MENTAL HEALTH: REPRESENTATIONS OF THE SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS IN SOUTH AFRICAN NEWSPAPERS

BY

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A dissertation submitted to the School of Applied Human Sciences, College of Humanities, University of KwaZulu-Natal, in partial fulfilment of the requirements for the degree of Masters in Social Science (Clinical Psychology) in the Discipline of Psychology.

Supervisor: DR. O Akintola

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DECLARATION

I hereby declare that this dissertation is entirely my original work, unless otherwise indicated in the text. All citations, references and borrowed ideas have been duly acknowledged. This dissertation has not been submitted to any other University for any degree or examination purposes.

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DEDICATION

My humble efforts I dedicate to my loving parents:

Mother;

for nursing me with affections, love, and supporting me in everything that I ever set out to accomplish. So much of who I am today is because of you.

Father;

your passion for life, hard work and hunger for success continues to inspire me. I really would be nowhere without your love, support and your motivation is priceless.

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I give all glory and honour to God Almighty for giving me the will to go through this study. I also express my appreciation to the following people for the many contributions they made towards me completing this study:

- My supervisor, Dr. O. Akintola for his guidance, patience and his astute critical eye; for continuously encouraging and for providing me with intellectual and emotional support. His patience, guidance and the time he devoted saw me through this project. I have learnt so much through our interactions. I feel truly honoured to have been your student.

- My siblings for their prayers, love and support which constantly gave me hope and encouragement.

- My friends for supporting me throughout this journey. Thank you for your constant encouragement, your distracting phone calls, and for making me laugh at times when I didn't think it was possible.

ABSTRACT

TITLE: Mental Health: Representations of the schizophrenia spectrum and other psychotic disorders in South African newspapers.

AIM: This paper is a report of the findings of a study aimed at exploring how the print media in South Africa covers the schizophrenia spectrum and other psychotic disorders, and related research evidence.

RESEARCH METHOD: I examined 1033 news stories that covered the schizophrenia spectrum and other psychotic disorders from 20 South African newspapers retrieved from the SABINET – SA Media online archive over a 10-year period (2004–2014). I analysed basic characteristics and conducted a content analysis of the news stories.

FINDINGS: A comparison of the circulation figures of the provincial newspapers indicates that the Western Cape has the highest circulation figures. Of the news stories included, the highest number of news stories were published in the newspapers The Star (19.3%) and Cape Argus (13.3%). The year in which the most news stories in the sample were published was 2013 (16.0%). There were 143 (79.0%) news stories that had problems as their main frame. 78 (43.1%) stories were framed to diagnose the causes of schizophrenia and other psychotic disorders, followed by 32 (17.7%) that primarily made moral judgements about actions and issues around the schizophrenia spectrum and other psychotic disorders. Stories that were classified as suggesting remedies were relatively less frequent (n = 18, 9.9%). Problems and causes were the dominant frames each year. Suggested Remedies were shown to be the least reported each year, however fluctuations across the years of analysis can also be observed.

CONCLUSION: My study underscores the potential role of media analyses in illuminating patterns in print media coverage of health issues. It also shows that an understanding of coverage of health research evidence could help spur efforts to support the climate for evidence-informed mental health policymaking. Researchers in low- and middle-income countries need to be more proactive in making use of media analyses to help illuminate mental health related issues that require the attention of health policymakers, stakeholders and reporters, and to identify potential areas of research.

KEY WORDS: Non communicable diseases, Schizophrenia, Psychosis, Psychotic Disorders, Catatonia, Schizoaffective, Schizophreniform, Mental Health Care, Media Analysis, Newspaper, Research Evidence

TABLE OF CONTENTS

Page

Declaration…….....I

Dedication……..II

Acknowledgments…….....III

Abstract…….....IV

Chapters:

CHAPTER ONE: INTRODUCTION……1

Background of the study……..1

Problem Statement……..7

Research aim……..8

Research Questions……8

CHAPTER TWO: REVIEW OF LITERATURE……..9

2.1. Introduction……...9

2.2. What is Health?.....9

2.3. The rise of Non Communicable Diseases…….9

2.4. Mental health as a major contributor to the rise of NCDs in LMICs…….10

2.5. Prevalence of mental illness……...11

2.6. Mental Health Initiatives……12

2.6.1. Background to mental health care in South Africa……..13

2.6.2. Primary health care……..14

2.6.3. The White Paper……..16

2.6.4. The Mental Health Care Act (2002)……17

2.6.5. De-institutionalisation……..18

2.6.6 Integrating mental health care in PHC and the challenges in South Africa…….20

2.7. Mental Health Services……...20

2.8. Resources for mental health……21

2.9. Public education and awareness campaigns on mental health……23

2.10. Health system challenges……..23

2.11. Strengths and Weaknesses of the Mental Health System in South Africa……...24

2.12. Mental Illness Stigma……...25

2.13. Traditional Healing……...27

2.14. The Schizophrenia spectrum and other psychotic disorders ……29

THEORETICAL FRAMEWORK……..……32
Framing……..32
How frames work……..33
Purposes of framing……...34
CHAPTER THREE: METHODOLOGY……36
3.1. Introduction…….. ..36
3.2 Methods……...36
3.3 Newspaper search and selection strategy……36
3.3.1 Search Strategy for New Stories……...36
3.3.2 Selection Strategy……38
3.4 Selection and analysis of news stories……39
3.4.1 Selection of news stories……..39
3.4.2 Analysis of news stories……...41
CHAPTER FOUR: FINDINGS……...43
4.1 Introduction……43
4.2 Characteristics of data set……43
4.3 Framing……45
4.3.1 Problems and causes……47
4.3.1.1 Problems……47
(a) Public perceptions/stigma/general misconceptions about illness ……47
(b) Incidence/prevalence……..49
(c) Social implications of illness on the mentally ill ……...49
(d) Shortage of mental health professionals ……..50
(e) General statements of risk ……51
(f) Culture and mental illness……...……52
(g) Resistance to medication and beliefs about illness/treatment by mentally ill……53
(h) Lack of awareness and funding for mental health initiatives ……54
(i) NGOs and communities taking action……..……..……..54
(j) Inability to access psychiatric help ……..……55
4.3.1.2 Causes……56
(a) Effects/relationship of drugs/substances on mental health……56
(b) New, on-going, or proposed research ……57
(c) Existing treatments or therapies……58

(d) Theories of cause ……..59
(e) Evidence of cause or cure……..60
(f) Causes of relapse……61
4.3.2 Moral Judgement……..61
(a) Call for action……61
(b) Opposition of particular solution……..62
(c) Support of a particular solution……...64
4.3.3 Suggest Remedies……64
(a) Proposed solution……64
(b) Implemented solutions……64
(c) Cancellation or removal of a solution……65
CHAPTER FIVE: DISCUSSION……66
5.1 Introduction……..…66
5.2 Characteristics of news stories……66
5.3 Frames……..67
5.3.1 Dominant Frames……..68
5.4 Findings in relation to other studies……76
5.5 Implications for policy……77
5.6 Implications for future research……...79
CHAPTER SIX: CONCLUSION AND LIMITATIONS……81
6.1 Conclusion……...81
6.2. Limitations……..82
REFERENCES……83

LIST OF TABLES

Table 1: Timeline of key policy developments about mental health relevant to South Africa, 1973–2013……..…5
Table 2: Characteristics of newspapers covered in analysis……37
Table 3: Print media frames of the schizophrenia spectrum and other psychotic disorders…42
Table 4: Characteristics of news stories with main focus on the schizophrenia spectrum and other psychotic disorders (N=216)……...44

LIST OF FIGURES

Figure 1: Flow chart depicting selection of news stories…….40
Figure 2: Graph showing proportion of news stories with primary frame……...…46
Figure 3: Graph showing proportion of primary frames in each year of analysis……47

APPENDICES

Appendix A1: Number of unique English news stories retrieved from SA Media using various search terms (N = 603)……...….93
Appendix A2: Number of news stories retrieved from various newspapers using various search terms (N=216)……...95
Appendix B1: Overlaps among news stories using different search terms (N = 72)……..….97
Appendix C1: search terms and how they were developed……..99

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS – Acquired Immune-Deficiency Syndrome

ANC – African National Congress

BoD – Burden of Disease

CBT – Cognitive Behavioural Therapy

CMDs – Common Mental Disorders

DALYs – Disability-Adjusted Life Years

DOH – Department of Health

DSM – Diagnostic and Statistical Manual of Mental Disorders

GPs – General Physicians

HCS - health care system

HIV – Human Immune-Virus

LMICs – Low-and Middle-Income Countries

MDGs – Millennium Development Goals

MH – Mental Health

MHA – Mental Health Act

MHAP – Mental Health Action Plan

MHC – Mental Health Care

MHCA – Mental Health Care Act

MHPF – Mental Health Policy Framework

MHS – Mental Health Services

NCDs – Non-Communicable Diseases

NHC – National Health Council

PHC – Primary Health Care

RSA – Republic of South Africa

SADAG – South African Depression and Anxiety Group

SAFMH – South African Federation for Mental Health

UNICEF – United Nations Children's Fund

WHO – World Health Organisation

CHAPTER ONE

INTRODUCTION

Background of the study

There has been an increase in the attention given to the rise of non-communicable diseases (NCDs) and the impact that they have in low-and middle-income countries (LMICs) in recent years (Miranda et.al, 2008). A definition that was provided by the World Health Organization (WHO) states that NCDs are medical conditions that cannot be transmitted (O'Neil et al., 2015). Their progressive nature and chronicity (of at least 3 months) are their primary characteristics (O'Neil et al., 2015). The leading causes of death globally are NCDs, and when compared to all other causes combined, they are killing more people each year (WHO, 2011). Research demonstrates that almost 80% of NCD deaths occur in LMICs (WHO, 2011). The WHO (2011) reported that 36 million (almost two thirds) of the 57 million deaths that occurred globally in 2008, were due to NCDs, namely mental illnesses, cancers, chronic lung diseases, cardiovascular diseases, and diabetes. The burden of all the NCDs combined is rising fastest among LMICs populations and communities; and the major costs that can be avoided in social, economic and human terms are imposed by all these diseases (Economist Intelligence Unit, 2017; WHO, 2011).

To a large extent, NCDs are caused by four behavioural risk factors that are pervasive aspects of 21st century lifestyles, economic transition, and rapid urbanization: alcohol abuse, tobacco use, unhealthy diet, and not enough physical activity (WHO, 2010; WHO, 2011). Increasingly, the largest effects of these risk factors fall on LMICs, and on the people who are poor in all countries, mirroring the socioeconomic determinants which are hidden beneath the surface (WHO, 2010; WHO, 2011). An increase of 15% globally between 2010 and 2020, of NCDs has been projected (WHO, 2011). The largest being in South East Asia, Africa, and the Eastern Mediterranean, where an increase of over 20% is expected (WHO, 2011). The substantial economic burden currently posed by NCDs will gradually evolve into a staggering one over the next two decades (Bloom et al., 2011).

Although there is lots of evidence that is emerging that links physical NCD and mental illness, and the cost that mental illness has on society if it is not addressed; mental health care (MHC) is usually not included in the discussions on the global health care agenda (Ngo et al.,

2013). The current NCD initiatives will be more costly and less effective without the integration of MHC into the NCD agenda. Substantial societal and individual health care costs are associated with the comorbidities of NCDs and mental conditions (Ngo et al. (2013). The dominating contributors to the burden of NCDs on global economies are cardiovascular disease and MH conditions (Bloom et al., 2011). Of the 10 leading causes of disabilities in health, 4 are accounted for by mental disorders (Dube and Uys, 2016). An estimated 25% (by the WHO) of the total number of patients using health services have one or more of the following: neurological, mental, or behavioural disorder, which are mostly undiagnosed or untreated (Bloom et al., 2011). Furthermore, a two-way relationship exists between mental illnesses and other chronic conditions; and an individual having another chronic condition (such as HIV/AIDS) increases their chances of also developing a mental disorder, and vice versa (Bloom et al., 201; Ngo et al., 2013). The burden of mental illness being underestimated is partially as a result of the poor understanding of how MH is linked to other health conditions (Ngo et al., 2013). As the population ages and grows, individuals with mental illness and physical NCD increasingly live longer (Ngo et al., 2013). Societal stigma is what mental illness suffers from and it constitutes a large barrier to access to services and treatment, which is additional to the lack of systematic MH plans and diagnosis (Bloom et al., 2011). Moreover, less than 1% of the health budget is devoted to MHC by the majority of the LMICs (Ngo et al., 2013). Lastly, adherence to treatment and prognosis may be affected by the symptoms and people who are mentally ill rarely seek help for NCDs (Ngo et al., 2013).

The statement there is “no health without MH” is endorsed by global health body authorities (O’Neil et al., 2015). The Alma Ata Declaration stipulates that health is an essential and undeniable human right (Mkhize and Kometsi, 2008). The basic services provided in South Africa’s Primary Health Care (PHC) clinics include provision of MHC, MH promotion, and prevention of mental disorders (Dube and Uys (2016). Globally, an estimated 1 in 4 people suffer from MH conditions (leading cause of disability) during their life span (Dube and Uys (2016). An estimated 23% of people that attend PHC clinics suffer from MH disorders (Dube and Uys (2016). South Africa has MH as a low priority, even though there are a high number of people with mental illnesses, and these people do not receive the care they need in MH facilities (Dube and Uys (2016).

The term ‘mental illness’ is about a set of medical conditions that affect a person’s thinking, mood, ability to relate to others, feeling, and daily functioning (Bloom et al., 2011). Hundreds of millions of people are affected by these conditions worldwide, and these conditions are sometimes also referred to as neuropsychiatric disorders, MH conditions, or mental disorders (Bloom et al., 2011). In 2002, an estimated 100 million people or more suffered from drug and/or alcohol use disorders and 25 million people suffered from schizophrenia globally (WHO, 2011). Mental disorders are also the leading causes of Disability-Adjusted Life Years (DALYs) globally and account for 37% of healthy life years lost due to NCDs (WHO, 2011). Of the MH conditions, the greatest global burden of disability is constituted by alcohol use disorders, unipolar depressive disorder, and schizophrenia. Of all the WHO countries, less than 70% have programs for MH, and even fewer have budgets that are designated for MH within their national healthcare system (WHO, 2003, 2005). Nevertheless, LMICs lack studies that review the cost of MH, thus reflecting a lack of funding, recognition of mental illness, and data (Bloom et al., 2011).

Rosslera et.al (2005) reported a growth in interest over the decades in the research of MH focusing particularly on the schizophrenia spectrum and other psychotic disorders. These authors further noted that schizophrenia is the most important and frequent illness group. Fundamental disturbances in perception, thinking and emotions, are the main characteristics of schizophrenia (described as a severe mental disorder) (Rosslera et.al, 2005). Although over a century of research has been conducted on this illness group, it appears that researchers are still struggling to fully resolve the puzzle represented by schizophrenia (Rosslera et.al, 2005). However, there appears to be a growing consensus that there is a relatively high prevalence of schizophrenia making it one of the most costly and burdensome illnesses worldwide (Murray et al., 2003). It often leads to social and mental disability, and usually starts in young adulthood (Murray et al., 2003). Suicide, stigma and discrimination as well as the burden placed by the illness on others are all important factors to note.

Following South Africa’s first democratic elections which resulted in the African National Congress (ANC) assuming power in 1994, numerous developments in policy have shaped MH (Table 1) since the beginning of democratic rule (Mkhize and Kometsi, 2008). The purpose of these policy developments were to counter the past’s destructive divisions and to also align the country’s health services with international trends, such as the World Health

Organization (WHO) reports and the Alma Ata Declaration (Mkhize and Kometsi, 2008). The ANC unveiled a National Health Plan (NHP) in 1994 (Mkhize and Kometsi, 2008). The policy adopted the PHC philosophy and this initiative was aimed at addressing inequality in accessing health care services. However, inadequate financial support and leadership from the government and donors affected many of the PHC initiatives in the country (Akintola et al., 2015). Notably, the greatest vulnerability of people with mental illnesses is abuse of their human rights (Saxena et.al, 2007). Healthcare is generally considered to be a basic need (Swanepoel, 2011). The Constitution of the RSA 1996 states that access to healthcare services is a fundamental right for every person. MHC is considerably among the most grossly neglected elements of this right, as evidenced by the numerous reports of MH (Swanepoel, 2011).

As South Africa transitioned from apartheid to a new democracy, this transition was accompanied by the vision of a national health care system (HCS) that abides by the principles of universal PHC (Petersen, 2000). The White Paper for the Transformation of the Health System in South Africa (1997) takes the form of this vision (Petersen, 2000). This vision is inclusive of the integration of MHC into the PHC system which forms part of a comprehensive service implied by this vision (Petersen, 2000). It is unclear at provincial level whether the White Paper should be considered national policy, as it is not recognized as policy at national level (Draper et al, 2009). Various factors have hindered the process of the implementation of MH policy which includes: some authorities at provincial level being reluctant in accepting responsibility for driving implementation; MH being given low priority; coordinators of MH at provincial level having different levels of seniority; inadequate staff for policy and planning, as well as provincial and national levels having varying technical capacity (Draper et al, 2009).

Post 1994 elections, the integration of MH into PHC centres and deinstitutionalizing care were resultant of the major initiative that South Africa embarked on with the aim of aligning the country's mental health services (MHS) with international trends (Jack-Ide, Uys and Middleton, 2012). Yet it was not until 2004 when enhancement of the accessibility of MHS was made possible through the promulgation of the MHC Act (MHCA) 17 of 2002 which made primary MHC accessible at the levels of the district hospital and community PHC centres (Jack-Ide, Uys and Middleton, 2012). The intentions of the MHCA were to

destigmatise and protect individuals with mental illness, for example, a person with a mental disorder is regarded as a 'MHC user'; considering that anyone can be predisposed as a MHC service user (Jack-Ide, Uys and Middleton, 2012). The MHCA was reviewed using the WHO Mental Health Legislation Checklist. The MHCA 2002 puts in place mechanisms for community based care development, decentralisation of services, and MH being integrated into general health care, all of which is consistent with international human rights standards (Lund et.al, 2010).

Table 1: Timeline of key policy developments about MH relevant to South Africa, 1973–2013

Time	***Key policy developments***
1973	Provision of MHS under the MH Act (MHA) No. 18 of 1973 – concerned with the community's welfare and safety, as 'protection of society' had priority over the rights of the individual.
1978	International Conference on PHC, Alma-Ata, USSR. (Declaration of Alma-Ata)
1994	First democratic elections – power assumed by ANC government
1994	African National Congress unveils NHP premised on a PHC philosophy ANC Health Plan built on principles of primary health care
1995	Implementation strategy released by the Department of Health (DOH) releases for a decentralised district-based health system
1995	Government embarks on the building of PHC facilities throughout the country
1996	Free PHC to all users of public health facilities is extended by government
1996	The 1996 national drug policy revealed in South Africa, which was committed to the use of an essential medicines list including supply, distribution, training, information education, informed decision-making and appropriate human resource development
1997	South Africa's first post-apartheid MH policy was approved in 1997. Document titled 'National health policy guidelines for improved MH in South Africa' – national policy guidelines were developed to inform provincial policy development
1997	The DOH's 'White Paper has a chapter on MH included
2001	Attention to the growing global burden of mental disorders was drawn by the World Health Report 2001
2002	MHCA 2002 emphasised the human rights of those with mental illness, including access to care MHCA also legislates against discrimination against MHC users
2004	The establishment of the district health system as a vehicle for the delivery of PHC throughout the country, is legislated by the National Health Act
2004	The MHCA 2002 implemented in 2004 The WHO MH Legislation Checklist was used to review the Act.
2006	South Africa became a signatory to the UN Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol.
2008	Global recommendations and guidelines for the implementation of task shifting among health workforce teams were published by the WHO in collaboration with UNAIDS and PEPFAR
2010	Discussion document on PHC re-engineering released by the Minister of Health
2011	Green paper on the NHI initiative, which includes PHC reengineering was released by the Minister of Health
2012	Ward-based PHC teams across pilot sites as part of the PHC re-engineering initiative, rolled out by government
2012	MHPF and Strategic Plan 2013-2020 was developed, a draft was discussed and a declaration (The Ekurhuleni Declaration on MH April 2012) was adopted
2013	The Comprehensive MHAP 2013 – 2020 was adopted by the World Health Assembly, committing all UN member states to take specified actions to help reach agreed targets
2013	National Health Council adopted the MHPF for RSA and the Strategic Plan 2013 - 2020.

The World Health Assembly took a further step forward when it adopted the Comprehensive Mental Health Action Plan 2013 – 2020 (MHAP) in May 2013, and all the member states of the United Nations were committed to taking specified actions to help reach agreed targets (Stein, 2014). Another important step taken forwards was in July 2013 when the National Health Council (NHC) adopted the MH Policy Framework (MHPF) for South Africa as well as the Strategic Plan 2013 – 2020 (Stein, 2014). This followed major consultative processes that included national and provincial summits of MH which started in February 2012 and ended in April 2012 (Stein, 2014).

South Africa has undergone various important reforms; however, numerous on-going challenges remain, that face MH (DOH, 2013). According to the national MHPF and Strategic Plan 2013-2020 (DOH, 2013), there are seven challenges which include: widespread stigma against individuals who are mentally ill and a lack of public awareness of mental illness; MHC continuously under-resourced and under-funded compared to the country's other health priorities, regardless of neuropsychiatric disorders' third ranking in South Africa's BoD contributors, following HIV and AIDS and other infectious diseases; as well as the services of MH continuously labouring under the legacy of colonial systems of MH, relying heavily on psychiatric hospitals (DOH, 2013). These challenges thus led to the urgent need for the National DOH to develop a national MH policy that is based on sound evidence, provides a blueprint for action on MH in South Africa, and reflects the opinions and priorities of various MH stakeholders (DOH, 2013). Giving guidance to provinces for mental illness prevention, MH promotion, and rehabilitation and treatment, is the purpose of this policy (Stein, 2014).

According to Akintola et al. (2015), a major potential influence on decision making and policymaking more generally, is how the media covers events and issues. These authors further indicated that the interface between public and policy agendas is where the media is located (Akintola et al., 2015). Media also plays a major role in providing a window into issues that concern the general population and also helps influence policy agendas through focusing the public's attention on particular issues at the expense of others, as well as setting policy agendas (Akintola et al., 2015). Through the framing of news stories, mass media also has the potential to influence public attitude (Daku, Gibbs and Heymann, 2012).

The most salient aspect of an issue depending on what is presented regarding that issue is what constitutes a frame (Collins, Abelson, Thomson and Law, 2002; Entman, 1993). Issues are placed at a certain level of importance (through framing of news stories) on the public agenda which has a particular influence on the opinions of the elite, by providing information on the emerging issues that have the potential to influence the process of public policy development, as well as the expectations of such a policy (Collins et al., 2002; Daku et al., 2012). Thematic framing is when an issue is covered continuously while subtly placing emphasis on certain aspects of it and places it in a certain context (Collins et al., 2002). Public conversation is influenced by the news in which issues pertaining to policy are framed and debated in the news (Dorfman, Wallack & Woodruff, 2005). It has been noted that thematic framing has been playing a role in promoting and shaping negative views of issues and it influences societal attributions to issues (Collins et al., 2002). The Public attitude and public policy can potentially be influenced by the patterns identified in news coverage (Wahl, 2003). Newspapers can control which aspects of a news story are to be published, that constitute the frame which determines how most of the people receiving it, evaluate, understand, note a particular problem then subsequently act based on the appropriate response that has been suggested to them (Daku et al., 2012; Entman, 1993).

Problem Statement

While there is a growing body of literature on the schizophrenia spectrum and other psychotic disorders, the effects it has on the patient and society, and its management and treatment; little is known about how the media frames issues relating to the schizophrenia spectrum and other psychotic disorders. Therefore, gaining an understanding of how the media frames issues relating to this illness group could be important as the media plays a crucial role mainly in shaping public understanding of diseases/illnesses, as well as that of the policy and decision makers. Furthermore, given the potential role that media can play in shaping decision making, understanding how the media covers issues relating to the schizophrenia spectrum and other psychotic disorders over a period of time may be crucial in informing South Africa's MHC policies. However, South Africa has little research about print media coverage of this illness group; I did not find any studies that were published on this theme.

Research aim:

This study explores how the print media in South Africa covers the schizophrenia spectrum and other psychotic disorders.

Research Questions:

The study seeks to answer the following questions:

1. How are problems related to schizophrenia and other psychotic disorders framed in the South African print media?
2. How are diagnosed causes related to schizophrenia and other psychotic disorders framed in the South African print media?
3. How are moral judgements related to schizophrenia and other psychotic disorders framed in the South African print media?
4. How are suggested remedies related to schizophrenia and other psychotic disorders framed in the South African print media?

CHAPTER TWO
REVIEW OF LITERATURE

2.1. Introduction

This chapter reviews literature that is relevant to the study. The literature is discussed under a number of sub-headings: The chapter starts with a brief discussion of health in general as well as the rise of Non-Communicable Diseases (NCDs) and the contribution of mental illness to this rise. Prevalence of mental illness is then discussed. The Alma Ata Declaration as well as the World Health Organization (WHO) is discussed under mental health (MH) initiatives which also include: Primary Health Care (PHC), Mental Health Care Act (MHCA) and de-institutionalization. This is followed by a discussion of the integration of MH in PHC, MHS, resources for MH, public education and awareness campaigns on MH, health system challenges, mental illness stigma, and traditional healing. An in-depth discussion of the schizophrenia spectrum and other psychotic disorders follows. Lastly, Entman's (1993) framework for the study of media effects provides a theoretical framework for understanding media effects and how it shapes public perception.

2.2. What is Health?

Health as a human right is central to the PHC approach (formulated by the WHO) as formulated in the Alma Ata Declaration and is regarded as a philosophy that governs strategies and principles for organising health systems (Naledi, Barron, and Schneider, 2011). The vehicle for delivering this right equitably is believed to be the health systems (Naledi, Barron, and Schneider, 2011). Holistically, health means more than individuals not having disease, and is defined as a "resource for everyday life, not the objective of living", with "peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity" (Naledi, Barron, and Schneider, 2011, p.18). These need to be achieved first in order for health to be fully attained.

2.3. The rise of Non Communicable Diseases

There is a new challenge that is facing developing countries which is an increase in NCDs that include chronic respiratory disorders, cancer, cardiovascular disease, diabetes, and mental illness (Economist Intelligence Unit, 2017). Over the years, the rise of NCDs and the impact that they have in LMICs has received more attention (Miranda et.al, 2008). In LMICs, 36.4% of deaths are reportedly due to communicable diseases and 53.8% to NCDs

(Miranda et.al, 2008). Globally, NCDs are the leading causes of death, when compared to all other causes combined; they are reportedly killing more and more people each year (WHO, 2011). They are therefore a key contributor to the BoD and a prediction has been made that they could possibly become increasingly important in the next 20 years (Naledi, Barron, and Schneider, 2011). Between the year 2000 and 2015, there has been an increase in the burden of NCDs by nearly 30% (Naledi, Barron, and Schneider, 2011). In 2013 alone, more than eight million people have reportedly been killed by NCDs before their sixtieth birthdays in LMICs (Daniels, Donilon, and Bollyky, 2014). Over half of the overall BoD in LMICs is accounted for by NCDs, and close to one third in LMICs (Economist Intelligence Unit, 2017). Although NCDs form part of the PHC package, it has been recognized that oftentimes within the health system, there is a universal problem of poor monitoring, detection, and management of such diseases (Naledi, Barron, and Schneider, 2011).

2.4. Mental health as a major contributor to the rise of NCDs in LMICs

Initially, when talking about NCDs it was being referred to cancer, cardiovascular disease, chronic respiratory disorders and diabetes. However, there were increasing calls over the years, for the inclusion of CMDs (depression and anxiety) and severe mental disorders (dementia, schizophrenia, bipolar, etc.), to expand the NCD umbrella (O'Neil et al., 2015). Thus the incorporation of mental disorder prevention and control targets by the WHO's Global Action Plan (2013–20) to decrease the burden of preventable mortality and NCDs globally (O'Neil et al., 2015). One of the biggest challenges however that still remain is that efforts to curb physical and mental disease are independent of one another and largely separate (O'Neil et al., 2015). Attempts have been recently made by the Centres of Disease Control and Prevention to close this gap, by releasing an action plan for public health that aims to integrate chronic disease prevention with the prevention and promotion of mental illness (O'Neil et al., 2015).

MH conditions and cardiovascular disease are the dominating contributing factors (globally) to the economic burden of NCDs (Bloom et al., 2011). Ngo et al. (2003) highlighted that patients with psychotic disorders have a life expectancy that is two decades shorter as a result of the mentally ill patients having a co-occurrence of cardiovascular disease. These authors further noted the risks of antipsychotic drugs, highlighting that when they are prescribed, they

increase the risk of sudden cardiac death, excessive weight gain and obesity, and type II diabetes (Ngo et al., 2003).

In both developed and developing countries, mental disorders are ranked amongst the most common conditions that are affecting health today (Hugo et al., 2003). MH is fast growing in recognition as an important issue of public health in South Africa, but it is not prioritized as it deserves (Draper et.al, 2009; Lund et.al, 2010). Although mental disorders contribute to the BoD worldwide, research indicates that MH is still under-prioritized in most LMICs, and that MHC systems in these countries are under resourced (Lund et.al, 2010; Prince et.al, 2007). In South Africa in particular, community based care needs to be developed urgently, just like many other LMICs. Furthermore, the concept of MHC is much broader than psychiatric care; it includes the promotion of MH as well as care for non-psychiatric MH problems (Petersen, 2000).

2.5. Prevalence of mental illness

Figures by the WHO indicate that behavioural and mental disorders have a probability of affecting at any one time, about 10% of the general adult population, and an estimated 25% of all people at some point in their lives (Hugo et al., 2003). In Africa, research has suggested that roughly 20% of the total population show evidence of psychiatric distress, and approximately 5% show definite psychiatric syndromes (Hugo et al., 2003). Although limited, these studies suggest that there is a comparison of the prevalence of psychiatric conditions in Africa with that of the international community (Hugo et al., 2003). Attention towards the growing global burden of mental disorders was drawn by The World Health Report (2001) (Lund et al, 2007). Estimates were that mental disorders made up 12% of the global BoD in the year 2000 and that this will increase to 15% by the year 2020 (Lund et al, 2007). Exacerbating the growth in burden of substance use, neurological and mental disorders in developing countries, is the result of the projected increase in the number of young people entering the age of risk of onset of certain mental disorders (Lund et.al, 2010). Out of the ten leading causes of health disability, four are currently accounted for by mental disorders (Lund et al, 2007).

A strong link between poverty, mental illness, and many aspects of social deprivation in LMICs, has been indicated by research (Lund et.al, 2010). Timmermans (2011) reported

that 13% of the global BoD is constituted by schizophrenia, epilepsy, dementia, depression, and other mental, neurological and substance use disorders; surpassing both cardiovascular disease and cancer. Other research indicates that approximately 1% of humans develop mental illness in their lifetime, and that mental illness causes distress (Madzie, Mashamba, and Takalani, 2014). People who are mentally ill struggle with maintaining relationships and their illness often interferes with their ability to live a useful and productive life (Madzie, Mashamba, and Takalani, 2014). According to the DOH, one in four South Africans is or has been affected by mental illness, and 1% - 3% of the South African population faces the possibility of suffering from a MH problem that is severe enough for them to require hospitalisation (Madzie, Mashamba, and Takalani, 2014). Furthermore, only 45% of South African patients that have mental illnesses seek help timeously (Madzie, Mashamba, and Takalani, 2014).

2.6. Mental health initiatives

The Alma Ata Declaration contains a definition of health that envisages a holistic approach to health care that includes economic, physical, and social wellbeing (Jack-Ide, Uys and Middleton, 2012). Health is a fundamental human right, according to the Alma Ata Declaration (Jack-Ide, Uys and Middleton, 2012). Health was endorsed by the WHO as a universal human right, and as a fundamental goal for systems of health care of all countries (Jack-Ide, Uys and Middleton, 2012). The principles of PHC (regarding social justice and the right to better health for all) at the Alma-Ata Declaration reaffirmed the WHO's comprehensive approach to achieving good health and the importance of care at the primary level (Jack-Ide, Uys and Middleton, 2012). Ensuring that the institutions, resources and organizations improve service provision and, ultimately the population's MH is the primary objective of a MH system (Jack-Ide, Uys and Middleton, 2012). Optimal actions for service provision improvement were conceptualized by the WHO as developing human resources; primary care providing services for mental disorders; establishing national MH policies, programs, and legislation; ensuring that essential psychotropic medication is accessible; promoting public awareness and education and the involvement of other sectors, while promoting and supporting relevant research (Jack-Ide, Uys and Middleton, 2012).

2.6.1. Background to mental health care in South Africa

According to Emsley (2001), medical practice carried out in institutions began over 300 years ago in South Africa when a small hospital was established in Cape Town by Jan van Riebeeck. It was in 1711 when the first hospital that catered specifically to mentally ill people was established (Emsley, 2001). The Mental Disorders Act was introduced in 1916. From 1910 when there were only 8 mental institutions caring for 3624 patients, currently there are over 24 registered public psychiatric hospitals – indicating an increase in MHC facilities over the years (Emsley, 2001). The collision of the epidemics of communicable and NCDs in South Africa and the dysfunctional health system roots are embedded in policies from the country's historical periods (from colonial subjugation, apartheid dispossession) to the post-apartheid period (Coovadia et.al, 2009). Vast income inequalities, the migrant labour system, gender and racial discrimination, extreme violence, and the destruction of family life have all made up South Africa's troubled past, and have all affected health and its services either directly or indirectly (Coovadia et.al, 2009). The country's health system was faced with massive challenges when apartheid ended in 1994, many of which still persist (Coovadia et.al, 2009).

South Africa has 11 official languages with English being the predominant language of communication (WHO, 2007). Christians are the largest religious group, and a small Jewish population, Hindu, traditional African, and Muslim make up the other religious groups (WHO, 2007). The World Bank 2004 criteria indicated that South Africa is a lower middle income group country (WHO, 2007). However, together with Gabon, Mauritius and Botswana, South Africa is one of four African countries ranked by the World Bank as an upper-middle-income economy (Naledi, Barron, and Schneider, 2011). The country was marked by human rights violations which were sanctioned by law (results of the policy of apartheid), prior to the advent of a new democratic dispensation in 1994 (Mkhize and Kometsi, 2008). Most of the country's population was not represented in parliament, as a result, they did not have a voice in decision making structures affecting them (Mkhize and Kometsi, 2008). The HCS was thus highly fragmented (Mkhize and Kometsi, 2008). Services for health care were differentiated according to race or ethnic group, also, they were mostly centralised with the urban areas having the best resourced facilities at the expense of the rural and homeland 'states' (home to the Black population) that were under-resourced (Mkhize and Kometsi, 2008). Within the country, only 14 health departments existed, which

provided separate and unequal services (Mkhize and Kometsi, 2008). More funding was made available for tertiary care than primary care, and care for chronically ill mental patients was centralised in large institutions (Mkhize and Kometsi, 2008).

Due to South Africa's apartheid history, MHC for African people has been inadequate and at times even non-existent in most parts of the country especially in the rural areas, (Pillay and Lockhat, 1997). The country's history has contributed immensely to the health policy and services of the present day, as well as to the health of its people (Coovadia et.al, 2009). As a result of apartheid, an under-resourced, inequitable, and fragmented public sector MHS was inherited by South Africa (Lund and Flisher, 2006). MH resources are limited, and those that exist continue to operate in the same delineated patterns of racial segregation and inequities of apartheid and they tend to be concentrated in urban areas (Lund and Flisher, 2006). Currently, the profound health transition that South Africa is undergoing is characterised by NCDs that are arising both in urban and rural areas, and are most prominent in poor people living in urban settings, thus increasing pressure on health care services for acute and chronic patients (Mayosi et.al, 2009). As numerous other countries globally, the MH needs in South Africa have not been met, leading to frantic attempts to solve the problem by using methods that are outside of what has been prescribed by the traditional MH model, while simultaneously shaming both policymakers and the MH fraternity (Pillay and Lockhat, 1997).

2.6.2. Primary health care

During the late 1960s and early 1970s there were new proposals for health and development which gave rise to PHC (Cueto, 2004). It was launched at the Alma Ata 1978 international conference on PHC, and is referred to as the preferred approach or strategy to providing health care (WHO/UNICEF, 1978). Health as a basic human right was acknowledged by the PHC approach, and is the most effective means to equitably deliver this right (Hall & Taylor, 2003; Naledi, Barron, & Schneider, 2011). The different services provided by professionals from various disciplines within the health system under PHC include promotive, preventive, curative, rehabilitation and supportive services (Starfield, 1998). These services aim to address the physical, mental and emotional factors that influence well-being and impact on individuals' health (Starfield, 1998). Therefore, the core function of PHC is to provide easily accessible quality health care services in all communities. The PHC approach is used by

most of the LMICs and has been accepted as the best model for delivering basic health care for managing and combating the BoD in marginalised communities (World Bank, 2011).

South Africa, like other LMICs also embraced the PHC approach making it the foundation of the health policy and still remains the foundation of the health care delivery system, developed by the democratically elected government in 1994 (Pillay, 2003). Post-Apartheid, South Africa took on a huge initiative of integrating health and other services, to overcome the past's destructive influence, as well as to align the health services of the country with international trends (i.e. Alma Ata Declaration and WHO reports) (Mkhize and Kometsi, 2008). The legislation was passed in South Africa that drifted the country in the direction of PHC at the district level (Mkhize and Kometsi, 2008).

An addition that was incorporated into the PHC system was that of offering health care services for free, initially to pregnant women and children and subsequently to the entire population. The essence of PHC reengineering was developed in response to the mandate of the National Health Council (NHC) to improve health outcomes by restructuring the health system. This was inspired by a visit by a health ministerial delegation which visited Brazil in 2010 to learn from other countries; this gave rise to the vision for re-engineering of PHC (Pillay & Barron, 2011).

In South Africa, the main aims of PHC re-engineering is to help the health system find its focus by: i) providing health care services that will improve and maintain all aspects of peoples' health in the communities, ii) motivating the health care team to be enthusiastic by equipping them with appropriate skills and iii) creating an environment where all available resources are utilised (Naledi et al., 2011; DOH, 2011). Moreover, two further aims of PHC re-engineering are, to achieve the output of increasing life expectancy and enhancing health systems effectiveness (Naledi et al., 2011). It is hoped that this will be achieved through district clinical specialist support teams and municipal ward-based PHC agents (Naledi et al., 2011; DOH, 2011).

In a PHC system, the district level is where care takes place; it should be easily accessible at the level closest to the users, where all their needs for health care are in an integrated HCS (Mkhize and Kometsi, 2008). This was endorsed by the White Paper (1997) (Mkhize and

Kometsi, 2008). Prevention and health promotion was emphasised by the new system, as opposed to what the previous HCS offered, which was hospital-based and curative in nature (Mkhize and Kometsi, 2008). It was envisaged that integrating substance abuse and MH into the PHC system would allow for simultaneous care for patients for both mental and physical care in one visit (Mkhize and Kometsi, 2008). Furthermore, this move was considered as a means to reduce the stigma attached to mental illness, especially because the integral parts of the plan were community and family involvement (Mkhize and Kometsi, 2008).

2.6.3. The White Paper

In order to stay in line with the new health policy, attempts are being made in the democratic era, to reform MHSs (Lund and Flisher, 2006). The White Paper (1997) articulated the vision for a new MHS, stating that all levels (national, provincial, district and community levels) should plan and coordinate a comprehensive MHS that is, and must be incorporated in other health services (Lund and Flisher, 2006). Following the declaration of Alma Ata, the WHO has encouraged the development of MHSs that are based in the communities, and MHC being integrated into primary care – this new policy is therefore in line with recommendations by the WHO (Lund and Flisher, 2006).

The MH policy was last revised in 1997 in South Africa and it took the form of a document titled "National health policy guidelines for improved mental health in South Africa" (DOH, 1997). It was approved at a meeting of the national and provincial Ministers of Health (DOH, 1997). Included in the DOH's "White Paper for the transformation of the health system in South Africa" was a chapter on MH (DOH, 1997). This occurred during the same year. The following recommendations were made by the White Paper for implementation at community level (Mkhize and Kometsi, 2008): "At the community level, non-governmental and other grassroots organisations should be involved in MHSs. Communities should be actively involved in the planning and implementation of community-based MHC services, as well as substance abuse prevention, management and rehabilitation". Amongst other things, the White Paper envisaged the promotion of community involvement by supporting those who use MH and psychogeriatrics for improvement in their quality of life (Mkhize and Kometsi, 2008). Therefore, an important part of the Alma Ata Declaration is community participation.

The White Paper includes but is not limited to (WHO, 2007): the development of a MH component in PHC; MHSs in the community being developed; large mental hospitals being downsized; financing; advocacy and promotion; involving users and families; quality improvement; protection of the human rights of the users; human resources, equity of accessibility across different groups to MHSs; and a monitoring system. Provincial governments are responsible for planning for service delivery (WHO, 2007). Two provinces have developed their own policies for provincial MHSs, namely the Free State and the North West Province, using the new MHCA (2002) as a guide in the absence of national policy, (WHO, 2007). An essential medicines list has been put in place which includes mood stabilizers, antipsychotics, antiepileptic drugs, anxiolytics, and antidepressants (WHO, 2007).

2.6.4. The Mental Health Care Act (2002)

As indicated above, the latest legislation for MH (the MHCA) was enacted in 2002 and implemented in 2004, and the country's constitution is aligned with South Africa's provision of MHSs, thus prioritising the protection of human rights (Mkhize and Kometsi, 2008; WHO, 2007). The MHCA includes the following aspects: mechanisms to implement the provisions of MH legislation; access to MHC including the least restrictive care; competency, capacity, and guardianship issues for people with mental illness; rights of those using MHS, family members, and other care givers; professionals and facilities accreditation; law enforcement and other judicial system issues for the mentally ill; mechanisms to oversee involuntary admission and treatment practices; and voluntary and involuntary treatment (WHO, 2007).

Each province established Review Boards with the authority to end procedures and review processes for complaints investigation, review involuntary admission, and oversee regular inspections in MH facilities (WHO, 2007). This was in keeping with the MHCA 2002. These Review Boards can impose sanctions (e.g., close facilities that persistently violate human rights, withdraw accreditation, or impose penalties) (WHO, 2007). Additionally, reviews and reports on conditions in MH facilities were done occasionally by the parliamentary Human Rights Commission which serves an external watchdog function (WHO, 2007). The existence of a national MH authority provides government with advice on legislation and MH policies, namely the National Directorate: substance abuse and MH (WHO, 2007). In all nine provinces, MHSs are organized in terms of catchment areas (WHO, 2007).

The development of health policy has generally been described as multi-level, complex, driven to varying degrees and continuous; by government, the public (including interest groups) and foreign agencies (Draper et.al, 2009). The development of policy has been analysed within the health sector reform context, and specifically post-conflict health sector reform (Draper et.al, 2009). South Africa's historical legacy shows that the provision of MHSs under the MH Act (MHA) No. 18 of 1973 prioritized the 'protection of society' over the rights of the individual, thus it was concerned with the community welfare and safety (Jack-Ide, Uys and Middleton, 2012). This means that people were certified to a psychiatric institution if there was 'a reasonable degree of suspicion of mental disorder' (Jack-Ide, Uys and Middleton, 2012). However Jack-Ide, Uys and Middleton (2012) highlight a few pitfalls of 'certification' including its openness to abuse and the fact that MHSs were centralized far from the homes and communities of the majority of the patients (in urban cities). The rights of individuals with mental illness are thus protected by the enactment of the MHCA of 2002 and it also cleared the country of public health legacy from its pre-1994 eras (Jack-Ide, Uys and Middleton, 2012). This is achieved through – for instance – the integrated MHC services in primary centres in the communities as well as the provisions made by the South African legislation for free MHC (Jack-Ide, Uys and Middleton, 2012).

The MHSs and programs in South Africa are driven by the MHCA of 2002 (Jack-Ide, Uys and Middleton, 2012). MH has become a serious public health issue due to the legislation; the principles of respect for human rights is what the Act is grounded in, as well as the protection and promotion of those rights; compared to previous legislation, it underpins a stronger human rights approach to MHC service; and it ensures that the rights of a person are not taken away when they are hospitalised involuntarily as a result of harm to self and others (Burns, 2011; Jack-Ide, Uys and Middleton, 2012; Stein, 2014).

2.6.5. De-institutionalisation

Deinstitutionalisation has existed for over 50 years in developed countries. Part of the changes that were made to the South African HCS which are in line with developed countries, included de-institutionalisation and integration of patients (chronically ill with mental disorders) into the community who were previously institutionalised, thus reducing reliance on long-term institutionalisation for such patients that has been occurring for centuries (Mkhize and Kometsi, 2008). After a few changes to the MHCA that were in line

with international trends, it currently advocates for a rehabilitative, community-based model of health care, which is an approach meant to also decrease stigma that is attached to mental illness (Mkhize and Kometsi, 2008). Although deinstitutionalisation appears to be a plausible idea, research has also suggested that it needs to be implemented cautiously and gradually as it is a complex process, in order to ensure that patients with severe and chronic mental disorders are cared for continuously (Mkhize and Kometsi, 2008). It is important to note that in relation to the distribution of resources for MH; there are large variations between provinces, which call for a critical balance between community-based care and de-institutionalisation (Mkhize and Kometsi, 2008). Indeed, following patterns that are similar to other LMICs, de-institutionalisation in South Africa has proven difficult to translate to practice from the level of policy (Mkhize and Kometsi, 2008). Hospitals that previously catered for the mentally ill continue to serve large numbers of patients who are chronically ill, however, there are noticeable increases in the number of patients that are acutely ill (Mkhize and Kometsi, 2008).

Mkhize and Kometsi (2008) highlighted a number of concerns and challenges that have been raised in South Africa in relation to deinstitutionalisation: (1) Inadequate resources (by the development of community residential care facilities and ambulance services, need to precede de-institutionalisation). (2) The potential for family neglect (hospital care is reportedly preferred over community care by patients and families in South Africa – and could possibly be associated with the burden on the family caring for the mentally ill on the family). (3) Other concerns about, and obstacles to de-institutionalisation such as: mental hospitals' culture of custodial care is firmly entrenched and this is difficult to change; family and members of the community are ill-informed about mental illness resulting in continued stigmatisation (arranging community placements then becomes difficult); due to shortages in staff, there has been limited provision of effective continuity of care and support to families and non-governmental organisations (NGOs); some of the mentally ill end up being homeless due to them being chased out of home and their inability to outsource shelter elsewhere; and reduction of beds in hospitals results in discharge of patients without the consideration of the availability of family and community support or considering their readiness.

2.6.6 Integrating mental health care in PHC and the challenges in South Africa

In terms of the MHCA, there ought to be an integration of MHSs into the PHC system (Mkhize and Kometsi, 2008). The importance of integrating MH into PHC is endorsed by most provincial services, and some training initiatives have been undertaken for PHC doctors and nurses (WHO, 2007). Restrictions are in place with regards to PHC nurses prescribing treatment (e.g., they can continue prescription but cannot initiate prescription); however, all medications on the essential medicines list may be prescribed by PHC doctors (WHO, 2007). There is great variation at PHC level in the availability of psychotropic medicine (WHO, 2007). At the level of policy and legislation, South Africa has made significant strides which have aligned it with other countries around the world that have made similar efforts at integration, however, the implementation level has brought about numerous challenges (Mkhize and Kometsi, 2008). These challenges, which mirror the experiences of LMICs, pose a major threat to the realisation of the principles embedded in the Alma Ata Declaration as ultimately, they highlight amongst other factors, the fact that failure may result if MH is integrated into the PHC system without enough community involvement and participation, limited resources, lack of infrastructure and political will (Mkhize and Kometsi, 2008).

It can also be noted that implementation of the PHC system in South Africa is generally biomedical in orientation (Mkhize and Kometsi, 2008). The integration of psychiatric care for serious mental disorders at the primary care level has characterised implementation (Mkhize and Kometsi, 2008). A situational analysis of integrated MHSs in the Lower Orange district and Mount Frere revealed that MHC in these districts was psychiatric in nature, and that no counselling services were available although the hospitals provided psychiatric care (Mkhize and Kometsi, 2008). MHSs provided at the primary level of care (especially in the rural areas) is hindered by poor infrastructure, possibly because MHSs (compared to other health areas) remain low on government priorities in most LMICs, South Africa included (Mkhize and Kometsi, 2008).

2.7. Mental health services

As discussed above, South African MHSs have been chronically under-resourced just like many other LMICs. According to Lund et.al (2010), until the late 1990s, services remained concentrated in psychiatric institutions as part of the institutional care and colonial legacy under apartheid. After the first democratic elections of 1994, enhancement of the

accessibility of MHSs was thus made possible. In South Africa, primary MHC services are mostly catered for by general physicians (GPs) who have roles in offering services such as screening, referral, outpatient care, and follow-up (Jack-Ide, Uys and Middleton, 2012). Regional hospitals are responsible for secondary levels of MHC, and institutions at the tertiary level institutions provide specialized services at designated psychiatric hospitals (Jack-Ide, Uys and Middleton, 2012). Although MHSs were integrated into PHC and standardized treatment procedures, the challenges (socioeconomic) pose difficulties in realizing improved access to MHC (Jack-Ide, Uys and Middleton, 2012).

The government is advised on MH policies and legislation by an existing national MH authority (WHO, 2007). All budgets and health services are decentralised to the 9 provinces (WHO, 2007). The budget and resources available for MHC differ between provinces, and all provincial MHSs are organized according to catchment areas (WHO, 2007).

2.8. Resources for mental health

Within the country's MHSs, funding, community resources, and human resources; the resources for MH include policy and infrastructure (Saxena et.al, 2007). The burden of MH is growing globally, however government spending is far lower than is needed in most of the relevant countries, when compared to the proportionate burden of mental disorders and the availability of interventions that are affordable and cost-effective (Saxena et.al, 2007). Globally, MH resources are not only scarce; they are also distributed inequitably within communities, between regions, and between countries (Saxena et.al, 2007). Populations where the rates of socioeconomic deprivation are high, they have the lowest access to MHC although they have the highest need for MHC (Saxena et.al, 2007). The way in which communities view mental disorders also constrains use of available resources because of the stigma attached to it (Saxena et.al, 2007).

One of the biggest problems in South Africa with human resource in MH is that most of the psychologists and psychiatrists are not proficient in African languages, and they are mostly based in metropolitan and urban areas around South Africa (Pillay and Lockhat, 1997). South African psychologists and psychiatrists are not evenly distributed across the country, they are mostly concentrated in the large cities (Cape Town, Johannesburg, Pretoria and Durban) leaving large rural areas of the country without such services (Burns, 2011; Emsley,

2001). Also, those that are trained in South Africa often leave to go practice overseas. With regards to psychiatrists in South Africa, there is less than 30% of the number required to comply with national norms of 1 per 100,000 population (Burns, 2011). Furthermore, this figure (0.28 per 100,000 population) falls far below the other middle-income countries average (± 5 per 100,000 population) and even further below the high-income countries average (± 15 per 100,000 population) (Burns, 2011). The issue of inadequate MH specialists is tied with infrastructure that is not well developed, for delivering MHSs in accordance with the needs of the inhabitants (Burns, 2011).

According to Burns (2011), in South Africa, despite progressive MH legislation (i.e. MCHA), numerous hindrances to the development and financing of MHSs exist, which result in: (i) out-dated psychiatric hospitals, which are often unfit for human use and are falling into disrepair; (ii) major shortages of MH personnel; (iii) vitally important tertiary level psychiatric services are proving difficult to develop (such as neuropsychiatric services, child and adolescent services, psychogeriatric services, etc.); and (iv) continued undeveloped psychosocial rehabilitation and community MHSs, that result in patients being institutionalised, without any hope of being rehabilitated back into their communities. The idea of prevention is central to community MH, incorporating the concepts of tertiary, primary, and secondary prevention (Pillay and Lockhat, 1997).

Nine provinces have been demarcated, following South Africa's democratic election (1994), with more regional government structures as a promise (Pillay and Lockhat, 1997). The KwaZulu-Natal province for instance only has two cities which are responsible for providing much of the services for MH within the province (Pillay and Lockhat, 1997). Patients have to use ambulance services from their nearest general hospitals or clinics, with some travelling distances up to 300 km for consultations (Pillay and Lockhat, 1997). At a national level, it is unknown how much (percentage) government department of health expenditure has devoted to MH (WHO, 2007). Research conducted by WHO (2007) revealed that only 3 of the 9 provinces in South Africa were able to report on how much is used from health expenditure for MH: Northern Cape spends 1% of its budget, Mpumalanga 8% and North West 5%. Due to the fact that budgets for MH are incorporated in general health budgets, many provinces were unable to report on this indicator, particularly at primary care level (WHO, 2007). The

proportion of MH expenditure that goes directly for the use in/for mental hospitals was reported on by only 4 of the 9 provinces (WHO, 2007).

In South Africa, MHS implementation takes place through district, provincial and national structures (Jack-Ide, Uys and Middleton, 2012). A study conducted by Jack-Ide, Uys and Middleton (2012) found that, South Africa has 3,460 outpatient MH facilities; of which 1.4% are for children and adolescents. In a year, 1,660 persons per 100,000 of the general population are served by these facilities (Jack-Ide, Uys and Middleton, 2012). These authors further found that there were 80 day treatment facilities and general hospitals have 41 psychiatric inpatient units with a total of 2.8 beds per 100,000 population; 3.8% of these beds are reserved for children and adolescents (Jack-Ide, Uys and Middleton, 2012). A total of 3.6 beds per 100,000 population are provided for by 63 community residential facilities; 23 hospitals for MHSs provide a total of 18 beds per 100,000 population (Jack-Ide, Uys and Middleton, 2012). Strong support has been received with regards to the need to integrate MHC into general health care in South Africa (Jack-Ide, Uys and Middleton, 2012). Thus, the reduction in the gap in MHS access, through the use of general health workers, with MH specialists providing substantial support at community clinics (Jack-Ide, Uys and Middleton, 2012).

2.9. Public education and awareness campaigns on mental health

The DOH is a coordinating body overseeing public education and awareness campaigns on mental disorders and MH in South Africa (WHO, 2007). Various NGOs assist the DOH which includes the South African Federation for Mental Health (SAFMH), the South African Depression and Anxiety Group (SADAG) and other professional, consumer and advocacy bodies (WHO, 2007). Over the years, government agencies and NGOs have dealt with the promotion of public education and awareness campaigns in all provinces (WHO, 2007). However, Free State, Gauteng and the Western Cape were the only provinces that reported the involvement of professional associations in these campaigns, and the Western Cape alone involved international agencies, private trusts, and foundations (WHO, 2007).

2.10. Health system challenges

In developing countries, health systems have been shaped to a significant extent by their desire to meet the MDGs over the last 15 years or so, resulting in appropriate services for

managing infectious diseases, delivering better maternal and infant care, and acute conditions (Economist Intelligence Unit, 2017). Challenges to delivering appropriate NCD care include policy weaknesses, as well as insufficient access to medical and healthcare facilities and professionals (physicians, nurses etc.) (Economist Intelligence Unit, 2017). At times there may not be policies and if they do exist, may not be comprehensive due to their lack of clear and achievable targets, adequate resources for processes of implementation, monitoring, and evaluation (Economist Intelligence Unit, 2017). The challenges faced by the health system include limited governance and management capacity; inadequate access, coverage and quality of services; and limited human resources (Naledi, Barron, and Schneider, 2011). There appears to be a large gap between having good health policies and the implementation of such policies, and South Africa's health system provides low value for money (Naledi, Barron, and Schneider, 2011). The gap between the formulation and implementation of policy is a significant issue, which has led to inequity in service access, coverage and quality, thus hindering an effective response to South Africa's BoD profile (Naledi, Barron, and Schneider, 2011).

Existing healthcare systems are not well equipped to manage NCDs (Economist Intelligence Unit, 2017). In developing countries, healthcare systems have generally evolved to improve child and maternal health and to cope with the burden of infectious diseases (Economist Intelligence Unit, 2017). Oftentimes, large psychiatric hospitals mainly provide treatment for most MH conditions; the referral networks in these hospitals are inadequate in all levels of care and health systems (Ngo et al., 2013). A number of factors pose significant challenges that include limited human resources, lack of training in MH and NCD care, and fragmentation within the health systems (Ngo et al., 2013). However, HCSs in LMIC are rapidly changing and developing, creating an opportunity to learn the best ways of embedding MHSs in various health system environments and socio-cultural contexts, and to shape these systems (Ngo et al., 2013).

2.11. Strengths and Weaknesses of the mental health System in South Africa

The South African MH system has several strengths (WHO, 2007). South Africa for one, has MHSs that are relatively well resourced, when compared to other African countries, including facilities and available psychotropic medications, and human resources (WHO, 2007). The MHCA 2002 drove the introduction of MH Review Boards, and the establishment of 72 hour

assessment facilities in District general hospitals (WHO, 2007). However, there are several weaknesses in the current system (WHO, 2007): 1. To date, there is no officially endorsed MH policy, which provides the vision for MH system development, and overall national leadership. 2. Additionally, the lack of nationally agreed indicators for MH information systems, lead to scarce information on current service resources (budgets, staff, facilities) and provision (admissions, outpatient visits) (WHO, 2007). 3. Generally, MHSs are still operating under the legacy of colonial MH systems, with heavy reliance on mental hospitals (WHO, 2007). 4. The training of general health staff on MH is crucial as well as the staff in public of various other sectors (such as education, social development, criminal justice, housing, employment) (WHO, 2007). 5. There is evidence that consumer and family associations are established, often with the support of NGOs, such as the SAFMH, however, there is a limitation in the role of these associations in the formulation of policy and planning of services (WHO, 2007).

2.12. Mental Illness Stigma

Although mental illnesses in developed and developing countries are among the most common conditions affecting health today, there is still a lot of ignorance and stigma surrounding MH (Hugo et al., 2003). Although there have been significant advances in treatment, in past decades, the stigmatization and discrimination of people with mental illness have remained a constant (McGinty et al., 2015). This stigma is substantial and widespread. As the world shifts towards an approach that is more community based psychiatric service delivery, stigma and its surrounding issues have become increasingly important (Ulla et.al, 2006). As many as one in every five persons that seek general health care have been estimated to do so because of a MH problem (Hugo et al., 2003). A large number of mental illness sufferers are unaware that they have a illness that is diagnosable or that effective treatment is available, resulting is issues of non-detection in general practitioner or primary care settings (Hugo et.al, 2003; Madzie, Mashamba, and Takalani, 2014). This could be the reason for the high incidence of patients with psychiatric disorders that are either misdiagnosed or undiagnosed, therefore, inadequately treated. Considerable personal and social costs exist as a result of mental disorders that have not been treated (Hugo et.al, 2003).

Research suggests that community attitudes, ignorance about the availability of treatment that is effective (and cost-effective), the fear of stigmatisation, and advances in the diagnosis and

management of mental illness, all influence MH sufferers' help seeking behaviour (Hugo et.al, 2003). Therefore, with negative community attitudes toward mentally ill persons, the biggest stigma is attached to illnesses where the behaviour of a person is perceived as unpredictable or potentially dangerous (Hugo et.al, 2003). According to Rhydderch et al (2016), stigma and discrimination against people that have a mental illness have grave public health impacts such as maintaining inequalities (1) including poor access to physical and physical health care (2), reduced life expectancy (3), exclusion from higher education (4) unemployment (5), increased risk of contact with criminal justice systems (6), victimisation (7), poverty and homelessness (8). The stigma associated with mental illness is recognized as having a negative impact on the lives of mental illness sufferers, resulting in social withdrawal, and a lowered perception of self-worth, thus leading to delayed access to services, social isolation, poor employment, education, and housing options (Rhydderch et al, 2016).

Dube and Uys (2016) identified a contributing factor towards the development and maintenance of stigmatisation as the usage of terms that are stigmatising and health professionals labelling sufferers psychiatrically. A lack of knowledge about MH, negative attitudes towards it and discrimination against people with psychiatric disorders all contribute towards stigma directed towards a people with such illnesses (Dube and Uys, 2016). Therefore, the widespread isolation, the abuse of people with psychiatric conditions, and social rejection is often worsened by a lack of resources for educating and addressing fear, suspicions and mistruths (Hugo et.al, 2003). Community attitudes and perceptions towards mental illness have been found to play a big role in the successful treatment and social reintegration of people with mental illness, and in the determination of help-seeking behaviour (Hugo et.al, 2003; Ulla et.al, 2006). The compliance of patients is influenced by the knowledge about and attitudes towards treatment, drug treatment in particular (Hugo et.al, 2003; Ulla et.al, 2006). A recent study documented the widespread negative attitudes toward people with schizophrenia in 16 countries in Africa, Europe, Asia, South America, and Australia (McGinty et al., 2015). This study found that in comparison to other countries, fewer members of the American public were willing to have a person with schizophrenia as a neighbour; than were respondents from Belgium, South Africa, Argentina, Brazil, Iceland, Germany, and New Zealand (McGinty et al., 2015). Discrimination and poor health and

social outcomes among the mentally ill people, is linked to this enduring social stigma (McGinty et al., 2015).

Four factors have been identified by Ulla et al. (2006), as the likely contributors to stigma: (1) attribution of responsibility (individuals with mental illness are more likely to be held responsible for their conditions because of their behavioural and mental problems), (2) dangerousness, (3) disruption of social interaction and (4) poor prognosis (Ulla et.al, 2006). Therefore, community attitudes towards people with mental illness (especially those with schizophrenia) seem to be disproportionately and detrimentally affected by the negative stereotype of dangerousness (Ulla et.al, 2006). Ulla et al. (2006) conducted a study to investigate attitudes towards schizophrenia amongst 100 relatives of Xhosa speaking schizophrenia sufferers. This study found that 67% of respondents believed the development of schizophrenia is contributed to by witchcraft or possession by evil spirits (Ulla et.al, 2006). Furthermore, 52% of the family members indicated that they believed the patient to be dirtier than the average person, 45% believed that these patients were unpredictable and 44% believed they were dangerous (Ulla et.al, 2006).

Recently, the DSM-5 proposed that the attenuated psychosis syndrome be included in the DSM, raising concerns regarding patients being potentially stigmatized and labelled "at-risk", with particular consideration of the elevated number of false positives (± 30% of patients showing initial prodromal symptoms that are putative go on to develop psychosis within the next two and a half years) (Gerlinger et.al, 2013). This proposal further questioned if the various stages of the schizophrenia illness group (i.e. chronic illness, the clinical high risk syndrome, and first episode) may possibly be impacted by stigma and self-stigma in different ways (Gerlinger et.al, 2013).

2.13. Traditional Healing

According to Mbwayo et.al (2013) the WHO, described traditional medicine as the overall skills, knowledge, and practices (theory based); beliefs and experiences (indigenous to different cultures), whether explicable or not, used in maintaining health – and in the diagnosis, prevention, improvement or treatment of mental and physical illnesses. The issue is that the beliefs of the community play a large role in diagnosing and treatment of an illness using traditional medicine as in most cases healers interpret the type of illness and prescribe

treatment plan (Mbwayo et.al, 2013). Therefore, within a different culture, the same illness could be interpreted in different ways, hence the possible variations in treatment modality (Mbwayo et.al, 2013). In South Africa's traditional belief system, the influence of bewitchment or ancestors (demonic possession by witches and ancestors) may be associated with MH problems, and traditional healers are believed to have the expertise to address these causes (Madzie, Mashamba, and Takalani, 2014; Sorsdahl et.al, 2010). This ultimately leads to many individuals fearing being rejected by others. Instead of seeking help they resort to keeping their mental illness confidential rather than seeking the necessary medical attention (Madzie, Mashamba, and Takalani, 2014).

For many centuries, traditional healers have often been instrumental in treating mental conditions (Madzie, Mashamba, and Takalani, 2014). An attempt was made by the Traditional Health Practitioners Bill in South Africa, No. 25 of 2007 at the "formalization, regulation and professionalization" of doctors of traditional medicine, however, this bill was never put into effect, therefore, there has never been a formal collaboration between Western and traditional medicine (Madzie, Mashamba, and Takalani, 2014). Prior to using westernized forms of treatment, a lot of the South African patients first consult their traditional healers for the treatment of their mental illnesses (Sorsdahl et.al, 2010).

It was believed that consulting traditional healers than the more scientifical healers would be the 'natural' preference of Africans (Sorsdahl et.al, 2010). An assumption is made by this claim that African people could choose which health care practitioners they wanted, when this was hardly the case in reality as there was a lack of access to Western health practitioners in many regions of South Africa, but more options have become available to South Africans post-apartheid era (Sorsdahl et.al, 2010). Numerous factors lead people to consult traditional healers as opposed to public health services (Burns, 2011). Firstly, traditional healers are more culturally and geographically accessible to many citizens (Burns, 2011). Secondly, the societal stigma attached to the use of formal MHSs is one of the major factors leading individuals to traditional healers (Burns, 2011). Notably, like most other LMICs, South Africa is characterised by inadequacies in the resources available for MHC, and by a number of barriers to access of MHSs (Burns, 2011).

2.14. The Schizophrenia spectrum and other psychotic disorders

Psychosis is described as a condition of the mind which is extraordinary (American Psychiatric Association [APA], 2013). By definition, psychotic individuals are subject to profound changes in personality, hallucinations, delusions, and formal thought disorder; and have lost touch with reality (APA, 2013). According to the DSM-5 (2013), this illness group includes the schizotypal (personality) disorder, schizophrenia, and other psychotic disorders (APA, 2013). These disorders are defined by abnormalities in the following domains: negative symptoms, hallucinations, delusions, disorganized thinking (speech), and grossly disorganized or abnormal motor behaviour (including catatonia) (APA, 2013).

Schizophrenia is a mental illness that is chronic, severe and disabling, and is characterized by positive symptoms (i.e., delusions and hallucinations – experiences or beliefs not rooted in reality that are unusual), disorganization (i.e., thought disorder, behaviours that are unusual, or incoherent speech) and negative symptoms (i.e., avolition – expression of emotions, motivation, and social closeness are dampened) (Coponigro et al., 2014; Crivelli and Rocca, 2013; Kuller and Bjorgvinsson, 2010). Schizophrenia combined with these symptoms, is associated with functional outcomes that are poor, which include difficulties in social functioning, comorbid medical conditions with psychological disorders, and reports of lower quality of life (Coponigro et al., 2014). In both men and women, schizophrenia is equally prevalent however its onset is earlier in men than in women (Pagsberg, 2013). Late onset schizophrenia is when onset occurs after the age 45 years. Schizophrenia that starts before the age of 18 is referred to as early onset schizophrenia and its occurrence is estimated at less than 4 % of all cases of schizophrenia (Pagsberg, 2013).

Delusions are defined as beliefs that are fixed and are not amenable to change when there is conflicting evidence (APA, 2013). These may include different themes in their content (e.g., religious, persecutory, grandiose, referential, somatic) (APA, 2013). Paranoid delusions are a defining characteristic of schizophrenia and are typically perceived strictly as a psychotic phenomenon (Kuller and Bjorgvinsson, 2010). Hallucinations are described as experiences that are perception-like which occur without external stimuli (APA, 2013). Auditory hallucinations are also a defining characteristic of schizophrenia and are reported by 60% - 80% of patients with schizophrenia during an acute episode (Kuller and Bjorgvinsson, 2010).

Flattening of affect and an overall decrease in self-directed activity, one's ability to express themselves verbally, and interest or pleasure in activities one previously enjoyed; are all defining factors of negative symptoms (Kuller and Bjorgvinsson, 2010). The individual's speech is assessed to infer disorganized thinking (formal thought disorder) (APA, 2013). The person may move abruptly from one topic to another (derailment or loose associations) (APA, 2013). They may answer questions in an obliquely related or completely unrelated manner (tangentially) (APA, 2013). Abnormal motor or grossly disorganized behaviour may manifest in various ways; anything ranging from childlike "silliness" to agitation that is unpredictable (APA, 2013). When there is a marked decrease in reactivity to the environment, this is known as catatonic behaviour (APA, 2013). It ranges from an individual resisting following instructions (negativism); to maintaining a posture that is rigid, bizarre or inappropriate; to a complete lack of responses in the verbal and motor domains (stupor and mutism) (APA, 2013).

Currently a mix of psychosocial interventions and medications are used for treatments of schizophrenia (Coponigro et al., 2014). Even though current treatments (antipsychotic medications) assist in alleviating some of schizophrenia's positive and disorganization symptoms, individuals with this disorder often continue to experience residual symptoms – in some medicated patients residual hallucinations and delusions do not completely resolve (Coponigro et al., 2014; Zimmermann, et. al, 2005). Thus, medicated patients do less well with the negative symptoms (Coponigro et al., 2014). Psychosocial treatments are also used for the treatment of schizophrenia, and they offer additional promise as an effective treatment for those positive symptoms that are persistent or medication resistant (Coponigro et al., 2014). The most popular psychosocial treatment used is Cognitive Behavioural Therapy (CBT) and is conducted in order to improve the management of positive symptoms. CBT has developed a number of specialized cognitive behavioural approaches to reduce the patient's distress associated with delusions and hallucinations, which may be useful as adjunctive treatments (Zimmermann, et. al, 2005).

Suicide is reportedly the major cause of premature death among schizophrenic individuals, and that substantial morbidity associated with suicidal behaviours is also characteristic of schizophrenia (Fenton et.al, 1997). According to Radomsky, et.al (1999), approximately 10% of patients that suffer from schizophrenia die by committing suicide. A disease such as

schizophrenia reduces the life expectancy by approximately 10 years of those afflicted, and the most deaths among schizophrenic patients that occur prematurely, are accounted for by suicide (Fenton et.al, 1997). Being in the early years of the illness, male, young, and having a history of multiple previous episodes or previous attempts of suicide, is all risk factors for suicide in schizophrenia (Radomsky, et.al, 1999). A study conducted by Fenton et.al (1997) of the history of illness and long-term course of a group of schizophrenic patients, found that there was a lower risk of suicide among patients with negative or deficit subtypes of schizophrenia, and a bigger suicide risk in patients that had been diagnosed with paranoid schizophrenia.

Despite the fact that the development of schizophrenia has been closely linked with cannabis, little is known about the prognostic significance and clinical implications of psychotic symptoms induced by cannabis (Arendt et.al, 2005). However, research has established that psychotic symptoms may be experienced by people following cannabis intake; total remission can be expected in such symptoms and they are generally short-lived (Arendt et.al, 2005). There is a widespread use of methamphetamine and amphetamine in the general population and is very common among patients with mental (psychiatric) illnesses (Bramness et.al, 2012). Historically, psychosis has been a hallmark of epidemics of methamphetamine and amphetamine, and is possibly a key consequence of the growing use of such substances globally, in parts of the world where they have become popular (McKetin et.al, 2006). Research has shown that methamphetamine can induce a transient psychotic state characterized typically by auditory and/or visual hallucinations, and persecutory ideation (McKetin et.al, 2006). Amphetamines may also induce psychotic symptoms that are similar to those of psychosis seen in acute schizophrenia spectrum (Bramness et.al, 2012).

THEORETICAL FRAMEWORK

In this section, I provide a detailed discussion of Entman's (1993) framing theory for the study of the media effects. The framework provides a useful lens for exploring media representations of MH, as well as how media shapes public perceptions and policies. Framing essentially involves selection and salience. Therefore, there are four main purposes of frame analysis which encompass the core business of strategic framing: (1) to define problems, (2) to diagnose cause, (3) to make moral judgments, (4) and to suggest remedies (Entman, 1993). Entman (1993) defines a research paradigm as a general theory from which most scholarship are informed by, with regards to the operation and outcomes of any particular system of action and thought. With similar benefits, the framing paradigm could be applied to an array of studies i.e. in political science (to the study of voting behaviour and public opinion); in social psychology (to cognitive studies); or in cultural studies and sociology (to class, gender, and race research), to name a few (Entman, 1993).

Over the years, the framing theory has become increasingly popular in media analysis. The idea of framing was first described by a sociologist, Erving Goffman (1974) who wrote a book titled 'Frame Analysis: An essay on the organization of experience' (Linström and Marais, 2012). The idea of frames was used by Goffman (1974) to label "schemata of interpretation" that enable people "to locate, perceive, identify, and label" events or occurrences; then Entman further applied framing to the analysis of mass media (Linström and Marais, 2012). Numerous researchers have used Entman's contribution to framing to understand how print and other media present information.

Framing

A description of media frames that was provided by Weaver (2007) was that they are the central organizing idea for news content and they suggest what the issue is by using emphasis, selection, elaboration, and exclusion; and also supplies a context. The inferences that people make about the message are shaped by media frames (limits or defines the message's meaning), which are properties of a message (Hallahan, 1999). It appears that framing is viewed and described in various ways. It has thus been described as a theory, as a concept, an analytical technique, an approach, a perspective, a paradigm, a class of media effects, and a multiparadigmatic research programme (Linström and Marais, 2012). Entman

(1993) defines framing as the process of assembling a narrative that highlights the connections among a few elements of perceived reality (that have been culled) to promote a particular interpretation.

Framing basically means choosing certain aspects of a perceived reality and making them more salient in a communicating text, in such a manner that it promotes a definition of a particular problem, interpretation of the causes, moral evaluation, and/or suggestions of the treatment of/for the described item (Entman, 1993). Therefore, frames basically evaluate, diagnose, interpret, as well as prescribe (Entman, 1993). In problem definition, frames determine the costs and benefits of what a causal agent is doing, and common cultural values are often used as a measure of this (Entman, 1993). In diagnosing the causes, identification of the forces creating the problem is achieved (Entman, 1993). Causal agents and their effects are evaluated by frames that make moral judgements; and treatments for the problems and predictions of their likely effects are offered and justified by the frames that suggest remedies (Entman, 1993). Notably, within the communication process, frames have at least 4 locations: the communicator (decides what to say by making conscious or unconscious framing judgments); the text (contains frames); the receiver (frames guide thinking and conclusion and these frames may or may not reflect the frames in the text or the communicator's framing intentions); and the culture (the stock of commonly invoked frames) (Entman, 1993). In essence, similar functions are included in framing which involves the highlighting and selection of elements, as well as the use of these elements to build up an argument regarding problems, what causes them, evaluation, and/or solution (Entman, 1993).

How frames work

When an item is the subject of a communication, frames highlight bits of information about that item, thereby elevating them in salience (Entman, 1993). Entman (1993) documented that salience means making and defined it as a more noticeable piece of information, which is either meaningful and/or memorable to audiences. This author further contested that an enhancement in the probability that receivers will perceive the information occurs due to an increase in salience, then, the people who receive it discern its meaning, process it, and store it in memory. Furthermore, existing schemata (connote mentally stored clusters of ideas that guide the way an individual processes information) may make it difficult for those on the receiving end to notice, remember or interpret an idea emphasized in a text (Entman, 1993).

What frames include and omit is mostly what defines them, and the inclusions in guiding the audience may be as important as potential problem definitions being omitted, recommendations, explanations, and evaluations (Entman, 1993). Frames are also reflections of the judgments made by the people who created the message. In some frames such as in valence framing, information may be represented in either a negative or positive; whereas other frames involve semantic framing, which is the simple alternative phrasing of term (Hallahan, 1999). More recent evidence has shown that people might be prompted to think more about a message as a result of negative framing (i.e., putting in more effort in processing or elaborating a message) (Hallahan, 1999).

Purposes of framing

The framing theory is one of the two media effects that are known as long-term or cognitive theories; the other media effect is the agenda-setting theory. Cognitive is defined as our faculty of understanding and knowing something in a certain way and how such knowledge forms the basis of our thinking, knowledge and behaviour (Linström and Marais, 2012). Cognitive processing is affected by framing, which selectively influences which sets of memory traces organized as schemas, or memory nodes, are activated resulting in the interpretation of a particular message (Hallahan, 1999). Framing is an important activity constructing social reality; as such, framing is a highly critical activity, in that the perspectives through which people see the world are largely shaped by it (framing) (Hallahan, 1999). Thus, emphasis, as well as processes of inclusion and exclusion, is what framing involves (Hallahan, 1999). There are comparatively strong effects of framing that go beyond simple agenda-setting, and this is suggested by the media's ability to frame values as well as to raise the salience of attributes (Hallahan, 1999). On another level, discussions have arisen about possible ways of measuring the effects of framing, as well as the role of framing (as both independent and dependent variables) in media research (Hallahan, 1999). Thus, the framing of media (and possibly other forms of framing) is integrally involved in questions of ideology (Hallahan, 1999).

According to Linström and Marais (2012), one of the strengths of framing is its approach to bridging the competing tendencies of social analysis toward closure and openness. These authors further observed the value of framing as not with intentions to hinge on its potential as a holistic research domain but as a provocative model that connects parts of the field that

need to be in touch with each other: qualitative and quantitative, interpretive and empirical, sociological and psychological, professional and academic (Linström and Marais, 2012). Another important indicator of the frame of a news story are the headlines (the syntactical structure's most powerful framing device), because a headline is the most salient cue to activate in the reader's minds, concepts that are semantically related (Linström and Marais, 2012).

The coverage of issues by the news media is determined to a large extent by 'the gatekeepers', who apply a set of criteria to judge the 'newsworthiness' of issues. Gatekeeping is the process through which the vast array of potential news is narrowed down into the small volume that is prioritized by the news media (Akintola et.al, 2015). Therefore, it is important to note that news media coverage does not necessarily reflect the salience of issues in the real world, but that media organizations prioritize items for publication based on what they consider newsworthy (Akintola et.al, 2015).

CHAPTER THREE
METHODOLOGY

3.1. Introduction

In this chapter, a discussion is provided of the design of the study and the methods that were used to collect analyse and interpret the data. The chapter will focus on the following: newspaper selection and selection strategy; search strategy for news stories; and selection and analysis of news stories.

3.2 Methods

I used SA Media – located on the SABINET search engine for the media analysis, to search for news stories. SA Media is a database that provides full-text records online (from 1978 onwards) from South African print media. SA Media contains functions for identifying news stories with various terms/key words. The use of newspapers only covered in the major South African publications component of SA Media was the major restriction. The searches occurred between May and June 2015.

3.3 Newspaper search and selection strategy

3.3.1 Search Strategy for New Stories

I was able to retrieve newspapers available in SA Media using a search strategy that was developed. Using a set of inclusion criteria ensured that the newspapers that were retrieved were relevant to the purpose of this study. Developing the criteria followed an iterative process. The criteria for inclusion were that newspapers had to: 1) be classified as a newspaper published in South African; 2) be published in English; 3) be published for a fairly broad readership (e.g. newspapers that were printed solely for the police forum or financial mail were excluded as I felt they were not widely read by the general public); 4) the newspaper article had the topic as a heading or discussed in the first paragraph or content of the newspaper article. Twenty newspapers met the inclusion criteria (see Table 2), and if a story was from a publication that did not meet the criteria, it was removed. Therefore, news stories published in the Namibian (New Era) and the Nigerian (This Day) publications; the American news magazine (Time); and news stories that were published in newspapers that were subject specific such as the Financial Mail and Servamus, were removed. The

circulation of the newspapers that made up the sample data set was obtained from the Audit Bureau of Circulations of South Africa (ABC) – (www.abc.org.za).

The intention was to begin the search of newspapers that were eligible for inclusion from 1994 when the ANC government began democratic rule – this represented the beginning of a distinct era in MH policy. However, preliminary searches in SA Media revealed that there was no newspaper coverage in South Africa, from 1994 to 2003 with relevance to a MHC policy/Act (there was just coverage on psychiatric disorders). The searches therefore covered all the available news stories from SA Media from an inclusive 10 year period (from 1 January 2004 to 31 December 2014) (see Table 2).

Table 2: Newspaper characteristics covered in analysis

Geographical circulation of newspapers	Newspapers	Frequency	Publisher	Circulation
National Newspapers				
	Citizen	Mon-Fri	CTP/Caxton	54689
	City Press	Sunday	Media24	94290
	Mail & Guardian	Weekly	M & G Media Ltd. Johannesburg	30286
	New Age (The)	Daily	TNA Media	Not registered with ABC
	Star (The)	Mon-Sat	Independent Newspapers, Johannesburg	85567
	Sowetan	Daily	Avusa Media Ltd., Johannesburg	92453
	Sunday Independent (The)	Weekly	Independent Newspapers, Johannesburg	Not registered with ABC
	Sunday Times	Weekly	Avusa Media Ltd., Johannesburg	338532
	Sunday Tribune	Weekly	Independent Newspapers,	61035

			Johannesburg	
	Times (The)	Weekly	Avusa Media Ltd., Johannesburg	109484
Provincial Newspapers				
Eastern Cape	Daily Dispatch	Mon-Sat	Avusa Media Ltd, Johannesburg	23585
	Herald (The)	Mon-Fri	Avusa Media Ltd, Johannesburg	21285
	Weekend Post	Weekly	Avusa Media Ltd, Johannesburg	18441
Gauteng	Pretoria News	Mon-Sat	Independent Newspapers, Johannesburg	14401
KwaZulu-Natal	Business Day	Daily	BDFM Publishers (Avusa Media Ltd)	25753
	Daily News	Daily	Independent Newspapers, Johannesburg	25091
	Independent on Saturday	Saturday	Independent Newspapers, Johannesburg	39061
	The Witness	Daily	Media 24	14879
Western Cape	Cape Argus/Argus Weekend	Mon-Sun	Independent Newspapers, Johannesburg	31197
	Cape Times	Daily	Independent Newspapers, Johannesburg	54689

3.3.2 Selection Strategy

I then went through the 1033 news stories in search for news stories relating to the schizophrenia spectrum and other psychotic disorders on the online database SA Media, using specific search terms. All the terms that are related to schizophrenia, generally used in the literature as well as the DSM-5, were used as search terms instead of restricting the search to only the term "the schizophrenia spectrum and other psychotic disorders". This was to ensure that as many news stories as possible were retrieved. These search terms were "schizophrenia"; "psychosis" (and its variant spellings); "psychotic disorders"; "schizotypal"; "schizoaffective"; "schizophreniform"; and "catatonia" (Appendix C). I also chose to search

for news stories that used these terms in the full text as well as the title of the news stories, instead of searching for news stories where their titles just contained any of these terms. Therefore, if the title or the full text of the news story had the exact search term, those news stories were included. Lastly, all sections of every newspaper that met the inclusion criteria were covered by the search, and were thus not restricted to selected sections of the newspapers.

3.4 Selection and analysis of news stories

3.4.1 Selection of news stories

A total of 1033 news stories were retrieved from 20 newspapers of South Africa (appendix 1). A set of explicit exclusion criteria was developed for the removal of those news stories that were deemed irrelevant to the purpose of the study. First, exclusion of all the duplicate news stories occurred. The same news story retrieved by the same search term was defined as a duplicate. If different search terms yielded the same news story, it was regarded as an overlap, of these, 72 were overlaps (Appendix B). Second, all the stories that did not have a focus on the schizophrenia spectrum and other psychotic disorders in South Africa, did not have national circulation, or were written in another language other than English, were excluded. After the explicit exclusion criteria were applied, only 227 news stories remained (see figure 1). A further 11 news stories were removed based on a more thorough assessment, and the remaining 216 constituted the sample and were included in subsequent analyses.

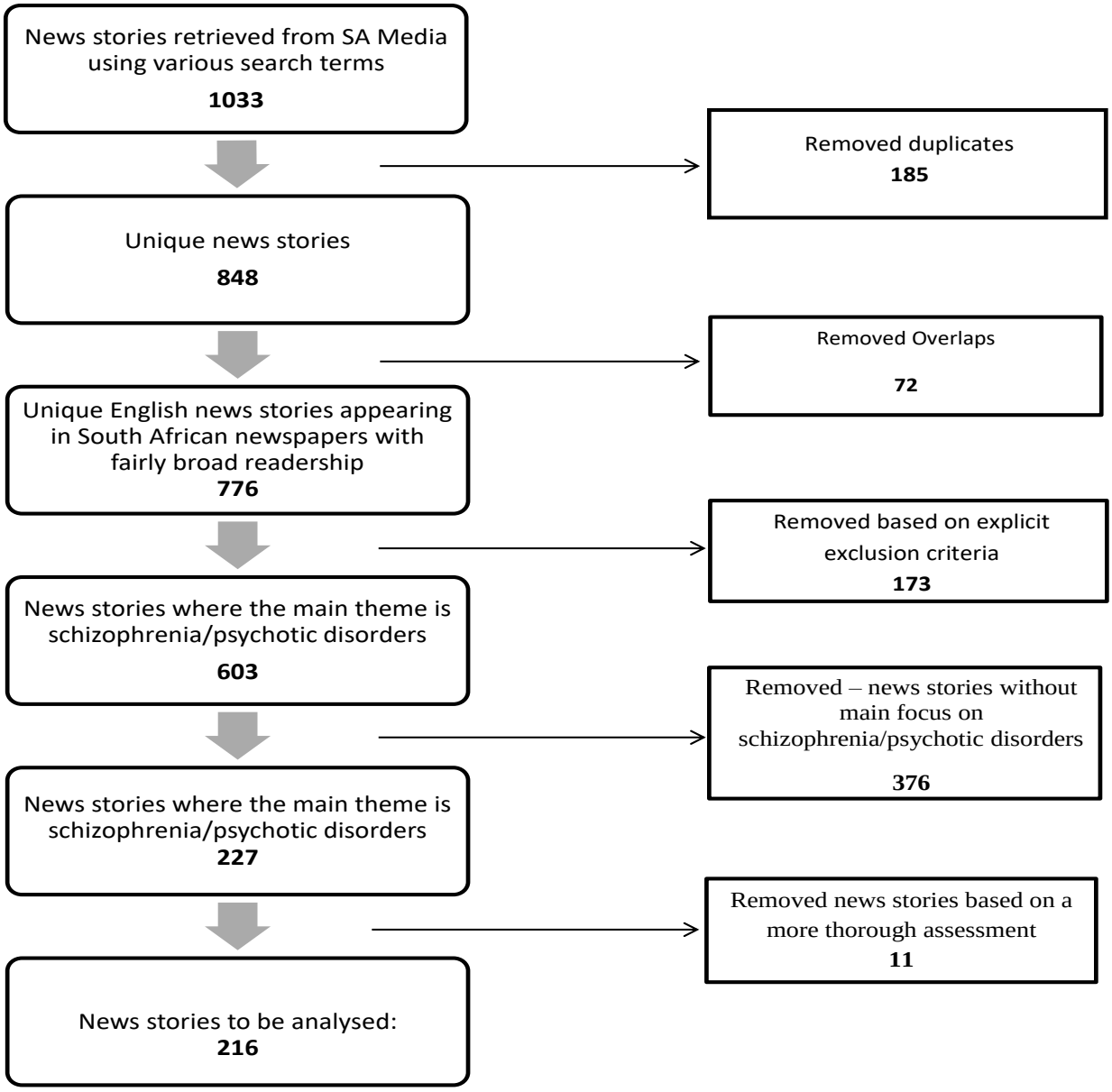

Figure 1: Flow chart depicting selection of news stories

Of the 603 news stories that met the inclusion criteria, 291 mentioned the term schizophrenia, 230 mentioned a term related to psychotic, 60 mentioned the term psychosis, 13 mentioned the term delusional disorder, 03 mentioned a term related to catatonia, 03 mentioned a term related to schizoaffective and 03 mentioned a term related to schizotypal disorder (Appendix A1). A total of 216 (20.9%) news stories focused mainly on the schizophrenia spectrum and other psychotic disorders (Appendix A2).

3.4.2 Analysis of news stories

All 216 news stories that formed part of the data set were analysed using a two phase strategy. Firstly, I developed criteria for classifying and coding news stories into 3 categories based on their main focus. The criteria were set to assist me in deciding whether each news story had 1) main focus on the schizophrenia illness group (to be analysed further in the second phase), or 2) secondary focus on schizophrenia and/or related illnesses (to be included in news story counts only), or 3) whether the term was mentioned briefly in the news story (to be included in news story counts only). The news stories were coded into these three categories (using the criteria) after I read all of them in full. A total of 216 news stories were classified as having a main focus on the schizophrenia spectrum and other psychotic disorders, these 216 news stories are where the second phase of analysis was conducted (see appendix 2).

Qualitative analysis was conducted on the content of the 216 news stories that made up the sample, in the second phase of analysis. I worked collaboratively with a colleague for analysis of these news stories in order to validate the data and I consulted my supervisor regularly. Various themes were developed of the way in which South African print media frames the schizophrenia spectrum and other psychotic disorders. Inductive thematic analysis was used. An inductive approach means that the identified themes are strongly linked to the data themselves, and is thus similar to grounded theory (Braun and Clarke, 2006). Inductive analysis is thus a process of coding the data without trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions (Braun and Clarke, 2006). I chose this approach because it provides a richer description of the data overall, as compared to other methods.

Inductive thematic analysis was conducted following the six steps outlined by Braun and Clarke (2006). Once the sample news stories had been selected, they were read fully – before coding began. Entman's (1993) description of frames formed the basis to organise the data into broad, meaningful concepts. These concepts are: i) problems, ii) causes, iii) moral judgement, and iv) suggest remedies. I then organised the data within these concepts by generating an initial list of codes that consisted what was in the sample, as well as most relevant and interesting for this study in the sample. Third, I organised the codes into potential themes and the data relevant to each theme was collated. Fourth, in order to

determine if the themes were relevant in relation to the whole data set and whether they formed a coherent pattern within the data, they were reviewed. The themes were reworked where they proved problematic, for instance, if there was not enough data. Fifth, themes were defined and named, following revision (see Table 3). Lastly, final analysis is reported on by the findings and discussion chapters that follow in this report.

Table 3: Print media frames of the schizophrenia spectrum and other psychotic disorders

Problems	**Causes**	**Make moral judgements**	**Suggest remedies**
Included stories discussed: (a) public perceptions/stigma/general misconceptions about illness (b) incidence/prevalence (c) social implications of illness on the mentally ill (d) shortage of MH professionals (e) general statements of risk (f) culture and mental illness (g) resistance to medication and beliefs about illness/treatment by mentally ill (h) lack of awareness and funding for MH initiatives (i) NGOs and communities taking action (matters into their own hands) (j) inability to access psychiatric help	Included stories discussed: (a) effects/relationship of drugs/substances on MH (b) new, on-going, or proposed research (c) existing treatments or therapies (d) theories of cause (e) evidence of cause or cure (f) causes of relapse	Included stories discussed: (a) call for action (b) opposition of particular solution (c) support of a particular solution	Included stories discussed: (a) proposed solution (b) implemented solutions (c) cancellation or removal of a solution

CHAPTER FOUR

FINDINGS

4.1 Introduction

The number of news stories that mention any schizophrenia spectrum and other psychotic disorders – related terms will be presented, as well as the characteristics of the 20 newspapers that met the criteria for inclusion for analysis. A primary frame was assigned to each article. These frames were drawn from the literature of framing by Entman (1993): "problems" "causes", "moral judgements", "suggested remedies". Within each of the primary frames, themes and subthemes were identified, and are presented.

4.2 Characteristics of data set

The characteristics of the 20 newspapers that met the inclusion criteria for analysis are shown in Table 2. The range of the circulation figures is from 14401 to 338532. The national newspapers had higher circulation figures (except the Mail and Guardian whose circulation figure is significantly lower than the other national newspapers) than the provincial newspapers. The Sunday Independent as well as the New Age (two national newspapers), do not have circulation figures as they are not registered with the ABC. The Western Cape newspapers have the highest circulation figures when comparing the circulation figures of the provincial newspapers.

The characteristics of the 216 news stories that focus mainly on schizophrenia/psychosis are shown in Table 3. Only 2 media organizations published the majority (80.6%) of the news stories with the schizophrenia spectrum and other psychotic disorders, of which, 128 (59.3%) were published by Independent Newspapers, Johannesburg. The majority of the news stories (116, 53.7%) were published in provincial newspapers; while the remaining news stories 97 (44.9) were published in national newspapers. Of the 216 news stories (both provincial and national newspapers) that constituted the sample for analysis, the largest grouping (49, 22.7%) were published in the Western Cape's newspapers, followed by the KwaZulu Natal (40, 18.5%) and Eastern Cape (17, 7.9%). Of the sum of the news stories published in both national and provincial newspapers, the Star and the Mail and Guardian had the highest number (39, 18.1% and 12, 5.6%) of news stories followed by the Citizen (10, 4.6%). The year 2013 is when most of the news stories in the sample were published (32, 14.8%).

Table 4: Characteristics of news stories with main focus on the schizophrenia spectrum and other psychotic disorders (N=216)			
Variable	Sub-variable	Total	%
Newspaper source			
National newspapers		**97**	**44.9**
	Citizen	10	4.6
	City Press	06	2.8
	Mail & Guardian	12	5.6
	New Age (The)	01	0.5
	Star (The)	39	18.1
	Sowetan	08	3.7
	Sunday Times	05	2.3
	Sunday Tribune	05	2.3
	Sunday Independent (The)	05	2.3
	Times (The)	06	2.8
Provincial newspapers		**116**	**53.7**
	Eastern Cape newspaper articles	**17**	**7.9**
	Daily Dispatch	09	4.2
	Herald (The)	03	1.4
	Weekend Post	05	2.3
	Gauteng newspaper articles	**10**	**4.6**
	Pretoria News	10	4.6
	KwaZulu-Natal newspaper articles	**40**	**18.5**
	Business Day	10	4.6
	Daily News	18	8.3
	Independent on Saturday (The)	02	0.9
	Witness (The)	10	4.6
	Western Cape newspaper articles	**49**	**22.7**
	Cape Argus/Argus Weekend	32	14.8
	Cape Times	17	7.9
Year of publication	2004	21	9.7
	2005	17	7.9
	2006	19	8.8
	2007	24	11.1
	2008	18	8.3
	2009	10	4.6
	2010	20	2.3
	2011	15	6.9
	2012	25	11.6
	2013	32	14.8
	2014	16	7.4
Publisher	Avusa Media Ltd.	46	21.3

	CTP/Caxton	10	4.6
	Media24	16	7.4
	M&G Media Ltd.	12	5.6
	Independent Newspapers	128	59.3
	TNA Media	01	0.6

4.3 Framing

As described in chapter 2, frames are the primary themes or ideas presented in a particular article (Entman, 1993). In defining frames of the news stories, the primary frames that were identified as the most salient aspect of the story were the headline and the opening paragraph. Furthermore, it may have been necessary to read to identify the primary frame, if the story began with human interest piece or an anecdote. The purpose of framing, as highlighted by Entman (1993), is to define the problem, diagnose causes, make moral judgements about actions, and/or suggest remedies.

A primary frame was assigned to each article. From the literature on framing (Entman, 1993), four primary frames were drawn which are: “problems”, causes”, “moral judgements”, and “suggested remedies”. Table 3 presents the themes that were identified within each of the primary frames.

Figure 2 indicates that there were 171 (79.0%) news stories that had problems as their main frame, and 93 (43.1%) news stories were framed to discuss the causes of schizophrenia and other psychotic disorders. Twenty one (9.9%) news stories were classified as suggesting remedies, and 38 (17.7%) news stories primarily made moral judgements about issues and actions relating to the schizophrenia spectrum and other psychotic disorders.

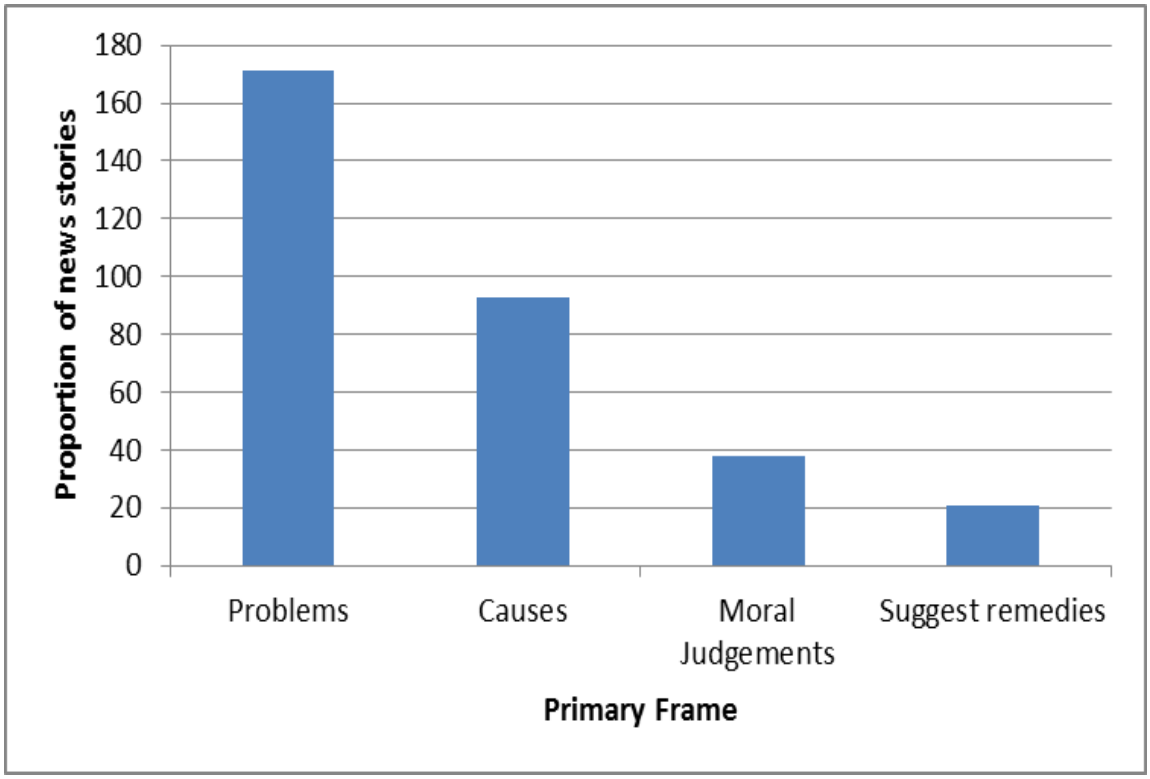

Figure 2: Graph showing proportion of news stories with primary frame

From each year, the dominant frames were problems and causes, as shown in figure 3. Suggested remedies were the least reported each year. Results of the primary frames in each year of analysis yield that 2008 had the highest news stories reporting on the problems frame 16 of the 17 news stories (94.1%), followed by 2004 which yielded (88.8%), 16 of the 18 articles. In the news stories that discussed causes as a frame, 2007 had the highest news stories with 16 out of 20 news stories (80.0%), followed by 2004 with 12 out of 18 news stories (66.6%) that diagnosed the cause. The year 2004, 8 of the 18 news stories (44.4%), had the highest stories making moral judgements, while 2009 had no news stories making moral judgements. As indicated above, suggested remedies has the least reported news stories per year with 2004, 4 out of 18 news stories (22.2%); and 2007, 2009 and 2014 having no news stories suggesting remedies.

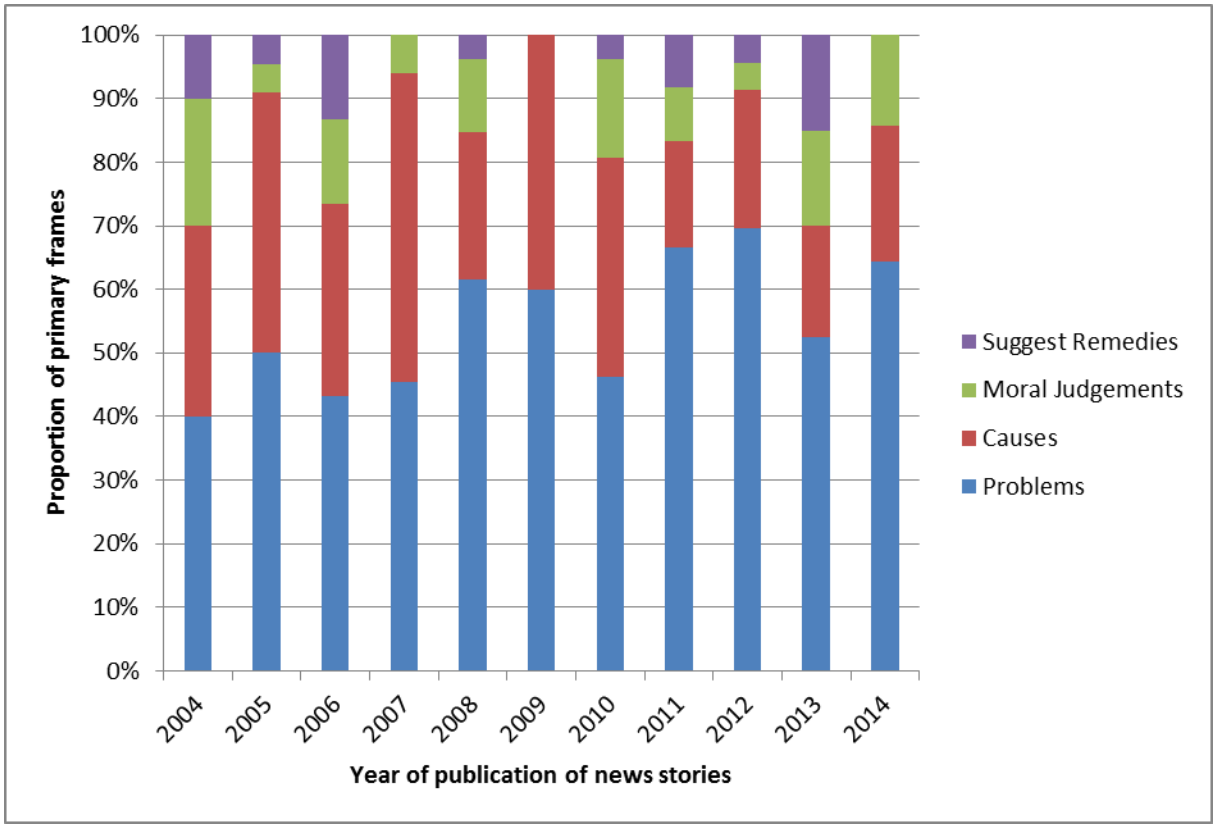

Figure 3: Graph showing proportion of primary frames in each year of analysis

4.3.1 Problems and causes

These themes encompass the main issues regarding the schizophrenia spectrum and other psychotic disorders that frequently appear in news stories and the context in which they are framed that suggests the causes of the problems.

4.3.1.1 Problems

(a) Public perceptions/stigma/general misconceptions about illness

A common thread in the news stories was the misconceptions and the perceptions the public had about the illness. Most news stories framed the problem of people's reluctance to open their hearts and pockets to sufferers to be due to the stigma and misconceptions surrounding schizophrenia, while others suggested that the cause of the problem is the horrifying stories where mentally ill commit brutal crimes that catapult mental illness into public debate, then the stigma kicks into top gear. The negligence of health care facility personnel was also associated with stigma and general misconceptions about the illness. One news story suggested that there is still uncertainty with regards to the cause, and posed the question of

whether health care facilities or government are to blame. An emphasis was made by the news stories stating that the major issue with stigma is that only a small percentage of those with schizophrenia are dangerous however the public put all those suffering from the illness under one umbrella, resulting in a sequence of problems in the management of this illness entity that could be avoided. Various misconceptions were reported by the news stories as well as the consequences suffered by those affected by the illness due to stigma:

> "Despite what you have learnt from poorly researched movies and TV programmes schizophrenia does not involve having multiple personalities...but if someone with the disorder commits a crime everyone assumes that the schizophrenia is to blame…sometimes this even renews calls for all "mental" patients to be locked up "for the good of the public"." (The Citizen, 12 June 2012)

There were news stories that illustrated actions taken by the families of the mentally ill, that were driven by their perceptions, misconceptions and stigma.

> "Mduduzi suffers from a mental illness; his parents brought him to St John Apostolic Church in Etwatwa, East Rand seven months ago. They hope church rituals such as induced vomiting by swallowing "holy water" will rid him of his demons…Prayers and rituals cure patients better than modern medicine, says St John's minister Lucas Kunene." (The Star, 15 July 2004)

> "We don't have demons in us – a lot of Christians seem to think…family members could also be judgemental and lacking in understanding." (The Herald (EP Herald), 16 April 2008)

While other news stories reported on how cultures respond to their mental worlds differently to others:

> "…naturally this does not mean that there are no people with mental illness in Zulu speaking communities. There are. We just don't say a person is autistic, schizophrenic or suffering from manic depression. We say umuntu uyahlanya: a person is mad. We say umuntu usangene or, if we are feeling particularly colourful,

that ngathi azithathi kahle ekhanda: a person has a brain malfunction." (The Business Day, 24 June 2010)

(b) Incidence/prevalence

Most news reports of incidence/prevalence claimed that schizophrenia is very common in South Africa and that most people who suffer from it have never been properly diagnosed. The news stories also reported that about 1% of the population is affected by schizophrenia and that it usually manifests in males aged 15 to 25 and females 25 to 35.

> "Schizophrenia affects about 1% of the population and usually manifests in males aged 15 to 25 and females 25 to 35, according to Dr Yusuf Moosa, senior psychiatric specialist with Gauteng Community Mental Health Department." (The Star, 10 October 2005)

> "According to Wikipedia between 0.6 % and 1% of the world's population suffers from schizophrenia. That translates to somewhere between 3000 and 5000 people in South Africa." (The Herald, 16 April 2008)

(c) Social implications of illness on the mentally ill

A common trend in news stories reporting social implications of the affected population was that of them being abandoned by their families and being discriminated by society. It is reported by the news stories that families disappear when they see that the situation is not improving rather than seeking professional help. This ultimately leads to the increasing numbers of homeless people who suffer from schizophrenia. Some news stories documented the personal experiences of sufferers, capturing how they suffer in silence as oftentimes experiences of the sufferer can be hurtful and humiliating, and can arouse negative feelings and images to the mind.

> "Due to the stigma and misunderstanding surrounding the illness, my son will not tell his employer that he has it, so the same level of performance is expected as from any other person…his father does not accept that he has schizophrenia…" (The Independent on Saturday, 08 July 2006)

They further documented the difficulties they encounter in keeping jobs as they are constantly on medication, as well as the loneliness they endure due to suffering from schizophrenia:

> "People who are outspoken about MH issues will sometimes find themselves being isolated, alienated, demotivated and rejected in certain society circles of society who see mental illness as a "crutch" or as an excuse to get out of their daily responsibilities and a livelihood." (The Herald, 29 August 2013)

(d) Shortage of MH professionals

In the sample news stories, a commonly reported problem was the shortage of MHC professionals. When describing the current situation in the country, a news story read:

> "Taking the 2% of the population afflicted with the most severe of psychiatric illnesses means that 800000 South Africans are in need of psychiatric care which would mean each psychiatrist should have more than 2000 regular full time patients, most have only a few dozen at the most, said Prof. Stein." (The Citizen, 08 January 2004)

Indeed, articles within this theme made a general emphasis on South Africa's clinician to patient ratios, with the news stories reporting that only few of them work for the state, having to service hundreds of thousands of patients each. The issue of shortages in MH professionals was portrayed as pervasive as the newspaper articles did not report an improvement of staff shortages.

> "…the public sector faces a severe shortage of psychiatrists and psychologists, he said. Only 14% of the 2692 clinical psychologists registered with the Health Professions Council SA are working in the public sector, just 0,32 psychologists per 100 000 of the population and 0,28 psychiatrists per 100 000." (The Cape Argus, 31 March 2014)

Mental health professionals shortages within the mental health care industry was framed as a symptom of even bigger problems that exist within this industry that will be discussed, such

as the inadequate number of mental health care facilities, few professionals being trained per year, as well as of the few professionals that exist, only a few work for the state, the rest work in the private sector.

(e) General statements of risk

The issue by most reports of risk factors was presented in the context of the risks to health that smoking cannabis poses, indicating that individuals at risk of developing schizophrenia/psychosis are likely to manifest the disease much earlier if they use cannabis and other recreational drugs:

> "…a few puffs here and there, a couple of spliffs is not going to do you any harm, but taking daily cannabis for a number of years will indeed increase your risk of schizophrenia." (The Weekly Mail and Guardian, 29 January 2004)

> "Teenagers who smoke dagga just a handful of times put themselves at a higher risk of suffering psychotic behaviour, according to a new study." (The Cape Argus, 02 December 2004)

Other common risk issues portrayed by the news stories about schizophrenia was that of schizophrenics possibly being victims of attacks reported in news stories followed by accounts by psychiatrists clarifying that schizophrenics were typically not dangerous, and it was not the norm for them to become violent:

> "...locked up in madhouse institutions that are more likely to make them worse than better…the vast majority of people with schizophrenia were not violent and were more likely to be victims of attacks than to lash out at other people...it was a scandal in 2012, people with schizophrenia were dying 15 to 20 years earlier than the general population." (The Star, 15 November 2012)

Another issue that was reported by the news stories was the side effects of medication, with some news stories reporting that psychiatric drugs can cause psychosis, psychotic depression, and hallucinations. Some organizations called upon the government to issue warnings and lists of side effects before allowing psychiatric drugs to be prescribed.

Some of the news stories echoed the devastating effects schizophrenia has in early onset:

> "An estimated 400000 South Africans suffer from schizophrenia, a brain development disorder that has a devastating impact when it emerges, usually in late adolescence or early adulthood, just as people are ready to start independent lives." (The Cape Argus, 22 September, 2005)

(f) Culture and mental illness

A common thread in the news stories was the cultural beliefs and practices associated or in response to mental illness. Some stories framed the problem by making comparisons between Christians (Christians pray for the demons to leave the body of the person who is mentally ill) and sangomas (sangoma ties the person up, gives them potions then beats the evil spirit out them); while others justified families taking the mentally ill to sangomas due to beliefs that he/she has been bewitched. One article reported on a family's confusion about what to do about the schizophrenia affecting their son, and whether they should take their child to a psychiatrist or an inyanga/sangoma. Another article emphasized the constitutional rights to health, stressing that they are clear to everyone, irrespective of religion or culture. A few news stories suggested that South Africans have been changing the expression of mental illness in their cultures due to influences from western practices and beliefs. Reports emphasised the differences in which cultures respond to mental illness:

> "Many cultures respond to their mental worlds differently to others. In Western cultures, the belief that forefathers and objects are speaking to you is a sign of schizophrenia. In Native American culture it means you are on a vision quest. In South Africa it means you are being called as a sangoma - you can go through training and registration and build up a practice. In the US you are more likely to end up living homeless on the streets...Cultural perceptions of mental disorder are usually not taken into account in western biomedical circles, and bewitchment (umthakati), hysteria (ufufunyana), symbolic influences such as snakes symbolizing ancestors, relevance of lightning and messages from ancestors (amadlozi) in dreams are not popularly explored, but they are understood by traditional healers." (The Mail and Guardian, 30 August 2012)

(g) Resistance to medication and beliefs about illness/treatment by mentally ill

Poor compliance to treatment was generally reported as the root cause of relapses. Within this theme, articles made a general emphasis of how patients failed to completely follow their medication due to a number of reasons which included the beliefs the sufferers had about medication, resistance to medication as well as lack of awareness:

> "If medicated, many may be stabilized. But often, patients have to be persuaded to take daily medication. Many think it will extinguish their creative spark, Katz says." (The Star, 15 July 2004)

The news stories reported common trends of patients stopping their medication once they felt they were better. Where news stories discussed non-adherence and the reasons of this, it was typically in relation to patients not adhering to their, often blaming the patient for engaging in what was deemed as inappropriate behaviour (e.g. alcohol or drug use) that resulted in their non-adherence. News stories reported concerns of the implications of patients' poor compliance which ultimately causes relapses:

> "Poor compliance is definitely the most important cause of relapses, and relapses are one of the biggest problems with the illness." (The Cape Argus, 22 September 2005)

Patients were also reported by the news stories as acting against medical 'good practice' and 'irrationally'. Some articles placed an emphasis on how parents preferred to take their children to church for 'faith' healing rather than to mental health institutions:

> "Actually, I don't believe much in tablets….one resident said….This is a spiritual thing." (The Sunday Independent, 15 august 2004)

News stories recognized that various social and material barriers could be contributing to the late presentation of the mentally ill at clinics and hospitals. These barriers include poverty, inability to easily access MH facilities and the fear by the mentally ill and the families of the loss of their social grants if they were admitted to hospital for treatment:

> "He said the queue was so long that he did not reach the front before the pharmacy closed. He returned to collect his medication on three other occasions, but was unsuccessful." (Daily News, 29 January 2013)

(h) Lack of awareness and funding for mental health initiatives

Several of the news articles reported stories that illustrated the insufficient or lack of funding as well as awareness of MH initiatives. One of the news stories read:

> "...mental health was the least funded and the least marketable…mental health is not sexy….here we give them voice. There's no stigma," she said…but funding is a challenge. "…we receive 36 % of our funding from the DOH, but we have to fund raise for the remaining funds." (The Cape Argus, 15 July 2013)

This lack of funding has reportedly forced many organizations to shut down, those of which were supporting the state in that they were housing mentally ill patients once discharged from hospital not having anywhere to go. This further illustrated how MH initiatives have a weak stand when competing for government funding with programs such as malaria, AIDS, and tuberculosis.

> "The homes are in constant battle against closure, since donations and work contracts for residents fail to raise enough money. Signs of poor funding are everywhere at Gordonia… Government officials told staff that its funding covered about 75% of the home's cost, Haywood says. Figures indicate however that the contributions amount to less than 18% of the home's annual costs." (The Star, 15 July 2004)

(i) NGOs and communities taking action

Articles in the newspapers recognized that NGO's, churches, as well as community members were taking matters into their own hands. This was driven mainly by the misconceptions and stigma surrounding the illness, as well as the shortages in resources (insufficient MHC facilities and MH professionals). When describing a church that shackled individuals as part of the 'healing' process, a news story read:

> "Mduduzi hasn't seen his parents for several weeks, but hopes he will go home soon. He knows that if he becomes hyperactive or aggressive, he'll be handcuffed. But he says he feels fine and has stopped taking his medication he receives on his rare visits to a local clinic….Kekana sees the chaining of mentally disabled people, which happens at several St John's congregations, as a last resort. "Some of the priests chain them because they get so wild they can kill people," he says… Rensburg says NGOs - themselves badly funded - need to function as a "deadlock" in cases where parents and church maintain they're doing the right thing." (The Star, 15 July 2004)

Some articles reported on other organizations taking action against other organizations in accordance to the constitution:

> "The human rights commission, in a meeting in late July, described the chaining as a human rights violation. Still St John's leaders felt misunderstood." (The Sunday Independent, 15 August 2004)

Other articles reported on the aims of certain organizations and the role they play in bringing awareness in communities as they felt that government was not doing enough in addressing certain issues:

> "The organisation's work, she said, involved bringing awareness to communities of what mental health was and how victims and families of victims should approach problems." (The Herald, 17 October 2007)

(j) Inability to access psychiatric help

Medical aids were portrayed as one of the barriers to accessing adequate psychiatric help. Some newspaper articles reported that South Africans are prevented from obtaining psychiatric help because medical aids set aside far too little money for psychiatric disorders, whilst other news stories predicted that the problem was likely to worsen with the implementation of new medical aid regulations on January 2004. As indicated previously that often times the shortage of MH professionals resulted in an array of other problems, and

people having difficulties with accessing psychiatric help was reported as one of the issues. When describing a situation in a rural area where people travelled long distances to see a psychiatrist, a news story read:

> "…they were told there were already too many people registered for consultation..." (The Daily Dispatch, 15 November, 2010)

4.3.1.2 Causes

(a) Effects/relationship of drugs/substances on mental health

A major cause of problems reported in the sample was the use of substances and the effects it had on the mentally ill, or how it contributes to the start of mental illness, psychosis in particular. Cannabis was commonly framed in several articles as a growing concern, of which a number of these news stories reported on various studies that were conducted for the investigation of the relationship between MH and cannabis. The findings of most of these studies were that cannabis almost always exacerbated symptoms of psychosis in people who already had mental illness problems, and that cannabis use is consistently associated with psychotic symptoms which include disabling psychotic disorders. The studies reported in the news stories also found that cannabis aggravates schizophrenia, if you have the genetic make up to develop schizophrenia, and if one uses cannabis, it precipitates the illness, and caused the illness to manifest itself at an earlier age. The news stories further reported that the issue is aggravated by the fact that there is not sufficient awareness about the dangers of using substances in relation to mental illness as there is in relation to other diseases like cancer for instance:

> "People should know about this, they know you have a risk of lung cancer with smoking but nobody knows about the risk of psychosis with cannabis.…Experts believe that about 10% of schizophrenia cases are triggered by cannabis." (The Cape Argus, 02 December 2004)

Although cannabis was the leading substance that was discussed in the news stories, a few other articles also discussed other illicit drugs such as Tik and emphasized the dangers of using such substances often relating to the drug induced psychosis.

(b) New, on-going, or proposed research

There appears to be a decline in news articles reporting on new, on-going and proposed research with regards to the schizophrenia spectrum and other psychotic disorders from 2004 till 2014, most of the stories that discussed this were more towards the beginning of this timeframe. One of the news stories discussed research that was conducted for a doctoral thesis, the remaining news stories discussed research that was conducted in institutions of psychiatry in various countries (South Africa, Scandinavia, Britain, France, US). Scientists and psychiatrists were mostly quoted as the ones discussing existing research and possible treatments in relation to causes. A systematic review was not discussed by any of the news stories. Cannabis and its association with psychosis were reported as being at the forefront of research by several news stories. It was concluded that if a person took cannabis at 18 years of age, they were likely to go psychotic about 60% more. However, if the person started by the time they were 15 years of age; then the risk was even higher, ± 450%. Thus the studies found that regular cannabis use could trigger schizophrenia in some people. However, a gap was recognized for further research as the research gave evidence to the link between cannabis and psychosis, but left the researchers with several other questions.

> "Murray says all of this provided evidence that there was a link between cannabis and the onset of psychosis. But it did not explain what cannabis was actually doing in the brain. Indeed psychological effects of cannabis in the brain are not fully understood…" (The Weekly Mail and Guardian, 29 January 2004)

> "A Dutch study found that heavy users, who smoked two or more cannabis joints a week, were almost seven times more likely to have psychotic symptoms three years later. And research in France found smoking at that level can trigger psychosis in people with a family history of psychiatric illness - Daily mail." (The Star, 13 July 2004)

Stellenbosch University's medical School was reported by several articles as being at the cutting edge of new research that might change the pattern of taking medication by patients with schizophrenia.

> "What we won the right to test is a new-generation anti-psychotic in a longer-acting injectable form. We are the first to be conducting trials worldwide using it as a first line treatment for schizophrenia…Emsley said." (The Cape Argus, 22 September 2005)

One of the news stories proposed further research to be done as it was suggested that there is a diminished connection between the various parts within schizophrenic patients which lead to a disturbance in the integration of information, and thus the distorted experiences. This results in them having problems with thought and memory, attention and controls, and interpretation.

> "So the thalamus is another natural structure to study...we want to understand the effects of the medicines we give on the biological progression of the disease...a brain map of schizophrenia would enable doctors to make the diagnosis with more confidence as well as catch it earlier...a biomarker of the schizophrenic brain structure would help us define it." (The Business Day, 29 July 2009)

Mentions were made of the DSM not including certain disorders due for further research warranted. The DSM is the international manual and diagnostic tool for all mental disorders.

> "…behold attuated psychosis syndrome, in which an individual experiences some of the symptoms of schizophrenia (for example mild hallucinations, disordered speech) but not enough of them to justify a full diagnosis...this category is not being included as a fully realised disorder, but is instead being suggested for more research to confirm whether it is really a problem or not." (The Mail and Guardian, 30 August 2012)

(c) Existing treatments or therapies

Little attention was given to discussions of existing treatments and therapies by the newspaper articles. Those that did reported that the symptoms suffered by people who have schizophrenia (i.e. hallucinations, delusions, bizarre behaviour and flatness of emotion) can be treated with anti-psychotic medication and that the improvement of the patient's symptoms over several months, is what current treatments are evaluated on. Some studies that were conducted looked for changes in the brain before and after an intervention such as

psychotherapy or drug treatment was done. Some news stories gave examples of treatments that have been administered using stories of people who have undergone various treatments, as illustrations:

> "...by 1973 he was receiving electric shock treatment in a mental hospital…" (The Business Day, 22 April 2014)

There were also suggestions that were made in contribution to existing treatment or therapies:

> "...the brain exercises may be as useful as drugs to treat schizophrenia…" (The Business Day, 17 November 2010)

(d) Theories of cause

There were many theories of the causes of disorders from the schizophrenia spectrum and other psychotic disorders that were reported by the news stories, some of which included: that schizophrenia could be caused by a chemical imbalance in the brain; the disorder was characterized by the progressive deterioration of the personality and emotional instability; and that that there is a significant genetic component in the transmission of schizophrenia. News stories portrayed schizophrenia and other psychotic disorders as complex, defying easy description and leading to misconceptions. One of the articles that suggested cannabis as a possible cause of psychosis read:

> "We suspect that the reason why cannabis is related to psychosis is that cannabinoid receptors are closely related to other receptors called dopamine receptors. All drugs that increase the brain's dopamine levels (cocaine for example), are known to increase the chances of having a psychotic episode." (The Weekly Mail and Guardian, 29 January 2004)

Another article contesting that there is still uncertainty surrounding the possible causes of disorders such as schizophrenia and other related disorders read:

> "The exact cause is still uncertain but most experts agree that a biological predisposition combines with environmental triggers, such as trauma or major stress, to precipitate onset of the disease." (The Business Day, 24 November 2008)

(e) Evidence of cause or cure

There was a consensus amongst the news stories that schizophrenia is a chronic mental disorder characterised by recurrent episodes of psychosis in which the individual experiences hallucinations - usually auditory - as well as delusional ideas, disorganized behaviour and illogical thought processes. Cannabis use was consistently framed as the major concern in the news stories. Evidence was provided through various research findings of the vulnerabilities posed by cannabis use, and that patients who already have psychosis are more likely to relapse if they continue to use dagga.

> "Peter Stoker, of National Drug Prevention Alliance, said: "This research gives the lie to apologists for cannabis who have consistently tried to find something other than cannabis to blame for mental illness. It makes it clear that everyone who smokes is vulnerable." (Daily News, 12 July 2004)

There were theories that alluded to language being associated with schizophrenia.

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> "In effect, it is a slight twisting of the brain, and for it to have persisted there had to have been some advantage…it is a brain disease that results from a change in brain function, and although the cause is still unknown, Emsley pointed to one of the theories - that schizophrenia is the price we pay for language." (The Cape Argus, 12 July 2004)

> "...Burns says there is a need to integrate recent biological findings from psychosis research with current insights into evolution of the human brain...other neurological studies, indicate that psychosis occurred long before the advent language..." (The Witness, 11 April 2007)

While other news stories still provided questions rather than answers with regards to cure.

> "…many cures, perhaps even for violent psychosis, could lie simply in blocking misfiring cells, if only we knew where they were…" (The Mail and Guardian, 04 July 2013)

(f) Causes of relapse

There is a growing concern that many patients relapse once they are discharged from hospital and other structured environments, back into the community. Communities do not have the appropriate infrastructure, resources and awareness to adequately embrace the mentally ill and support them. According to the news stories, there are many factors that contribute to patients relapsing including their inability to access medication, hospitals and clinics running out of medication, poor family structures resulting in insufficient support, the availability of substances when the patients return back home from hospitals, the side effects of the medication which makes them stop taking their medication, as well as the stigma attached to the illness. A news story describing a situation that was faced by the staff of a placement centre read:

> "In the past, nurses would do home visits to patients who couldn't collect their medication but staff shortages and Soweto's high crime rate have made this impossible." (Daily News, 10 October 2005)

4.3.2 Moral Judgement

This theme encompasses moral judgements that were reported about actions taken, opposition of particular solutions as well as support of particular solutions.

(a) Call for action

The news stories called both national and provincial government to increase the numbers of practitioners and the MH resources available, but that the communities from which people come also have a role to play. There was also a call on government to adopt an illustrative approach to MH needs, one that will draw in specific groups like the church, religious organizations, NGOs, business people, politicians, as these are influential people in the community and could make a difference.

> "It exists in policy, but seldom in practice, due to staff shortages, siloed [isolated] sectoral planning, lack of training in mental health promotion, and particularly transport. At the same time, the basics are in place: clinics, medication, rehabilitation therapists in (some) district hospitals. R300 million over three years, invested in building up existing services in the province, would go some way towards alleviating the crisis." (The Daily Dispatch, 21 June 2013)

The need for more beds in MH facilities is made clear in numerous news stories. There was also a call in numerous news stories for an increase in community MHSs. Some news stories even suggested that too much was spent on secure units and on expensive types of care, and not enough on providing support for the patients in the community as well as trying to prevent schizophrenia.

> "…but Daniels said she would like to see an urgent audit of the availability of mental health beds countrywide, with the aim of providing more. We also need increased community psychosocial mental health services to assist and support people living with mental disability on their journey to recovery." (The Saturday Argus, 27 July 2013)

One news story highlighted the benefits of early detection of mental illness for the prevention of the consequences of late detection. Also, a call was made for mental illness to be taken more seriously both by government and society as a whole.

> "Making fun of people in institutions like Weskoppies and Sterkfontein and mocking those with mental illness must stop…if people are diagnosed early, many disastrous consequences can be prevented. Just like detecting cancer early can help people survive, so can people with mental illnesses who are diagnosed early enough be helped...there is a desperate need to treat the problem of mental illnesses more seriously." (The Star, 19 May 2014)

(b) Opposition of particular solution

News stories frequently reported on the government's policy that promotes deinstitutionalization after psychiatric treatment. This was in an effort to cut costs and

reintegrate patients with psychiatric illnesses into communities, by sending the stable ones back to their families. However, the policy has been reported in many cases to have backfired. Numerous issues were discussed by the news stories in relation to deinstitutionalization "backfiring" which included: 1) it was reported that the problem with this is that after leaving these institutions, people who suffer from schizophrenia are not automatically ready to continue with everyday life; 2) once de-institutionalised, people with schizophrenia still suffer from negative symptoms like lack of drive, low motivation and social withdrawal – which makes it difficult for them to interact with friends and family, more specifically people at work; 3) families struggle to cope and many patients end up being hospitalized partially due to the fact that they stop taking their medication; because South Africa has underfunded institutions this equals a situation that gives rise to amateur efforts to provide assistance.

> "Particularly attractive is the notion that care of the mentally disabled should be de institutionalised and relocated within communities. In an ideal world, this would make good sense. But our world isn't ideal. The main effect of the policy therefore, is underfunded institutions, a situation that gives rise to amateur efforts to provide assistance." (The Star, 21 July 2004)

Another policy that the news stories were opposing was one in relation to the 72 hour process employed by secondary institutions before a patient is transferred to a tertiary institution or sent home. The problem with this appears to be the large numbers of patients who require long term care, that are released back into the community, which gives rise to numerous issues that were mostly discussed above.

> "In another policy change aimed at keeping patients out of long term care, hospitals are obliged to keep psychiatric patients in short-stay wards to see whether they can stabilize them rather than sending them to psychiatric hospitals." (The Mail and Guardian, 07 September 2006)

At times structures within government were reported by the news stories as opposing each other's solutions. A news story discussing religious groups and the action taken by government against them read:

> "While Gauteng Department of education has signed a memorandum of understanding with religious groups to help address "harmful religious practices" in schools, the KwaZulu Natal department doesn't believe this is the solution." (The Sunday Tribune, 24 March 2013)

(c) Support of a particular solution

There were no news stories that reported on the support of solutions that were brought forward by government and other institutions.

4.3.3 Suggest Remedies

This theme encompasses proposed remedies/solutions which include policy options, solutions that have already been implemented, as well as the cancellation or removal of solutions.

(a) Proposed solution

Efforts to train and educate both MHC facility personnel and the public were reported. Such efforts include awareness campaigns such as July being labelled MH month, and it was suggested that this should be coupled with a more pragmatic rethink of policy by our national health authorities. The news stories describe deinstitutionalisation as a particularly attractive notion and that care of the mentally disabled should be relocated within communities. However, it was suggested that what would then be needed is public education on a grand scale. One of the news stories reported on promises made of increased funds and resources:

> "A [mental health] action plan is being finalised in consultation with stakeholders and…resources will be allocated to fund the priority activities, said Maja. The answer is more beds." (The Mail and Guardian, 18 April 2013)

(b) Implemented solutions

The program that the government has embarked on of "deinstitutionalisation" was reported in many news stories, and it was described as an effort of cutting costs and integrating patients in communities by discharging them back to their families. Another solution that has been implemented was the MHCA (17) of 2004. This was also launched by government to address the programs that were created by policies that were instilled pre 1994 elections.

> "The mental health care act (17) of 2002 was promulgated in December 2004 to address the problems and protect the rights of MHC users. The DOH has since embarked on extensive quality evaluation of healthcare facilities around South Africa." (The Star, 04 July 2006)

> "…unlike the previous health care system which followed a curative and hospital based approach for mental health, the new system emphasises prevention and health promotion with mental health services integrated into the primary healthcare system." (The Cape Argus, 11 December 2008)

There were also programs that were reported with aims of creating awareness around mental illness with a huge focus of eradicating the stigma that is associated with it and to correct/clarify any misconceptions through educating communities as well as those suffering from mental illness.

> "Mokgata said SAFMH had programs to educate and empower communities about metal illness. He said one of the primary objectives was to remove the stigma associated with the condition of mental health." (The Sowetan, 19 July 2006)

(c) Cancellation or removal of a solution

There were no reports in the news stories of any solutions to problems or policies being removed or cancelled.

CHAPTER FIVE
DISCUSSION

5.1 Introduction

As discussed in chapter 4, the literature on framing gave rise to the four primary frames. Three levels of framing messages are described by Lakoff (cited in Dorfman et al., 2005), in the context of social and political issues, and public health. The first level is where overarching values are expressed, the second level pertains the issue that is being addressed in general; and the third level being the tactics for achieving change and details of the policy (Dorfman et al., 2005). The following paragraphs will discuss the frames, the characteristics of the news stories, dominant frames, findings in relation to other studies, as well as implications for policy and future research.

5.2 Characteristics of news stories

Notably, most of the diagnosed problems and causes were from 2004 to 2014, which is in line with key policy developments regarding MH during this period. Figure 3 indicates a peak in 2008 of the diagnosed problems. This was the period when global recommendations and guidelines were published by UNAIDS and PEPFAR in collaboration with the WHO, for implementing task shifting among the teams of the health workforce. Several of the news stories in this particular year reported on the shortages of MH professionals. Figure 3 indicates a fall in 2011 (DOH Minister released green paper which includes primary health care reengineering) of the diagnosed causes. Although some of these stories reported on issues regarding the schizophrenia illness group, some of them made reference to the deinstitutionalization policy as well as the MHCA. The circulation figures indicate that those of the national newspapers were higher than the provincial newspapers, however, the Mail & Guardian was an exception (circulation figure much lower than other national newspapers), which indicates that the national papers are able to reach larger numbers of readers. Western Cape has the highest circulation figures of the provincial newspapers, and it so happened to have the highest number of news stories included in the sample for this study. This could be due to the fact that national Parliament is in Cape Town, and the first mental illness institutions were set up in the Western Cape, as indicated by literature. News stories in the Western Cape were also mostly concerned with the relationship between substance abuse and psychosis, insufficient resources, as well as lack of financing and awareness.

A lot more stories of the data sample were covered by the provincial newspapers than the national newspapers, possibly because South Africa implements MH policies at the provincial and district levels. Therefore, it is more likely that issues relating to the implementation of policies for MH be covered by provincial newspapers rather than national newspapers. This is supported by the finding of the significant likelihood that stories on centralization and decentralization of policy authority be covered by provincial newspapers (particularly Western Cape newspapers) supports this argument. The majority of these stories were reported by the Weekend/Cape Argus and were about deinstitutionalization, the tensions between the shortages of resources, and lack of funding within the province and nationally.

Problems and causes were the dominant frames in each year. One way of interpreting the rising profile of issues relating to MH in the media could be a contributor to and/or resultant of greater public awareness of MH (Rhydderch et al., 2016). However, it is important to note that there was a fall in the diagnosed causes reported from 2011 to 2014, with 2011 having the lowest number/percentage over the time frame. It is unclear why there was a drop as none of the news stories discussed or made reference to the DSM 5 which had been released in 2013. A study by Rhydderch et al. (2016) found a significant proportional decrease in articles that reported negative things related to mental illness from 1992 to 2008, and an increase in articles that were explaining mental illness. Some of the news stories talked about remedies related to what is contained in the documents of the key policy developments (2011-2014); such as the increasing of patient beds, opening more MH training centres, as well as plans for private-public partnerships with the government after the introduction of national health insurance. It is interesting to see that none of the news stories reported on or made moral judgements or suggested remedies in 2009, as PEPFAR and the UNAIDS in collaboration with the WHO had just published guidelines and recommendations (global) in the previous year (2008). No news stories suggested remedies in 2007 and 2014, it is also still unclear why as there had already been many key policy developments in those years.

5.3 Frames

In accordance to the levels suggested by Dorfman et al. (2005), most news stories in the data set framed messages at levels one and two. While it is necessary for MH advocates to know the issues on level three, such issues are not essential for a message to the public to be

prominent, and the message will be less effective if the issues on level three outweigh those on level one (Dorfman et al., 2005). This possibly explains why the majority of the news stories in the data set were framed around promoting schizophrenia problem definitions and diagnosed causes, and so few were framed around moral judgements and suggested remedies. Dorfman et al. (2005) further differentiate between portrait and landscape stories. In landscape stories the larger social and economic forces are connected with the events and individuals and they take a broader view, whereas portrait stories focus particularly on events or individuals (Dorfman et al., 2005). It is therefore of importance to highlight that the news story data yielded mostly portrait stories, as they focused particularly on the impact of specific factors on an issue regarding the schizophrenia spectrum and other psychotic disorders, or on bad incidents regarding this illness group. The manner in which landscape stories are framed increases their likelihood to evoke a solution. However reporters are compelled by the media business' economic imperatives to pursue portraits rather than landscapes, thus providing an explanation why portrait stories have a larger number within the data set (Dorfman et al., 2005).

5.3.1 Dominant Frames

Problems

Public perceptions / stigma / general misconceptions about illness, incidence/prevalence, as well as the social implications of the illness on the mentally ill; were identified as the major problems in the news stories analysed. These were of most concern in the data set and were the problems most reported on. Other problems reported included shortages of funding and resources, lack of awareness, high incidence of schizophrenia disorders as well as the social implications of this illness entity on the sufferers.

Public perceptions/stigma/general misconceptions about illness

A common thread in the news stories was the stigma, misconceptions and the perceptions the public had about the illness. This often gives rise to even bigger problems, as it has negative social impacts on those suffering from the illness, and it often results in limited financial support from government and other relevant structures. According to a systematic analysis that was conducted by Rhydderch et al. (2016) on media analyses, media coverage of mental disorders globally, has frequently been shown to be inaccurate and stigmatising, portraying people with MH problems as hopeless victims, and associating them with violence and

criminality. Certain topics in the media analyses were reported in a biased manner such as the fact that only a few articles contained quotes from people who themselves had a mental illness, and as little as 4% of articles on MH covered topics related to the recovery from such problems (Rhydderch et al., 2016). Stigma and discrimination also influences help seeking behaviour by the mentally ill and their decisions to adhere to treatment or not. The news stories portrayed a picture of the schizophrenia spectrum and other psychotic disorders not being taken seriously in South Africa. This is in line with the study conducted by Stout, Villegas, and Jennings (2004) that used a longitudinal study that was conducted in the United Kingdom to assess attitudes toward people who are mentally ill and public perceptions. The study found that, the manner in which the media covered stories about persons with mental illness is largely attributed to the negative attitudes toward persons with mental condition (Stout, Villegas, and Jennings, 2004).

With regards the way the media depicts serious mental illness, content analysis includes the definition of mental illness when applied to those who are mentally ill and as well as mental illness references (Stout, Villegas, and Jennings, 2004). A General Social Survey which was conducted in 1996 indicated that over time, there has been a shift in the public's perception of what constitutes a mental disorder (Stout, Villegas, and Jennings, 2004). These findings by Stout, Villegas and Jennings (2004) are in line with the findings of this study as persons with mental illness in the news stories, were depicted as lacking social identity, unlikeable, dangerous, and inadequate. Another study in line with this finding was conducted by Signorielli (1989) in the United States, examining a total of 1215 episodes of 17 weekly broadcast prime time television shows. The study found that people with a mental illness were portrayed by the media as unemployable; and were more likely to be seen as failures if they were employed outside their homes (Signorielli, 1989). The study also found that the majority of the people that had a mental illness were portrayed as violent (Signorielli, 1989).

Attitudes towards mental illness can be shaped and reflected by media, although negative reporting and prejudicial attitudes is the most documented causal link, and scores on such measures are influenced significantly by newspaper articles (Allen and Nairn, 1997; Corrigan, Powell and Michaels, 2013; Rhydderch et al, 2016). Therefore, how people with mental illness are perceived can also be affected by news coverage. As evidenced by the small number of quotes that were used, some of the people that were living with a mental

illness had concerns of how the media portrayed them, resulting in most being withdrawn. A study was conducted by Angermeyer and Matschinger (1996) in Stout, Villegas, and Jennings (2004) after two German politicians were reportedly attacked by two people who suffered from schizophrenia. The results of this study (of the general population's attitudes toward people with mental conditions) indicated a growing tendency of psychiatric patients being viewed as unpredictable and dangerous, and an increased desire of the public to distance themselves socially (Stout, Villegas, and Jennings, 2004). Goulden et al. (2011) also found that over this period, coverage remained largely negative for schizophrenia. Klin and Lemish (2008) hypothesized that a shift towards developing positive perceptions and reducing stigma could be achieved through positive framing of mental disorders.

Incidence/prevalence

Various studies have been conducted that evaluated the incidence/prevalence of the schizophrenia spectrum and other psychotic disorders – most notably by researchers publishing specific manuals specifying the age of onset as well as the development and course of this illness group. The best known example is the DSM-5 (APA, 2013). According to the APA (2013), it appears that schizophrenia's lifetime prevalence is approximately 0.3% - 0.7%, although there are variations across countries and by race/ethnicity. Some of the news stories reported that an estimated (by the WHO) 450 million people worldwide suffer from a mental illness. Among the most serious are psychotic disorders in which people lose touch with reality, such as schizophrenia and other delusional disorders. It is quite rare for the onset of schizophrenia prior to adolescence, and the psychotic features of schizophrenia typically emerge between the late adolescence and the mid-30s (APA, 2013). The peak age for men at onset for the first psychotic episode is in the early- to mid-20s and the late 20s for the females (APA, 2013). The findings of this study are consistent with the DSM 5 as well as other research reports.

There are significant differences in the incidence of schizophrenia, it runs in families, and there is a higher risk for developing the illness that is associated with urbanicity (especially for children), male gender, and a history of migration (minority groups) (APA, 2013; Tandon, Keshavan, and Nasrallah, 2008). Some of the news stories reported that schizophrenia is not a crazy person's illness, and that it is an illness as common as diabetes or heart disease. As common as that - 1 out of every 100 people in South Africa suffer from schizophrenia. News

stories framed incidence/prevalence as a problem in such a way that they reported an estimated 400 000 South Africans suffer from schizophrenia, and that it has a devastating impact when it emerges, usually in late adolescence or early adulthood, just as people are ready to start independent lives. News stories mostly used reports on incidence/prevalence from Wikipedia, WHO, DSM, general practitioners as well as psychiatrists. The findings of this study highlighted some of the difficulties in distinguishing if schizophrenia or the tik abuse comes first, because schizophrenia manifests during adolescence, and that is when they also usually start smoking tik. The DSM does however stipulate that in order for schizophrenia to be diagnosed, the episode of psychosis should be persistent and not attributable to the physiological effects of another medical condition or substances (APA, 2013).

Social implications of illness on the mentally ill

The findings of this study indicate how only in illnesses such as schizophrenia, do we find disease processes that transform a person's identity their sense of self, and their place in the community, both directly and profoundly. Corrigan and Watson (2002) highlight that a lot of people living with illnesses such as schizophrenia face double challenges as, 1) they struggle with the illness, 2) stereotypes and prejudice challenge them which are resultant of misconceptions about mental illness. Therefore, these sufferers are robbed of a quality life such as safe housing, good jobs, good health care that is satisfactory, and the ability to affiliate with a diverse group of people (Corrigan and Watson, 2002). This is consistent with the findings of this study as the news stories reported on how families 'sort of dump' the mentally ill with government facilities, churches and placement centres. News stories reported that families visit them a number of times but they disappear when they see a lack of immediate improvement. News stories also reported on the difficulties faced by many sufferers due to their constant need for medication and care.

The findings of this study highlighted concerns of the staggering consequences that mental illness poses for the individual and society if the person with mental illness goes without medication. These include unemployment, unnecessary disability, homelessness, substance abuse, as well as inappropriate treatment from the community; which is in line with the study by Corrigan and Watson (2002). As many psychiatric patients are treated as rejects in society and struggle to get adequate services in the public health system. This appears to have been

the case for decades as Signorielli (1989) also found that 72 % of characters with mental disorders were portrayed as violent in the media. In mass media, there is a frequent occurrence of the portrayal of people with symptomatic and untreated mental illness (McGinty, 2015). A study analysing popular media and the content of news indicated that most people that are depicted in the media who are mentally ill and have substance abuse problems – show abnormal or deviant behaviour (McGinty, 2015). In particular, behaviour that is related to the psychotic symptoms such as violence (i.e. delusions and hallucinations) mostly associated with illnesses such as schizophrenia that has been left untreated (McGinty, 2015).

Causes

A wide range of factors that has been proposed by the news stories as possible causes of psychotic experiences. Some of the news stories reported that the cause of psychotic experiences as everything known to affect human behaviour. Generally, this wide range of possible/proposed causes in the news stories (of psychotic experiences) has been divided into broad categories. Firstly, considerations of the relative contributions made by genetic or biological factors as opposed to a person's upbringing and experience on human behaviour were reported on. Secondly, there were considerations of the factors within the psychological make-up of the individual, as well as the social, environmental, and biological factors that possibly play roles in the development of such experiences.

The theories of causes in the news stories proposed hypotheses that were in line with the widespread acceptance of research globally (i.e. the DSM), that in diagnoses such as 'schizophrenia', three broad classes of possible causes of psychotic experiences exist (psychological, social and biological) that interact with each other and are important (APA, 2013). For example, a possible interaction might mean that a person has a biological makeup where they become more physically aroused in stressful situations, unfortunately exposing him/her to more stressful events over their lifetime. If extremely unlucky, their psychological makeup might be in such a way that they may interpret certain situations in a negative light However, this in itself might partially be due to the stressful events that he/she has experienced.

A large proportion of the news stories reported the causes of schizophrenia and other psychotic disorders in relation to substance use. The study conducted by McGinty et al. (2015) highlighted that media depictions of persons with schizophrenia / substance abuse issues might primarily influence the public attitudes about these conditions, especially because most people do not have direct personal experience with these. Thus, most of their information about these conditions, the public receives from the news media. McGinty et al. (2015) further suggested that a reduction in public stigma and discrimination toward persons with illnesses such as schizophrenia and substance abuse could occur if there could be a shift in the emphasis placed by media away from portrayals of symptomatic, untreated individuals, toward portrayals successful treatment and recovery stories of these conditions (McGinty, 2015). On the other hand, a longitudinal study conducted by Whitley and Berry (2013) of Canadian print media demonstrated that over a 5-year period, no significant change in MH reporting occurred. While a content analysis published in the UK in 2013 documented that over a 10-year period, there had been an increase in the number of articles reporting on MH, however, there was a continuation of the use of derogatory terms and continued linking mental illness with drug use (Rhydderch et al, 2016)

Moral judgements made

Call for action in news stories included, addressing self-destructive behaviour in the country; communities ensuring that people suffering from a mental illness receive treatment and ensuring that they are not treated insensitively; awareness campaigns to educate people about mental illness; addition of beds in MHC facilities; intensifying training programs for MH practitioners whilst also increasing the number of graduates per year; policymakers to allocate more funds to improve MHSs; increased community psychosocial services; and task shifting. There were also oppositions to particular solutions in the data set that were made. Deinstitutionalization after psychiatric treatment to re-enter the community was opposed indicating that the problem with this is that after leaving these institutions, people who suffer from schizophrenia are not automatically ready to continue with everyday life. Some news stories highlighted the main effect of deinstitutionalisation being underfunded institutions, a situation that gives rise to amateur efforts to provide assistance, while other news stories highlighted how the policy has backfired. Petersen and Lund (2011) reported on studies (systematic review) that were conducted in South Africa that calculated the required resources (facilities, staff, beds) to meet the service needs of people with severe mental

illnesses. These authors also calculated the budgets required for the development of community-based MHSs and child and adolescent MHSs (Petersen and Lund, 2011). The findings were in line with the findings of this study as the news stories reported on the inadequate MHC service resources which contributes to the challenges in successfully achieving de-institutionalisation. Several of these news stories focused mainly on the effects of the new MHCA, whilst indicating an imbalance between deinstitutionalisation and available resources. Petersen and Lund (2011), also suggested that de-institutionalised care is not a cheaper option, which is in line with the concerns that were raised in the news stories.

Suggest Remedies

Solutions proposed in news stories included, government action, education on a grand scale, a more pragmatic rethink of policy by the national health authorities, and hospital revitalisation projects. The news stories mostly directed the proposed solutions at government. Although the organisational level is where the major problems were occurring (MHC facilities, NGO's caring for the mentally ill, and MHC facility staff), these problems were identified as symptoms of even larger problems occurring at government level. Therefore, the main purpose of influencing the whole MHC chain operating within government policy and regulation was directed at government by the proposed solutions.

As discussed in chapter 2, 1997 is the year in which the White Paper was published, and this was in line with the new constitution. The provisions of a new MH system were set out by this document, and were based on the PHC principles (Petersen, 2000). Accompanying this document were MH Policy Guidelines, which gave more detail on this vision of a new MH system (Petersen, 2000). Following that, South Africa began reforming its out dated apartheid-era MH legislation, as national government has in the past identified poor MH management, and the transformation of MH within the country was initiated through the promulgation of the MHCA 17 of 2002. The MHCA was further framed in the implemented solutions of the sample data set, that due to it, the DOH has since embarked on extensive quality evaluation of healthcare facilities around South Africa. This overlaps with the intentions of the MHCA as reported in the literature. Deinstitutionalisation as discussed in chapter 2 was rolled out with the aim to integrate MHC users into society and create understanding in communities. However, in implementing proposed solutions, the financial resources have been restricting. It has already been noted in the news stories that the DOH

has financial issues with regards funds and resources directed towards MH so it is difficult to assume complete feasibility of deinstitutionalisation. In keeping with international recommendations, Petersen and Lund (2011) suggested in their study that the money (from the savings occurred through reduced spending on psychiatric institutions) needs to be ring-fenced and decentralised, and following MHC users into their communities to ensure adequate care in the communities. Some of the solutions proposed by the news stories conform to this suggestion.

News stories reported on solutions proposed to problems that were often in conjunction with how there is a need for further action in order for solutions to be effective in solving problems. Jack-Ide, Uys and Middleton (2012) credit the effect of an educational programme, as does Kleintjies et al. (2010) who state that education programs can reduce stigma. Efforts were reported scarcely, to train the MHC personnel and the community. The data set revealed that a lot still needs to be done with regards to education and awareness regarding the schizophrenia spectrum and other psychotic disorders. This then poses a question – who is responsible for creating such awareness and education? It appears yet again that the responsibility is fundamentally for government.

It was also proposed in the news stories that patients should record staff members' names so that unprofessional behaviour can be dealt with through the department's own channel, therefore all staff members should wear tags while on duty. In terms of implemented solutions; news stories reported on actions that were taken against the psychiatric nurses and security guards (working at primary, secondary and tertiary health facilities) which included suspensions and termination of contracts. Another implemented solution is SAFMH, which was reported in news stories as they have programs to educate and empower communities about metal illness. It was reported that one of their primary objectives was to remove the stigma associated with MH. The impact of these proposed and implemented solutions appear small as solutions are still far outweighed by the problems, and those problems are constant. The data set revealed that the proposed solutions identified are possible solutions to problems, and their main purpose is to highlight what is not addressed by the government.

Lack of financial resources primarily falls under the category problems; however it is important to discuss this within suggested remedies, as the news stories framed the lack of

funding as playing a key role in sabotaging any kind of attempts to manage mental illness. Facilitators of implementation identified included government, NGO's, faith based as well as community organizations. News stories in the data set framed government officials as not being sufficiently active leading to the current policies not being enforced, and to government lacking awareness of what needs to be done due to insufficient information on schizophrenia as well as mental illness as a whole. With regards to MH, the role of national government is to lead and guide provincial and district health departments by developing policy, strategy and legislation, participation and appeals, coordination, monitoring, enforcement and dissemination of information, reviewing, and capacity building (Godfrey, 2008). The main role of provincial government is the implementation of national strategies that are responsible for monitoring and enforcing issues in their respective province (Godfrey, 2008). When problems occur at the foundational level (government level) with policy and regulation, these issues perpetuate all other problems. All other levels are affected by the problems that occur at government level resulting in these levels not being able to function optimally, or they end up getting away with functioning inappropriately. Non-Governmental Organizations such as SAFMH (discussed in the news stories) are a crucial factor in implementation as they are proactive in finding solutions, are important in encouraging awareness and speaking about problems.

5.4 Findings in relation to other studies

This is the first study, to the author's knowledge, to examine print media depictions of mental illness, with a specific focus on schizophrenia and other psychotic disorders. The print media coverage of issues relating to this illness group was predominantly about issues relating to the causes, shortages of MH professionals, stigma, discrimination and misconceptions, as well as lack of awareness and funding, which is stipulated by the MHCA developed by the government in 2002 and launched in 2004, as well as the deinstitutionalisation policy (DOH, 2013; Jack-Ide, Uys and Middleton, 2012; Lund et al., 2008; Petersen and Lund, 2011). Thereafter, there was a slight improvement in available resources from government and international funding agencies, such as funding and other technical support for MHC initiatives (DOH, 2011, Jack-Ide, Uys and Middleton, 2012; Lund et al., 2008). However, several challenges with the implementation of the MHCA and deinstitutionalisation have generated an outcry among MHC professionals, communities and strong debates among stakeholders, policymakers, and researchers; all of which received a lot of media coverage

(DOH, 2013; Jack-Ide, Uys and Middleton, 2012; Lund et al., 2008; Lund et al., 2010; Petersen, 2000; Petersen and Lund, 2011; Stein, 2014; WHO, 2007).

The finding regarding the high level of coverage of issues relating to schizophrenia and psychosis in the news media reflects the high prevalence of the schizophrenia spectrum and other psychotic disorders and different initiatives addressing these illnesses and related issues (Rhydderch et al., 2016; Whitley and Berry, 2013). Limited coverage (in news stories) however, of issues relating to the inability to access psychiatric help, NGOs and communities taking action (matters into their own hands), and lack of awareness and funding does not reflect the high incidence of people suffering from schizophrenia and other psychotic disorders, that are homeless, unemployed and not on any medication, in South Africa. Notably, the PHC package consists of various services to address MH including treatment and counselling, emergency services for suicide prevention, support to access the criminal justice system, and referral to appropriate health facilities for care to continue (DOH, 2000). Additionally, limited coverage was observed of MH research evidence related to schizophrenia, which is central to health systems that are evidence-informed (Lavis et al., 2006; Lavis, 2009; Oxman et al., 2009).

5.5 Implications for policy

It is revealed by the findings that the characteristics of news stories covering issues relating to the schizophrenia spectrum and other psychotic disorders, and the value of studying patterns systematically in media coverage is thus illustrated. For instance, issues relating to the schizophrenia illness group were covered more by some of the newspapers than others. However, a more complex relationship was revealed in exploring the proportion of frames over the collection period. In particular, there has been an increase in the proportion of news stories that are framed to define problems since 2004, while there has been a decrease in the proportion of news stories suggesting remedies. As indicated in the introduction to this paper, 2004 was the year when the MHCA was implemented, which made it an important moment in the South African context, and it received a lot of exposure in the news media, and eventually national and international policy platforms. Future attention should be directed at examining the design and implementation of policies, and how the media covers and places emphasis on the different aspects of this critical issue.

Through the PHC act there has been an improvement in access, it makes PHC the first contact of MHC within the health system, and promotes the merging of MHC with general health services and the development of services that are community-based (DOH, 2013). In practice, MHC for those with mental illnesses is usually confined to management of medication, even though the White Paper and the MHCA have integration of MH into PHC enshrined in them (DOH, 2013). Therefore a national MH policy needs to be developed urgently that is based on sound evidence; provides a blueprint for action on MH in South Africa; and reflects the opinions and priorities of various MH stakeholders.

An important role that could be played by the media is in framing policy debates regarding major MH reform issues. Akintola et al. (2015) also suggested assistance in shaping the climate for health policymaking that is evidence-informed, as another important role that the news media can play; thus referring to the transparent and systematic use of research evidence in decisions by government regarding MH. Policymakers can be informed by the news media about results yielded in research which could help inform policymaking, through catching the attention of stakeholders and policymakers by making MH research evidence available to them. An example is that policymakers could be provided with the most robust form of evidence for informing policy decisions about decisions on the best way to deliver and allocate resources, pay for and govern these services; through the media reporting on evidence from evaluations of MHC interventions, particularly systematic reviews of such evaluations (Akintola et.al, 2015).

Overall, the mass media's effect on attitudes may either reduce or enhance the effectiveness of campaigns aimed at reducing stigma related to MH; therefore, it is useful to have an assessment of changes in coverage over time for interpreting the outcomes of programs aimed and reducing and eradicating stigma (public attitudes) (Rhydderch et al, 2016). Examination of what is covered by the media thus allows for an assessment to establish whether that work targeted for a program, with journalists and editors is effective. Perhaps activists for MH could also consider using the findings of this study in future programs for journalists' education and training. Future interventions could focus on empowering and training people who suffer from or have been affected by mental illness by also empowering them to describe their experiences (Rhydderch et al, 2016). This training and empowerment could enable them to provide opinions and quotes through engaging with the journalists

(Rhydderch et al, 2016). For individuals suffering from a mental illness which are often portrayed in a stigmatising manner, this would be particularly relevant.

5.6 Implications for future research

Researchers could be provided with information (by the media to help inform research agendas) on themes and issues that require research attention, by covering MHC policy issues (Akintola et al., 2015). Although we are aware that the general population has a high level of perceived risk of schizophrenia/psychotic related disorders, clarification is still needed on what the public understand about the schizophrenia spectrum and other psychotic disorders. Insight into the role media may play in this understanding has been provided, however, there is still a need for further investigation into how the messages are interpreted. This will be important in understanding whether increasing media coverage is amplifying public concern or it is echoing what the public is legitimately concerned about.

In gatekeeping, the news media prioritizes a small volume of news after narrowing down a variety of potential news (Shoemaker, Eichholz, Kim, and Wrigley, 2001). During this process, the potential news items are passed through news channels from the source to a reporter to a number of editors, and are either moved along, halted or discarded (Lewin, 1950; Shoemaker et al.; and Soroka, 2012). Consistent with the gatekeeping process is the finding that some frames (e.g. diagnosed problems and causes) received more coverage in the newspapers, while others (e.g. suggested remedies) received limited coverage (Akintola et al., 2015). Policy agendas are thus influenced as the media organizations help determine what should be covered and what should not be covered (Akintola et al., 2015).

South Africa's political environment related to mental illnesses such as schizophrenia is also unique in that the national health policy guidelines (1997) represents the first piece of legislation post-apartheid that regulates provincial policy development. By extending this work to other political contexts (i.e. in other LMICs), insight could be provided into the role of framing in shaping discourses about the schizophrenia spectrum and other psychotic disorders (Harrington et al., 2010). It would be important in the future to examine/research into who is saying what (claims-makers) in the print media, perhaps this could clarify how these groups specifically frame their arguments to shape the

definition of the schizophrenia spectrum and other psychotic disorders. An exploration of the progression of reporting of problems related to the schizophrenia spectrum and other psychotic disorders in greater depth, could be invaluable.

CHAPTER SIX
CONCLUSION AND LIMITATIONS

6.1 Conclusion

This study found that using the framing perspective as a way of identifying the primary themes or ideas presented in print media, was very useful. It assisted in establishing the articles' primary frames. It further assisted in categorizing the diagnose causes, problem definitions, suggest remedies, and make moral judgements about actions, in the news stories on the schizophrenia spectrum and other psychotic disorders. Critical insight into the construction of a MH risk could be gained from the manner in which that message is framed (Harrington et al., 2011). For public perception, this process is important as understanding by the general population, attending to, or them acting upon risk information, is influenced by the representation of a crucial issue. In an era where a defining factor is the new health hazards that emerge in an environment that is increasingly mediated by information (Beck, 1992), the issues in the stories in the media are important to note as they are often framed in such a way that they resonate with the public.

The potential role of analysing media in illuminating patterns in print media coverage of issues related to mental is underscored by this study. An understanding is provided of MH issues that are prominent in the news media as well as gaps in coverage of specific MH issues. These findings indicate that South Africa's policymaking about and implementation of current reforms (e.g. the MHAP 2013 - 2020) could benefit from a thorough review and understanding of patterns of media coverage of issues relating to the serious mental disorders such as schizophrenia. For in South Africa, an increase in the acknowledgement of MH as an important public health issue can be seen(Draper et al., 2009), yet, it is not given the priority it deserves on policy agendas as in many other LMCIs.

This study highlights the importance of information obtained from media analyses for indicating to health researchers, potential areas of research to explore. Furthermore, the findings highlight that there is a need for researchers in LMICs to be more proactive in disseminating their research to the media and making use of media analyses. This could be useful in assisting to illuminate issues related to MH that require the attention of reporters, MH policymakers, and stakeholders.

It is evident from the findings that the South African print media presents mental illness, with specific focus on schizophrenia and other psychotic disorders in a way that highlights the problems and causes more, rather than balancing this with reports on support of / proposed / implemented solutions that are congruent with the key policy developments. This is particularly concerning in the South African context as public opinion is largely shaped by the media. Furthermore, as a result of South Africa's high rate of substance use, and the high likelihood for people who suffer from schizophrenia and other related disorders to use substances, the potential for this illness group to be a catastrophic MH emergency is increased. Again, making media's presentations of the potential for the 'schizophrenia spectrum and other psychotic disorders' of particular interest and importance.

6.2. Limitations

There were limitations to this study. Print media, specifically newspapers were used for this study, meaning that other forms of media were excluded (e.g. television, magazines, social media, and radio) even though they had a potential role in reporting issues related to the schizophrenia spectrum and other psychotic disorders. Another limitation that should be noted was that the study was limited only to provincial and national newspapers, thus excluding community newspapers. The voices of the people affected by the various problems discussed in this report were not able to be analysed, as there was exclusion of community newspapers that report from the grassroots of news where the issues discussed in this report occur. This also meant regional variation in the framing of the schizophrenia was potentially masked. Other limitations were that only news stories published in English were included for analysis – news stories published in other South African languages were excluded, however they may contain sources of information that is important for other language groups. Although SA Media is a comprehensive database that provides full-text news stories, other information about news stories (e.g. type of news story and word count) is not provided, which would enhance analysis. One of the domains of difficulty in analysing media representations of mental illness noted by Stout, Villegas, and Jennings (2004) is that of defining relevant search terms. There is a possibility that the search terms used in this study did not identify all the articles that could convey references to the schizophrenia spectrum and other psychotic disorders, although pilot searches for non-diagnostic terms revealed that they yielded no additional, relevant stories.

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APPENDICES

Appendix A1

Table A1: Number of unique English news stories retrieved from SA Media using various search terms (N = 603)

Search terms	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	TOTAL
Schizophrenia	40	26	22	18	25	15	33	15	32	40	10	**291**
Schizo-affective	0	01	0	0	0	0	01	0	0	0	01	**03**
Schizotypal	0	0	0	01	01	0	0	0	0	01	0	**03**
Catatonia	0	01	0	01	0	0	0	01	0	0	0	**03**
Delusional Disorder	01	02	0	0	02	0	01	01	03	03	0	**13**
Psychosis	08	02	06	06	01	06	04	06	08	11	02	**60**
Psychotic	29	25	14	25	19	14	14	21	26	30	19	**230**
Total	**78**	**65**	**42**	**51**	**48**	**35**	**53**	**44**	**70**	**85**	**32**	**603**

Table A2: Number of news stories retrieved from various newspapers using various search terms (N=216)

Newspaper	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Total
Citizen	02	01	02	0	02	0	0	0	02	01	0	10
City Press	0	02	01	0	0	0	0	01	01	02	0	07
Mail & Guardian	01	01	01	03	03	0	0	0	02	03	0	14
New Age (The)	0	0	0	0	0	0	0	0	0	01	0	01
Star (The)	08	02	07	04	01	0	03	01	06	05	05	42
Sowetan	0	01	01	0	0	01	0	02	02	0	01	08
Sunday Times	0	0	0	01	02	0	01	0	0	01	0	05
Sunday Tribune	0	01	0	0	0	01	0	01	01	01	0	05
Sunday Independent (The)	02	0	0	0	0	01	02	0	01	01	0	07
Times (The)	0	0	0	0	01	0	0	0	01	02	01	05
Daily Dispatch	0	01	0	02	01	0	03	01	0	02	0	10
Herald (The)	0	0	0	01	01	0	0	0	0	01	0	03
Weekend Post	0	0	0	02	0	0	0	01	0	01	01	05
Pretoria News	01	01	01	0	03	0	03	0	0	0	0	09

Business Day	0	0	02	0	02	01	03	01	01	01	01	12
Daily News	02	02	0	02	03	0	0	01	02	04	02	18
Independent on Saturday (The)	0	0	01	0	0	0	0	0	01	0	0	02
Witness (The)	0	0	01	01	01	03	02	02	02	0	0	12
Cape Argus/Argus Weekend	4	4	2	4	2	3	4	3	3	3	1	34
Cape Times	01	02	01	03	0	01	02	01	01	04	03	19
Total	21	18	20	23	22	11	23	15	26	33	15	216

Appendix B

Table B1: Overlaps among news stories using different search terms (N = 72)

	Newspaper name	Topic of news story	Terms	Number
1	Star	Hearing voices in your head? Don't smoke weed	Delusional disorder, Psychotic	02
2	Citizen	Killer 'is schizophrenic'	Schizophrenia, Psychotic	02
3	Star	Report claims 'axeman' suffers from mental disorder	Schizophrenia, Delusional disorder, Psychotic	03
4	Daily news	Resist the temptation	Schizophrenia, Delusional disorder, Psychotic	03
5	Sunday Times	Intensive care causes delusions among children	Delusional disorder, Psychotic,	02
6	Witness	The price tag of being human	Psychosis, Schizophrenia, Psychotic	03
7	Cape Times	Dagga reveals dark side	Psychotic, Psychosis	02
8	Weekend post	Mental health patients works on show	Psychosis, Schizophrenia	02
9	Mail and Guardian	Acid Test: LSD won't make you crazy	Psychosis, Psychotic	02
10	Daily News	Mental illness – a silent crisis	Psychosis, Schizophrenia, Psychotic	03
11	Cape Times	Lack of information on mental illness	Schizophrenia, Psychosis	02

12	Cape Argus	Bed shortage, meagre budget putting many patients at risk	Psychosis, Psychotic	02
13	Saturday Argus	Shortage of beds at mental hospital	Psychosis, Psychotic, Delusional Disorder	03
14	Mail and Guardian	There's gold at the end of the 'brainbow'	Psychosis, Schizophrenia	02
15	Daily Dispatch	Mental Health policy is falling short	Schizophrenia, Psychosis, Psychotic	03
16	Citizen	Dagga can make you gagga	Psychosis, Psychotic	02
17	Cape Argus	Smoking just 5 joints puts teens at risk of psychosis	Psychosis, Psychotic	02
18	Star	Dagga a trigger for mental health problems	Psychosis, Schizophrenia	02
19	Weekend Mail and Guardian	Schweet smell of psychosis	Psychosis, Delusional Disorder, Psychotic	03
20	Daily News	It's official, dope makes you potty	Psychosis, Psychotic	02
21	Cape Argus	New Dagga warning	Psychosis, Psychotic	02
22	Cape Argus	Tik is driving users insane	Psychosis, Psychotic	02
23	Cape Times	Tik Pandemic causes surge is psychosis	Psychosis, Psychotic	02
24	Star	Address mental effects of Aids	Schizophrenia, Psychosis, Delusional disorder	03

25	Cape Argus	Struggling schizophrenia patients likely to have a history of Tik abuse	Schizophrenia, Psychosis	02
26	Saturday Argus	Futures go up in smoke with dagga	Psychotic, Psychosis	02
27	Star	Condemned to the madhouse	Schizophrenia, Psychosis	02
28	Witness	Dagga is not safe says, doctor	Psychotic, Psychosis	02
29	Mail and Guardian	Dossier of 'disorders' has more than a dose of madness	Schizophrenia, Psychosis	02
30	Cape Argus	Murder accused 'delusional'	Schizophrenia, Delusional disorder	02
31	Business Day	Brain maps may detect mental disorders early	Schizophrenia, Psychotic	02
32	Star	Mental illness is no laughing matter	Schizophrenia, Psychotic	02

Appendix C

Table C1: Search terms and how they were developed

	Search terms	How the search terms were developed
1	Schizophrenia	The term was related to schizophrenia, and was generally used in the literature as well as the DSM-5
2	Psychosis (and its variant spellings)	The term was related to schizophrenia, and was generally used in the literature as well as the DSM-5
3	Psychotic disorders	The term was related to schizophrenia, and was generally used in the literature as well as the DSM-5
4	Schizotypal	The term was related to schizophrenia, and was

		generally used in the literature as well as the DSM-5
5	Schizoaffective	The term was related to schizophrenia, and was generally used in the literature as well as the DSM-5
6	Schizophreniform	The term was related to schizophrenia, and was generally used in the literature as well as the DSM-5
7	Catatonia	The term was related to schizophrenia, and was generally used in the literature as well as the DSM-5

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TO:
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Name of Student: Nombuso Masinga

Student No:205502873

Degree (Discipline): Psychology

Completion of Corrections (Date):

17/4/18

I hereby declare that the corrections for the above mentioned student have been effected to my satisfaction.

Comments if any:

Name of Supervisor Dr. O. Akintola DATE: 17/04/18

(Signature)