population in LICs compared with over 60 in HICs.
- The median number of mental hospital beds per 100,000 population is over 25 in HICs. It is below two in low-income countries.

What are the main funding needs in the mental health sector?

The mental health sector's main costs include:

- Cost of primary or general care, specialist/secondary health care, and social and community care, including cost of treatment and medication
- Programme management/administration costs
- Human resources cost, and
- Cost of prevention and promotion activities.

What are the primary sources of funding?

Institutional funding for the mental health sector comes from three major sources:

1. Government budgets
2. Aid from international donors — this is also called "development assistance for mental health" (DAMH), and
3. The newest entrant is private and venture capital, which invests in for-profit ventures (mostly technology-based solutions such as mental health apps) that aim to address the gaps in the conventional mental health care system.

Research on mental health funding has conventionally focused on the first two sources. However, commercial investments in mental health by private players have

[48] Available at: https://www.who.int/news/item/27-08-2020-world-mental-health-day-an-opportunity-to-kick-start-a-massive-scale-up-in-investment-in-mental-health

been growing exponentially, particularly since the pandemic. Compared with the often-arcane ways in which government and donor funding works, VC investments constitute a more dynamic, buzzy, and newsworthy topic and therefore command more mainstream media attention. This phenomenon in turn raises a complex new set of questions about the future of the mental health sector.

Here's an overview of each of these three sources of funding and the unique challenges of reporting on them.

Government funding for mental health in LMICs is ~1% of health budgets

Public expenditure on mental health remains highly deficient globally — with a median value of only 2.1% of total government expenditure on health per capita. The figure hovers at barely over 1% for LMICs.

In dollar terms, median per capita government expenditure on mental health stands at US$7.49 globally. In LMICs, that figure ranges between US$0.08 and US$3.29.

Let alone provisioning for enough funds, only 40% of low-income countries represented in the *Mental Health Atlas 2020* were able to even estimate the required financial resources. And just 8% reported that these resources were available and had been allocated to implement their mental health policies/plans.

Misutilisation of the sparse funding available is another big concern. Despite persistent calls for a rights-based view of mental health, prioritising the rehabilitation of mental health service users within the community, and ensuring access to livelihood and safe housing, a disproportionate share of funds continues to be allocated to mental health hospitals. For instance, over 70% of total government expenditure on mental health in upper- and lower-middle income countries goes towards mental hospitals, compared with 35% in high-income countries.

"This possibly reflects a situation where centralised mental hospitals and institutional inpatient care still represent the main costs for mental health services, and which shows that there is an urgent need for deinstitutionalization," said WHO.

Case study: India

Of India's total health budget estimate of INR89,155 crore (US$10.8 billion at the time of writing), mental health gets a little over 1% or INR919 crore (USS$111 million).[49]

Poor funding isn't the worst of it. The various agencies tasked with running mental health programmes in India haven't even managed to fully utilise the small purse available to them. In March 2021, the Parliamentary Standing Committee on Health and

[49] https://cmhlp.org/wp-content/uploads/2023/02/Budget-Brief-2023-v3.pdf

Family Welfare issued a scathing indictment of this trend of gross underutilisation and dwindling allocation of funds:

"The Committee is of the view that a constant underutilization over the years under this head clearly points towards the Ministry's inability to comprehend the magnitude of mental health burden in the country. Various studies have highlighted the high prevalence of mental illness in the country, but no substantial progress has been achieved to facilitate a robust mechanism for delivery of mental healthcare services."[50]

International aid for mental health in LMICs is 0.4% of total aid for health

Development Assistance for Health (DAH) is defined as the financial and in-kind contributions transferred from global health channels to LMICs with the primary intent of maintaining or improving health.

DAH is tracked by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. They do so via audited financial records from bilateral aid agencies (e.g. USAID); multilateral aid agencies (e.g. World Bank); UN agencies (e.g. WHO, UNICEF); public-private partnerships (e.g. Gavi, the Vaccine Alliance); and non-governmental organisations and private foundations.

In 2015, IMHE reported that LMICs received US$132 million in development assistance funding for mental health.[51] That number translated to 0.4% of the total development assistance spent on the health sector at large.

Among public health challenges that receive international funding, HIV/AIDS received the largest share per Disability Adjusted Life Year (DALY, defined on the following page): US$144. Maternal and neonatal health, TB, and malaria received between US$32 and US$48. The corresponding figure for mental and substance use disorders (within the broader category of non-communicable disease) was well under US$1.

[50] Available at : https://web.archive.org/web/20230207202314/https://rajyasabha.nic.in/rsnew/Committee_site/Committee_File/ReportFile/14/142/126_2021_3_11.pdf

[51] Charlson FJ, Dieleman J, Singh L, Whiteford HA. Donor Financing of Global Mental Health, 1995-2015: An Assessment of Trends, Channels, and Alignment with the Disease Burden. Published: January 3, 2017. https://doi.org/10.1371/journal.pone.0169384

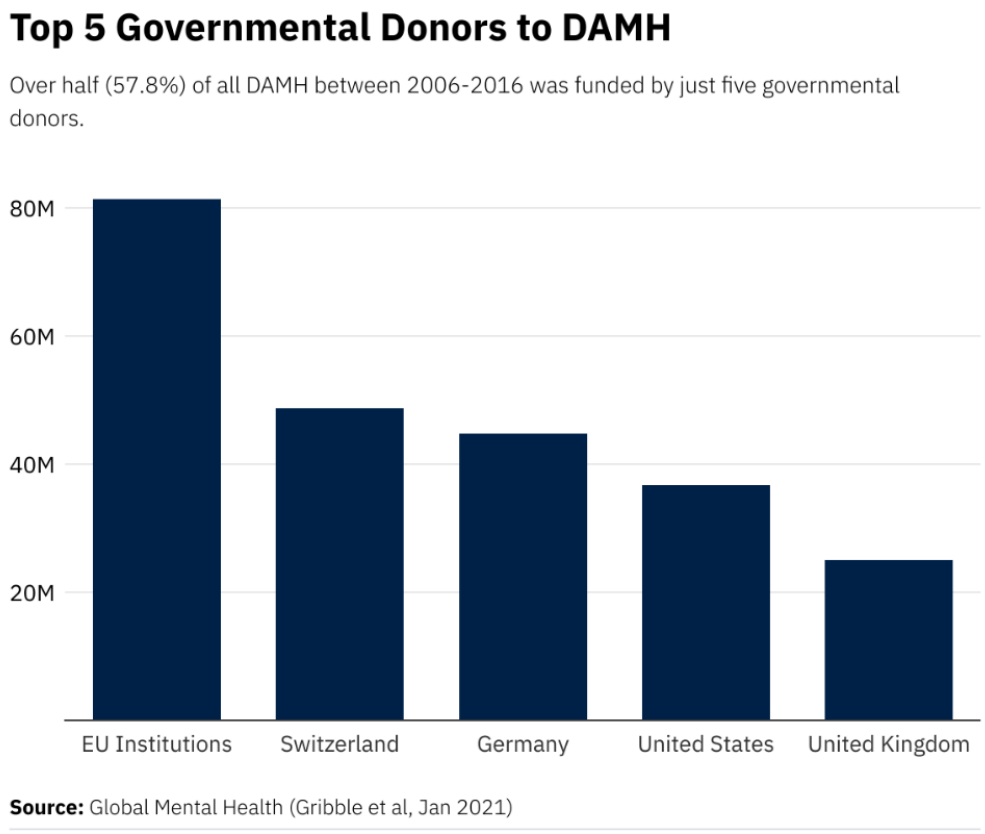
What is DALY?

DALYs for a disease or health condition are the sum of the years of life lost due to premature mortality and the years lived with a disability due to prevalent cases of the disease or health condition in a population.[52]

One DALY = loss of the equivalent of one year of full health.

Development Assistance for Mental Health (DAMH) per capita varies widely across regions (from US$0.02 in Asia to US$0.07 in Africa) and country groups (US$0.05 in low-income, US$0.02 in lower middle-income, and US$0.03 in upper middle-income countries).

The majority of philanthropic DAMH between 2000 and 2015 was disbursed to unspecified locations (81%). Amongst known recipient countries, philanthropic DAMH varied across regions and country-income groups. It accounted for over one-quarter of DAMH to upper middle-income countries (US$14 million) but 5% to low-income countries (US$6 million).[53]

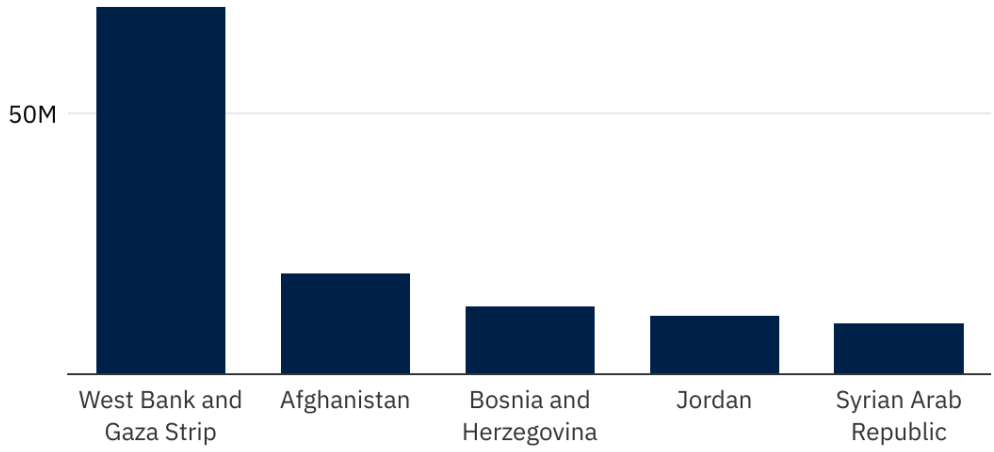


[52] https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158#:~:text=DALYs%20for%20a%20disease%20or,health%20condition%20in%20a%20population

[53] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7379329/

Where Governmental DAMH was spent (2006-2016)

The majority of government funding for mental health is politically driven, reactive to conflict settings and driven by donor agendas, according to research findings published in Global Mental Health journal.



Source: Global Mental Health (Gribble et al, Jan 2021)

Tellingly, this meagre allocation of DAMH was not dispersed to meet the actual mental health needs of recipient countries, partly as a result of a lack of understanding of mental disorders within the donor community.[54]

Children and adolescent mental health:
"the orphan" of development health assistance

More than 40% of the world population is 24 years or younger, the vast majority of whom live in low- and lower middle-income countries. [55] Globally, a quarter of DALYs for mental disorders and substance abuse is borne by this age group, and about 75% of mental disorders diagnosed in adulthood have their onset before the age of 24.

However, most children and young people in developing countries – often milked as their 'demographic dividend' – cannot access mental health care. They receive only 12.5% of DAMH and 0.1% of total DAH.

[54] Iemmi, V. *Global collective action in mental health financing: Allocation of development assistance for mental health in 142 countries, 2000–2015. Social Science & Medicine*. Volume 287, 2021, 114354, ISSN 0277-9536, https://doi.org/10.1016/j.socscimed.2021.114354

[55] Lu, Chunling, Li, Zhihui, Patel, Vikram.*Global child and adolescent mental health: The orphan of development assistance for health. PLOS Medicine*. Published: March 9, 2018. https://doi.org/10.1371/journal.pmed.1002524

Venture capital investment in mental health is booming but raises serious questions about quality of care and user safety

The vast mismatch between demand for mental health care and supply of resources has opened a lucrative market opportunity for disruptive private enterprises. In the U.S., venture capitalists pumped nearly US$7 billion into mental and behavioural health companies in 2021.[56, 57] This was almost three times the investment in this segment in 2019. Even as funding cooled in 2022 amid a broader tech-industry slowdown, mental health remained the highest-funded area in digital health, beating cardiovascular and oncology innovations.[58,59]

The surge of VC investments in mental health has triggered a lot of media interest, with prolific coverage led by business and technology reporters in general news media as well as on business and tech-focused platforms. However, the coverage often perpetuates tech solutionism and lacks an understanding of the nuances and risks associated with the VC model.

"Physicians, caregivers, payers, and patients should have real concerns about this trend," wrote researchers Dr Ravi N. Shah and Dr Obianuju Obi Berry.[60] "Silicon Valley's motto for success, 'move fast and break things', has led companies such as Uber and Theranos to break laws and cut corners. This ethos is not compatible with the Hippocratic doctrine of *primum non nocere* [first do no harm]."

- Venture capital firms tend to equate success with consumer and revenue growth ("scale"). Quality assessment is often secondary.
- VC-backed mental health startups are often lax on protecting the privacy of sensitive user data: an analysis by Mozilla Foundation flagged rampant privacy violations by so-called mental health apps and dubbed them "exceptionally creepy".[61]
- Only a handful of these startups focus on serving people living with serious mental illness, creating a gap between where investment goes and where it is most needed.

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[56] Comparable data for VCs in LMICs was not available.

[57] https://pitchbook.com/news/articles/vc-investment-telemedicine-virtual-behavioral-healthcare

[58] https://www.ey.com/en_us/growth/venture-capital/q4-2022-venture-capital-investment-trends

[59] https://rockhealth.com/insights/q3-2022-digital-health-funding-the-market-isnt-the-same-as-it-was/

[60] Shah, Ravi N, Berry, Obianuju O. *The Rise of Venture Capital Investing in Mental Health*. *JAMA Psychiatry (Chicago, Ill.)* 78.4 (2020): 351-52.

[61] https://foundation.mozilla.org/en/blog/top-mental-health-and-prayer-apps-fail-spectacularly-at-privacy-security/

- In terms of efficacy, mobile phone-based interventions may hold promise for modestly reducing common psychological symptoms (e.g. depression, anxiety), although effect sizes are generally small and rarely do they outperform other therapeutic interventions.[62]
- In the absence of insurance coverage, only users who can pay out of pocket or those whose employers pay for these products will be able to access them, further worsening the mental health care gap.

Summarising the key challenges with the mental health funding landscape

- Too little funding
- Disconnect between what needs funding and what gets funded
- Failure of traditional funding models led by governments and donors giving rise to new for-profit model that backs tech solutions with unproven efficacy and serious data privacy concerns

[62] Goldberg B, Simon, U Lam, Sin, Simonsson, Otto, Torous, ohn, Sun, Shufang. *Mobile phone-based interventions for mental health: A systematic meta-review of 14 meta-analyses of randomized controlled trials*. *PLOS Digital Health*. Published: January 18, 2022. https://doi.org/10.1371/journal.pdig.0000002

Chapter 3: How to improve coverage

Lesson 1: Reimagine mental health as more than a healthcare issue

Practitioners in the field of public health point out that access to healthcare accounts for only 10% of the state of public health, and the rest is controlled by socioeconomic factors.[63] But public conversations on health tend to be centred overwhelmingly around the former at the cost of the latter.

To change this, newsrooms must reimagine mental health as more than healthcare. One way to do so is by resetting how the media engages with experts. Dr Jo Bibby, director of health at The Health Foundation, a UK organisation working to remove health inequities, suggests inviting public health experts to comment on the effects of various socioeconomic factors on mental health, such as the strain on family income, housing crises, the volatile job market, and the loss of green spaces.

Considering the deeply intersectional nature of mental health, the media also needs to create wider space for lived experience experts. Internally, newsrooms must push for greater diversity of source, and improve the poor representation of marginalised backgrounds among hired staff.[64] And they should encourage and enable collaboration across the health, business, policy, and finance beats.

For Iemmi, the key word is integration: follow the money invested in sectors outside healthcare and see what impact this investment has had on mental health. The media has already done this to an extent with workplaces by exposing the phenomenon of "Wellness Washing" — the practice of corporations making splashy announcements about workplace mental health initiatives that don't add up to any improvement in employee wellbeing.

Lesson 2: Change how mental health stories are written and presented

Katherine Dunn of the Oxford Climate Journalism Network offers a model of what this reimagining might look like editorially. "What kind of stories work best with complex themes such as climate change or public health? I am not sure mere 'explainers' impress audiences, nor does the dichotomy between 'hopeful' and 'depressing' stories. We need stories told with nuance that don't offer simplistic solutions."

In terms of presentation, Dunn recommends not stacking all stories under one "climate change" or "mental health" section/tag that would limit their reach.

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[63] https://www.health.org.uk/blogs/health-care-only-accounts-for-10-of-a-population%E2%80%99s-health

[64] https://reutersinstitute.politics.ox.ac.uk/caste-not-dead-survey-reveals-isolation-bahujan-journalists

“Conventional classification systems can throw these stories out of the agenda,” she said. She advocates for greater fluidity between sections that reflects the cross-cutting nature of these stories.

“A story on inflation would include the tags ‘energy’ and ‘food security’, as would a story on conflict,” Dunn explained. “Ask yourself, is mental health affecting a particular area of public life, and then organise your stories on your platform in a way that best captures the breadth of the impact.”

Lesson 3: Train up reporters and editors

The experts I spoke to emphasised the need for journalists covering mental health to be trained on the basics of business and economics, and vice versa. Patnaik of Geneva Health Files stresses that health reporters should not confine themselves to just the science of the health beat but instead develop an interdisciplinary understanding of law, policy, and finance — how decisions are made, how budgets are allocated, what kind of diseases get priority, and the systemic deficiencies that lead to certain diseases falling through the cracks. Journalists need to understand the politics of health.

In addition, newsrooms need to curate and create easy access to resources in the form of vital publications and data sources from the field. (See appendix for a list of resources.) Journalists who don’t cover finance or economics often lack confidence in their numeracy skills. Riddhi Dastidar is a reporter from India who cut their teeth in mental health journalism via a series of stories for the data journalism platform IndiaSpend.[65] “Most documents and reports are quite accessible,” they said. “You can teach yourself to read them. It all looks much more intimidating than it actually is, so don't be afraid to jump in and start one piece at a time.”

Kalbag of the Takshashila Institution added that emerging beats like mental health require the support of senior leadership to garner the budgetary and human resources required. They also need a codified policy in the newsroom so that support continues regardless of any leadership changes.

Lesson 4: Don’t be confined to stories with large $$ figures and glamorous characters

The media tends to favour stories with large dollar figures, typically invested by big-name philanthropists or powerful aid organisations and investors.

This is a flawed approach, since the motivation and manner in which the money is distributed — whether it enables sustainable reforms via capacity building or is spent on short-term solutions — is more important than the actual sums invested.

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[65] See this story for example: https://www.indiaspend.com/healthcheck/india-has-mental-health-pensions-but-they-rarely-reach-the-affected-710522

One of the main criticisms of mental health funding into LMICs is the mismatch between what funders want to support and what fund recipients actually need. Newsrooms need to ask "why" and "how" and not just "how much".

Lesson 5: Scale and impact cannot be divorced from inclusion

All the above lessons culminate in one ultimate goal: Telling stories that show that the mental health sector doesn't only need *more* resources, it needs a philosophy of resource allocation that is geared towards *equity* and *inclusion*. Any increase in the funding will be wasted without qualitative improvements in this direction.

Conclusion

The media can be a powerful ally in shaping public attitudes towards mental health. But it must first take responsibility for fixing the historical errors in its mental health coverage. Getting these stories right may be a path to restitution.

Mental health, like climate change, is a matter of urgent public interest. And like climate change, it is an intersectional issue that cannot be separated from foundational socioeconomic questions.

Telling mental health stories rooted in hard economic realities will help strengthen their urgency and relevance among both journalists and their audiences, who may currently think of mental health as a "soft" human interest beat.

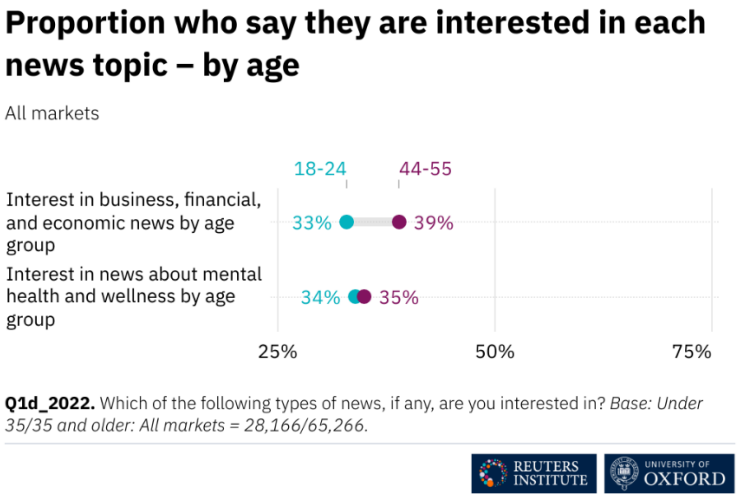
"Every year, people in India died of malaria by the thousands," said Kalbag. "They were reduced to mere statistics in the news. It wasn't until the Gates Foundation said that they will donate hundreds of millions of dollars for malaria research that it became a 'glamorous' topic to write about."

That said, following the trail of measurable indicators such as money can also give journalists a sense of tangible impact in a beat where real change can be hard to come by.

Riddhi Dastidar explained: "Often, when you report human interest stories on a case-by-case basis, you're just being descriptive. You're not getting closer to a solution necessarily. For that, you need to identify and track things that you can quantify. For instance, what can we measure when we talk about mental health? One of the things we can measure is the money flowing into the sector (is the health budget only going to tertiary centres or also strengthening the primary health centres, which is essential) and into people's hands (e.g. disability pensions and how much has that changed over the years with inflation). You're not going to be able to tell 100 stories about 100 people, but you can use 100 data points to tell an impactful story."

Undertaking a change to our mental health coverage may have a knock-on business benefit by telling new kinds of stories with broad-based appeal to new audiences.

According to the Reuters Institute's Digital News Report 2022, news stories on mental health and wellness, and business and economics, enjoy similar levels of reader interest across age groups.



Graphic representation of interest in news about mental health and news about business as proportion of age groups

Of those who indicated an interest in business, financial and economic news, around 45% said they are also interested in news about mental health and wellness. Strategically marrying the business/economics and mental health themes could help newsrooms unlock a new audience segment at little additional cost.

Appendix: List of resources

Thank you to Dr Valentina Iemmi, LSE Fellow, Department of Health Policy, London School of Economics and Political Science, for providing this list of resources for journalists interested in interrogating the financial aspects of mental health.

On the vocabulary of mental health
https://www.cartercenter.org/resources/pdfs/health/mental_health/2015-journalism-resource-guide-on-behavioral-health.pdf

A primer on return on investments in mental health
https://www.mhinnovation.net/resources/mental-health-return-investment-primer

WHO handbook on evidence-based investments in mental health
https://apps.who.int/iris/handle/10665/87232

The *Lancet* Commission on global mental health and sustainable development
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31612-X/fulltext

Mental health and sustainable development goals
https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30060-9/fulltext