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Media coverage of mental illness: a comparison of citizen journalism vs. professional journalism portrayals

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ABSTRACT

Background: Evidence suggests that mainstream media coverage of mental illness tends to focus on factors such as crime and violence. Thus, mental health advocates have argued that alternative portrayals are necessary to reduce stigma.

Aim: The aim of this paper is to compare the tone and content of mainstream TV coverage of mental illness with educational videos produced by citizen journalists with mental illness.

Methods: We trained three groups of people with mental illness in citizen journalism and participatory video. These groups then produced a series of educational videos about mental illness (n = 26). Simultaneously, we systematically collected TV clips about mental illness from a major Canadian TV station (n = 26). We then compared the tone and content of citizen journalism videos vs. TV clips using content analysis techniques.

Results: The citizen journalist videos tended to be more positive and hopeful. For example, over 60% of the citizen journalism videos focused on recovery, compared to 27% of the TV clips. Conversely, over 40% of the TV clips focused on crime, violence or legal issues, in comparison to only 23% of the citizen journalism videos.

Conclusion: Citizen journalism by people with mental illness has the potential to educate the public and reduce stigma.

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Introduction

Evidence suggests that mainstream media coverage of mental illness tends to disproportionately focus on factors such as danger, criminality and violence (Murphy, Fatoye, & Wibberley, 2013; Rodrigues-Silva et al., 2017; Thornicroft et al., 2013). This can contribute to negative public attitudes, inaccurate beliefs and erroneous stereotypes about people with mental illness, often leading to prejudice and discrimination (McGinty, Webster, & Barry, 2013; Reavley, Jorm, & Morgan, 2016; Thornicroft, 2006). Indeed, the mainstream media has regularly been identified as a primary factor in the perpetuation of stigma against people with mental illness (Corrigan et al., 2005; Stuart, 2003).

For example, in Canada, a recent longitudinal analysis of nearly 25,000 articles from best-selling Canadian newspapers found that almost half of articles linked danger, violence and criminality to mental illness; only 15% had recovery or rehabilitation as a theme and only 20% quoted people with mental illness (Whitley & Wang, 2017a). Similar results were found for television coverage of mental illness with over 50% of analyzed TV clips linking mental illness to violence, and less than 10% having recovery as a theme (Whitley & Wang, 2017b).

Gatekeeping and editorial decision-making

The preponderance of negative articles may be a consequence of editorial decision making, or “gatekeeping”, defined as the “selecting, writing, editing, positioning, scheduling, repeating and otherwise massaging information to become news” (Shoemaker & Vos, 2009, p. 73). Journalism research indicates that editors favour news based on crime, conflict, celebrity or controversy, known by the mantra “if it bleeds, it leads” (Chermak, 1994; Harcup & O’Neill, 2017).

Indeed, Shoemaker and Vos (2009) argue that editors implicitly define newsworthiness as events that are rare and out of the ordinary, especially when this involves threat to public order and the status quo, or the breaking of social norms or the law. Hence, much media coverage of mental illness disproportionately focuses on danger, crime and violence. From an editor’s perspective, positive and hopeful stories of recovery may be mundane and not newsworthy.
As such, mental health advocates have argued that alternative portrayals are necessary to reduce mental health stigma and educate the public about the realities of mental illness (Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012). The emerging practice of “citizen journalism” offers an opportunity for people with mental illness to produce bottom-up alternative portrayals that may dispel common myths and inform the public.

**Citizen journalism**

Citizen journalism involves ordinary community members producing media pieces about topics and issues affecting them and their communities (Campbell, 2015). These can include articles, videos, podcasts, blogs and essays; appearing on private websites, community newspapers or social media such as YouTube and Reddit. Citizen journalists are not formally trained in journalism and are not employed by mainstream media outlets. Instead, they are concerned citizens generating their own content, often aiming to inform and educate (Carpenter, 2010).

To our knowledge, there has been little action or research specifically related to citizen journalism and mental health. However, related research suggests that citizen journalism may have the potential to diversify media coverage of marginalized communities and provide educational counter-narratives to mainstream (and negative) media representations (Wall, 2015).

For example, marginalized communities such as ethnic minorities and Indigenous groups have used citizen journalism to obtain a public voice and offer alternative (and more positive and nuanced) representations that differ from those frequently found in the mainstream media (Farinosi & Treré, 2014; Luce, Jackson, & Thorsen, 2017). In other instances, citizen journalists have brought attention to human suffering or human rights abuses that have been overlooked by the mainstream media (Allan, Sonwalkar, & Carter, 2007).

Contrariwise, some research indicates that citizen journalism is often perceived as less credible than traditional journalism (Swasy, Tandoc, Bhandari, & Davis, 2015), and can actually be harmful by contributing to the distribution of misinformation (Berkowitz & Liu, 2016) or an exaggerated sense of risk and threat in certain situations (Mythen, 2010). In short, citizen journalism has strengths and weaknesses that have not been studied in the mental health context.

**Participatory video**

One action-research method that is well-suited for such citizen journalism approaches is known as participatory video (PV). PV is a method based on the theory and principles of participatory action research (PAR) (Chávez et al., 2004). PAR is an umbrella term referring to research methods that meaningfully engage community stakeholders as equal partners (Cargo & Mercer, 2008; Minkler, 2005). Indeed, Macaulay et al. (1999) define PAR as “a partnership among equals with complementary knowledge and expertise… Collaboration, education and action are the three key elements of participatory research” (p. 775). PV is a form of PAR involving three core steps.

First, participants with a shared experience are recruited into a workgroup, which considers issues faced by their demographic through discussion and analysis. Second, video cameras are given to the workgroup, who receive technical training. Third, the workgroup deploys these new skills to produce locally grounded educational videos, which can be shown during organized screenings (or on-line) to raise awareness and catalyze change (Parr, 2007; Sitter, 2012).

PV is always a group activity and works best in pre-existing homogenous groups where people face the same societal problems. PV proceeds on the well-grounded knowledge that video can educate, challenge and change public attitudes and behaviours (Parr, 2007; White, 2003). In the PV process, participants become community educators, aiming to raise awareness and reframe discussions from their perspective (Mitchell, 2008). As such, PV is a form of citizen journalism that has much potential for mental health stigma reduction and community education.

Given this potential, we conducted an action-research PV study with the overall aim of creating bottom-up educational videos that could improve the public understanding of mental illness and reduce public stigma. The specific objective of this paper is to compare citizen journalists’ portrayals of mental illness with professional journalists’ portrayals. As such, the paper is driven by three precise research questions: (i) what is the tone and content of videos about mental illness produced by citizen journalists with mental illness?; (ii) what is the tone and content of mainstream TV clips about mental illness produced by professional journalists? and (iii) what are the patterns of difference in tone and content between the two forms of journalism? We hypothesize that the citizen journalism videos will frame people with mental illness in a much more positive light than TV clips produced by professional journalists.

**Methods**

**Participants and materials**

The raw data for this study consist of two sets of videos. The first set were created and produced by citizen journalists with severe mental illness (SMI) – an umbrella term including schizophrenia, bi-polar disorder, schizoaffective disorder and major depression. These mental disorders share basic characteristics including severe functional impairment (when untreated) and high levels of community stigma (Whitley, Palmer, & Gunn, 2015). These videos currently appear on YouTube, as well as on a dedicated website (Recovery Advocacy Documentary Action Research, 2018, www.radarmentalhealth.com). The second set are videos created and produced by professional journalists which appeared on Canadian public television.

To make the citizen journalism videos, we collaborated with three psychosocial rehabilitation centres that serve people with SMI in different Canadian provinces. We recruited participants from these centres via announcements and word
of mouth. We then held classes/sessions on citizen journalism and PV at these centres twice per week over a two-year period (2015–2017). These classes were led by a professional videographer, with input from study authors who include a journalism professor (GA), a PV expert (KS) and a mental health stigma expert (RW). Classes included instruction in scripting, videoing and editing; as well as viewing mainstream media coverage of mental illness, followed by critical discussion. Finally, the groups were tasked with scripting and producing videos related to mental health, with complete editorial control over video topics and themes. By the end of the process, the groups had produced a total of 26 videos. All participants gave written informed consent and the protocol was reviewed and approved by the Douglas Hospital Research Ethics Board (reference number 14/27).

The professional journalism videos consisted of individual television clips, which were systematically collected over a one-year period (1 January 2017 to 31 December 2017), using FP Infomart. This is a comprehensive, constantly updated on-line repository of newspaper articles and television clips where subscribers can search and retrieve media content containing key words within a specific date range. For this study, we retrieved TV clips which mentioned the terms “mental illness”, “mentally ill”, “schizophrenia” or “schizophrenic” from CBC Toronto – one of Canada’s most popular television channels.

In line with methodological best practice, we used limited search terms to keep the study streamlined and focused (Whitley & Berry, 2013b). The first two search terms were chosen as umbrella terms that could capture relevant clips. The second two search terms were added given the high-levels of reported stigma surrounding schizophrenia (Stuart, 2003; Thornicroft, 2006). Relatedly, the citizen journalists were diagnosed with SMI disorders such as schizophrenia (rather than common mental disorders such as anxiety) further justifying use of these two terms. Moreover, we avoided using search terms such as “depression” or “anxiety” as these terms have numerous synonyms (e.g. “economic anxiety”, “a weather depression”); indeed, a trial run indicated we would be flooded with false positive clips if we used these terms which would strain our limited study resources.

This led to a raw total of 220 TV clips. However, we excluded duplicate videos (i.e. reruns with identical content to previous TV clips) as well as those that made passing or metaphorical reference to mental health (e.g. mentioning a car accident near a mental health facility). A total of 69 videos were excluded, reducing the number of usable videos to 151. We aimed to reduce this number to 26, the same number as the citizen journalism videos, for equal comparison. Thus, we assigned each TV clip a number code between 1 and 151, and then used an online random number generator (research randomizer) to randomly select 26 numbers (Urbanik & Plous, 1997). The corresponding videos were then selected and included in the subsequent analysis.

Citizen journalism videos ranged from 02:20 minutes/seconds to 22:05 minutes/seconds, with a median of 09:41 and an inter-quartile range (IQR) of 05:00 to 14:22. The TV clips ranged from 29 seconds to 15:53 minutes/seconds, with a median of 04:34 and an IQR of 01:44 to 07:25.

**Procedures**

Procedures were derived from an ongoing study of media coverage of mental illness led by the last author, which uses validated items to measure media tone and content (Whitley & Berry, 2013a, 2013b; Whitley & Wang, 2017a). These coding procedures overlap considerably with previous studies comparing citizen journalism to professional journalism (e.g. Carpenter, 2010). Specifically, one author (VC) formally assessed the content of the PV videos and TV clips by watching each video closely, answering 10 yes/no questions about the video during this process. This author received intense training and close supervision from the other authors. This included inter-rater reliability exercises with the last author, with both independently coding 10 (20%) of the videos after the training, finding 91% agreement across all items. The 10 questions are:

1. Does the video contain significant positive tones (e.g. progress, resilience, recovery)?
2. Does the video contain significant negative tones (e.g. death, defeat, loss)?
3. Are crime, violence or legal issues a theme?
4. Are shortage of resources or poor quality of care a theme?
5. Is recovery or rehabilitation a theme?
6. Is the problem of stigma a theme?
7. Is a third-party interviewed?
   7a. If yes, were the following people interviewed?
   7a.1. Person with mental illness;
   7a.2. Family/friends of people with mental illness;
   7a.3. Mental health expert;
   7a.4. Members of the general public; or
   7a.5. Other
8. Are there a variety of perspectives presented in the video?
9. Is the video focused on one topic (i.e. issue-based)?
10. Is the video focused on a single person with mental illness (i.e. individual-based)?

**Analysis**

Numeric codes were entered into Excel for data storage and analysis. Frequency counts and proportions were produced for each question by type of video (i.e. citizen journalism vs. TV clip) to compare and contrast tone and content. We then conducted an inductive qualitative thematic analysis of the two sets of videos following standard procedures of immersion, mapping, open-coding and focused coding (Braun & Clarke, 2006; Strauss & Corbin, 1998). Specifically, one author (VC) engaged in supervised open-coding of the two sets of videos, re-watching the citizen journalism videos and the TV clips in two separate settings, again following intense training and close supervision by the last author. This led to the identification and labelling of
inductive themes describing patterns within the two sets of videos. The same author then engaged in another round of viewing, utilizing the thematic framework to formally enumerate the presence or absence of the identified themes in each video. This inductive analysis allowed us to further compare and contrast the tone and content of the two sets of videos.

**Results**

The overall frequency counts and proportions indicate that the citizen journalism videos tended to have an overwhelmingly positive and educational focus (see Table 1). For example, 88.5% of videos contained positive tones, and recovery/rehabilitation emerged as a theme in over half of the videos (61.5%). Likewise, over half of the videos (61.5%) discussed stigma as a social issue negatively affecting the lives of people with mental illness. Further, over half interviewed a person with mental illness (61.5%), and almost one in three (30.8%) focused on shortage of resources and poor quality of care. Only around one-quarter of videos (26.9%) contained negative tones (e.g. issues surrounding death, injury, defeat) or focused on crime, violence or legal issues (26.9%). Interestingly, the videos were equally divided in terms of their unifying thread, with exactly half (13 videos) focused on one topic (e.g. medication side effects or homelessness) and the other half (13 videos) focused on the recovery story of a single individual with mental illness. Frequency counts and proportions are presented in Table 1.

Conversely, the TV clips produced by professional journalists tended to be far less positive. For example, only 65.4% contained positive tones, while 42.3% contained negative tones. TV clips were much more likely to be about crime, violence or legal issues (42.3%), and markedly fewer had recovery/rehabilitation (26.9%) or “the problem of stigma” (15.4%) as a theme. Around 65% did not interview a person with mental illness and only 19.2% discussed shortage of resources and poor quality of care. Again, these proportions are detailed in Table 1.

The qualitative inductive analysis indicated that patterns of underlying themes varied between citizen journalism videos vs. TV clips (see Tables 2 and 3). For the citizen journalism videos, almost two-thirds focused on “dimensions and facilitators of recovery”. This included discussion of traditional notions of recovery, such as symptom reduction – as well as newer notions of recovery – for example, progress in social relationships, employment, education and housing. For instance, one video entitled “Audley Inspirational” focused on a man with bi-polar disorder who teaches dance and exercise, indicating how this fostered his recovery. Another video called “Finding Ourselves” examines how art and art therapy can enhance recovery. These recovery-oriented videos often took an educational approach, showing people with mental illness conducting routine and everyday activities in their homes, workplaces or the community.

Many of the citizen journalism videos also (61.5%) highlighted the problems of labels and stereotypes that are faced by many people with mental illness. These included stories about stigma, as well as problems dealing with stereotypes often attributed to people with mental illness. For example, one video is aptly titled “Labels” and another is “Us: Struggling with Stigma”. These videos attempted to give insights into the alienating experience of stigma.

Over half of the videos (53.8%) focused on social issues and inequalities commonly faced by people with SMI. These included issues such as homelessness, poverty and social isolation. For example, one video entitled “The Shelter Life” presents an examination of homelessness experienced by

| Table 1. Differences in tone and content of citizen journalism videos (n= 26) vs. professional journalism TV clips (n= 26). |
|-----------------|-----------------|-----------------|-----------------|
| **Variables**   | **Citizen journalism** | **Professional journalism** |
| Positive tones  | 23               | 17               | 88.5%           | 65.4%           |
| Negative tones  | 6                | 11               | 23.1%           | 42.3%           |
| Crime, violence or legal issues | 7 | 11 | 26.9% | 42.3% |
| Shortage of resources/poor quality of care | 8 | 5 | 30.8% | 19.2% |
| Recovery or rehabilitation | 16 | 7 | 61.5% | 26.9% |
| The problem of stigma | 16 | 4 | 61.5% | 15.4% |
| Third-party interviewed | 5 | 4 | 19.2% | 15.4% |
| Person with mental illness | 17 | 9 | 65.4% | 34.6% |
| Family/friends | 1 | 8 | 3.8% | 30.8% |
| Mental health expert | 6 | 7 | 23.1% | 26.9% |
| General public | 4 | 4 | 15.4% | 15.4% |
| Other (e.g. politician, police) | 2 | 8 | 7.7% | 30.8% |
| Variety of perspectives | 10 | 12 | 38.5% | 46.2% |
| Focus on issues | 13 | 17 | 50.0% | 65.4% |
| Focus on an individual | 13 | 12 | 50.0% | 46.2% |

| Table 2. Inductive themes emerging from citizen journalism videos (n= 26). |
|-----------------|-----------------|-----------------|
| **Citizen journalism themes** | **Number of videos** | **Percent** |
| Stigma, stereotypes and labels | 16 | 61.5% |
| Dimensions and facilitators of recovery | 16 | 61.5% |
| Social issues and inequalities | 14 | 53.8% |
| Living with a mental illness | 14 | 53.8% |

| Table 3. Themes emerging from traditional journalism videos (n= 26). |
|-----------------|-----------------|-----------------|
| **Traditional journalism themes** | **Number of videos** | **Percent** |
| Issues and vulnerabilities | 17 | 65.4% |
| Awareness about mental illness | 13 | 50.0% |
| Crime, violence and death | 13 | 50.0% |
| Services, supports and treatment | 11 | 42.3% |

*Table 1.* Differences in tone and content of citizen journalism videos (n= 26) vs. professional journalism TV clips (n= 26).

*Table 2.* Inductive themes emerging from citizen journalism videos (n= 26).

*Table 3.* Themes emerging from traditional journalism videos (n= 26).
people with mental illness. Other examples include “Flak” which explores issues “attached to being a consumer/survivor living in poverty” and “Somewhere Out There”, a fictional story of loneliness and isolation experienced by people with mental illness.

Some videos examined all of the above through the prism of the personal experience of a single individual living with a mental illness. For example, one video called “Jennifer’s Story” details a woman’s recovery journey, including discussion of challenges faced and barriers to recovery. Another called “The Gypsy Dreamer” features the uplifting life-story of Canadian poet and peer mental health advocate Bill Bissett. Others chose to take a more general approach, exploring specific psychiatric disorders using statistics coupled with individual narratives. An example is “Faces of Borderline Personality Disorder”, again focusing on factors such as recovery and stigmas faced.

An overlapping yet distinct set of themes emerged from the analysis of the TV clips. Almost two-thirds (65.4%) of these focused on “issues and vulnerabilities”. These included some similar topics to those emerging from the citizen journalism videos, such as homelessness. However, other topics, focused more on vulnerabilities (rather than social inequalities), emerged which were not covered in the citizen journalism videos. For example, one video discussed the safety of jail inmates with mental illness, while another discussed the risk of premature death for people taking psychiatric medication. Another highlighted difficulties experienced by people who suffer from social anxiety during the Christmas season.

Precisely half of the TV clips focused on generically raising awareness about mental illness, mostly in the context of depression and anxiety. This was done through individual stories, interviews with mental health experts and listing facts and statistics. One example is a clip from “The Goods” where the hosts interviewed a psychologist about the causes and features of generalized anxiety and panic disorder. Likewise, a segment from “On The Money” mentioned facts and figures related to depression and its annual economic cost.

Half of the TV clips focused on crime, violence and death, a theme which appeared much less regularly in the citizen journalism videos. Many of these included news stories and documentaries about people with mental illness who have committed violent crimes. For example, one of the clips was from a “Fifth Estate” episode entitled “Mind Readers” which examined the role of psychiatrists in the criminal justice system. A few focused on cases where people with mental illness were victims of crime and violence, but these often focused on extreme atypical circumstances such as a person with mental illness dying unexpectedly while in custody or through interactions with police. For example, one clip was a news report about the shooting death of Andrew Loku, a man with mental illness who was shot by police after allegedly wielding a hammer. Additionally, some clips described stories of people dying by suicide or engaging in self-harm behaviours following a struggle with mental illness.

Nearly, half (42.3%) of the professional journalism videos focused on services, supports and treatments available for people with mental illness, which overlaps with the “recovery” theme identified in the citizen journalism videos. These included testimonials about the benefits of social support, taking medication, and participating in therapy. One example is a “Firsthand” documentary examining the benefits of horse therapy. In other TV clips, journalists simply highlighted specific organizations or interviewed experts who described available supports and treatments. For example, one of the videos was a news report on “CBC Late Night News” describing the creation of a “Mental Wellness Loft” by a local woman with mental illness.

Discussion

The key finding of this study is that there are discernable patterns of difference between the citizen journalism videos compared to the TV clips. The citizen journalism videos had an overwhelmingly positive tone, with the majority focusing on factors such as recovery and the problem of stigma. These videos also tended to highlight social issues experienced by people with mental illness, also featuring people with mental illness in most videos.

In contrast, the professional journalism TV clips were much more likely to contain a negative tone and focus on crime, violence or legal issues, tending to follow the “if it bleeds it leads” mantra favoured by news editors (Chermak, 1994; Harcup & O’Neill, 2017). These videos were much less likely to focus on recovery, the problem of stigma or cite a person with mental illness; and were on average much shorter than the citizen journalism videos.

Both types of videos tended to make efforts to raise awareness about mental health issues. The citizen journalism videos often focused on the ordinary and everyday experience of recovery from the perspective of someone with mental illness, while the TV clips focused more on official mental health services and supports, with a tendency to interview experts. Similarly, both types of videos tended to discuss underlying social issues; however, the citizen journalism videos often focused on widespread social inequalities commonly experienced by people with mental illness such as homelessness, poverty and isolation (Drake & Whitley, 2014). In contrast, the TV clips focused more on issues related to crime and violence. As such, the results support our hypothesis that citizen journalism videos will frame people with mental illness in a much more positive light than TV clips produced by professional journalists.

These results should be interpreted in the context of research discussed in the introduction indicating that media coverage of mental illness tends to disproportionately focus on crime and violence (Murphy et al., 2013; Rodrigues-Silva et al., 2017; Thornicroft et al., 2013). Indeed, a study of mental illness coverage in Canadian newspapers found that only 10% of Canadian newspaper stories focused on recovery, while 51% focused on crime, violence and danger in 2015 (Whitley & Wang, 2017a). A similar study of television coverage of mental illness in Canada found that only 9% of
TV clips focused on recovery while 57% focused on crime, violence or danger (Whitley & Wang, 2017b). These proportions are very different from the present study, where citizen journalists focused on recovery in 62% of videos, and crime, violence and legal issues in only 27% of videos.

As such, the citizen journalists in the current project tended to produce much more positive and hopeful narratives in their videos than commonly seen in the mainstream Canadian media. The citizen journalists frequently took an educational orientation, confronting stereotypes and myths with engaging stories that have the potential to reduce public stigma and improve mental health literacy, which remains low in the general population (Vimalanathan & Furnham, in press). Relatedly, they often highlighted shared social problems which impede recovery and reduce quality of life, raising awareness about oft-ignored social inequalities. As such, the citizen journalism videos may be an effective anti-stigma intervention that could be used during educational workshops. Indeed, we are currently engaging in such activity to assess feasibility and measure impact on audiences and participants.

There are a number of limitations to this study. First, due to low sample size and multiple comparisons, we did not conduct statistical tests to formally compare the two types of videos. Second, the analysis of the videos was conducted by a single person, though that person was closely supervised by the other authors including reliability checks. Third, the TV clips came from a single source in a single country (CBC Toronto), and inclusion of clips from other TV channels may give different results.

To conclude, much Canadian and international research indicates that the mainstream media prefers to focus on sensational events such as crime and violence (Chermak, 1994; Harcup & O’Neill, 2017). This is especially so when discussing mental health issues, which can perpetuate fear and prejudice against people with mental illness (McGinty et al., 2013; Reavley et al., 2016). In contrast, this study indicates that grassroots bottom-up citizen journalism videos can provide alternative representations and counter-narratives to mainstream media coverage (Luce et al., 2017). These videos could be used as educational tools to reduce stigma and inform the public during mental health workshops. Moreover, such YouTube-hosted videos have the potential for wide dissemination, given the increasing reach and influence of social media. Further research is necessary to assess impact in this regard.

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