

Mental illness among journalists: A systematic review

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Abstract

Background: Mass media depictions of people with mental illness have a strong influence on public attitudes, to the extent that changes in these depictions can reduce public stigmatization of people with such illness. Journalists' mental health may influence their depiction of those with mental illness, but little is known about this.

Aims: To investigate mental illness among journalists in five key areas: (1) journalists' mental health status; (2) journalists' personal attitudes towards mental illness; (3) attitudes and support journalists expect or have experienced from colleagues when they have a mental health problem; (4) effect of journalism's professional culture on the course of mental illness; and (5) effect of journalism's professional culture on mass media depictions of people with mental illness.

Methods: We performed a systematic screening of MEDLINE, PsycINFO, EMBASE, Web of Science and the Cochrane Library regarding the study aims.

Results: We identified 19, 12, seven and four studies for aims 1, 2, 3, and 4, respectively. No articles were found for aim 5.

Conclusions: The prevalence of post-traumatic stress disorder (PTSD) among journalists is higher than that among the general population. Journalists have positive personal attitudes towards mental illness, but there are perceived workplace disincentives to disclose mental health problems.

Keywords

journalist, journalism, mental disorder, stigma, prejudice

Introduction

The mass media is the main source of information on mental health and mental illness for the general population (Yankelovich, 1990). A great deal of research conducted on newspaper portrayals of mental illness has concluded that most often stories about mental illness focus on negative aspects, especially danger and violence, and include pejorative and discriminatory terminology (Lawrie, 2000). These representations play an active part in shaping and sustaining what mental illness means in society (Wahl, 1995). However, one study showed that changes in mass media coverage of mental health could change attitudes towards mental health among the general population (Henderson & Thornicroft, 2009).

Why do journalists describe mental illness in such negative ways? One survey reported that their primary concern is to attract and maintain readership (Henderson, 1996). Therefore, news reports emphasize the newsworthy rather than the worthy.

On the other hand, journalism can be a stressful occupation (Kelly, 2008). Journalists need to be on site at scenes of disaster or brutality that may traumatize them psychologically. When there is reason to suspect that the rate of mental illness among journalists may be at least as high as among

the general population in every country, why do many journalists continue to portray mental illnesses with so little sympathy or understanding?

In this context, the aim of this paper was to conduct a systematic review of mental illness among journalists. Our objectives were five-fold and assessed: (1) the mental health status of journalists; (2) journalists' personal attitudes towards mental health problems; (3) how journalists are supported when mentally unwell; (4) the effect of journalism's professional culture on the course of mental illness; and (5) the

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effect of journalism's professional culture on mass media depictions of people with mental illness.

In particular, we aimed to test the following five inter-linked hypotheses:

1. Journalists have higher prevalence rates of mental illness, especially post-traumatic stress disorder (PTSD), depression and alcohol dependence, compared to the general population.
2. Journalists have positive personal attitudes towards people with mental illness.
3. The professional culture of journalism makes the disclosure of mental illness difficult.
4. Concealment has a negative impact on the course of mental illnesses among journalists by delaying recognition and treatment.
5. Journalism's professional culture contributes to negative portrayals of mental illnesses.

Method

To achieve these objectives we performed a systematic review in the following way.

Eligibility criteria

Participants. Identified as journalists or journalism students in any relevant field.

Study characteristics. Cohort or cross-sectional studies with original quantitative data and no restrictions on the location, number of participants or response rate. Narrative descriptions were excluded. We included studies that contained the following information related to hypotheses 1–5, respectively:

1. Mental health problems diagnosed/evaluated using standardized criteria.
2. Journalists' personal attitudes towards people with mental health problems.
3. Journalists' experiences or expectations about the attitudes of their colleagues or employers regarding mental illness.
4. Any quantitative data or source regarding the influence of journalistic culture on mental health problems among journalists.
5. The relationship between the culture of journalism and how journalists portray mental illness.

Information sources

The PRISMA statement (Liberati et al., 2009) for a systematic review was followed. A systematic search of abstracts written in English, Italian and Japanese was conducted in MEDLINE, PsycINFO, EMBASE, Web of Science and the Cochrane Library. Potentially relevant studies written in German and Chinese were translated by colleagues. Reference lists were also scanned. All studies were published between January

1980 and June 2010. We also used Google, checked and emailed the relevant official associations' websites (Dart Center for Journalism & Trauma, International Federation of Journalists, European Journalism Centre, Association of European Journalists, and Vlaamse Vereniging van Journalisten) to find grey literature and ongoing studies.

Search strategy

The lead reviewer initially screened all studies. A selection of excluded studies and all that met the inclusion criteria were screened by the second reviewer. Agreement was reached with the first researcher regarding any contested studies. Figure 1 shows the flow chart of the search strategy. The search terms used are provided in Appendix 1.

Results

Exclusions

Our search strategy identified 2,250 studies. Most that were excluded were studies about the 'influence of journalism' or 'depictions of mental health' rather than papers focusing directly on mental illness among journalists.

Objective 1: Prevalence of mental health problems among journalists

Exclusions. From a review of abstracts and references, 42 studies were considered eligible for hypothesis testing. Among these, 23 were excluded because they were reviews ($n = 8$), narratives ($n = 11$), not about mental health ($n = 2$), or did not meet participant criteria ($n = 2$).

Included studies. Nineteen studies (Table 1), all of which were cross-sectional surveys, met the inclusion criteria and were published between 1982 and 2010. Seven studies were from North America, five from Europe, four from Asia, and one each from Australia and Africa. Sample sizes ranged from 12 to 876. The proportion of men ranged from 48.5% to 90%. Random sampling was adopted in three studies (Campbell, Heath, Bouknight, Rudd, & Pender, 2009; Feinstein, Owen, & Blair, 2002; Finzen, 1996), stratified sampling in one (McMahon, 2001), and one study (Feinstein et al., 2002) covered the target population almost completely. In almost all studies, the authors evaluated participants using self-report measures. For the diagnosis of PTSD, the Impact of Event Scale (IES) (Mastroianni & Noto, 2008; Pyevich, Newman, & Daleiden, 2003; Reed, 2008), the Impact of Event Scale-Revised (IES-R) (Engelhard et al., 2007; Feinstein et al., 2002; Hatanaka et al., 2008; Liberati et al., 2009; Marais & Stuart, 2005; Smith, 2009), the PTSD Checklist Civilian Version (PCL) (Cosper & Hughes, 1982; McMahon, 2001; Newman, Simpson, & Handschuh, 2003; Pyevich et al., 2003; Simpson & Boggs, 1999) and the Post-traumatic Diagnostic Scale (PDS) (Yankelovich, 1990) were used. For depression, the Center for Epidemiologic

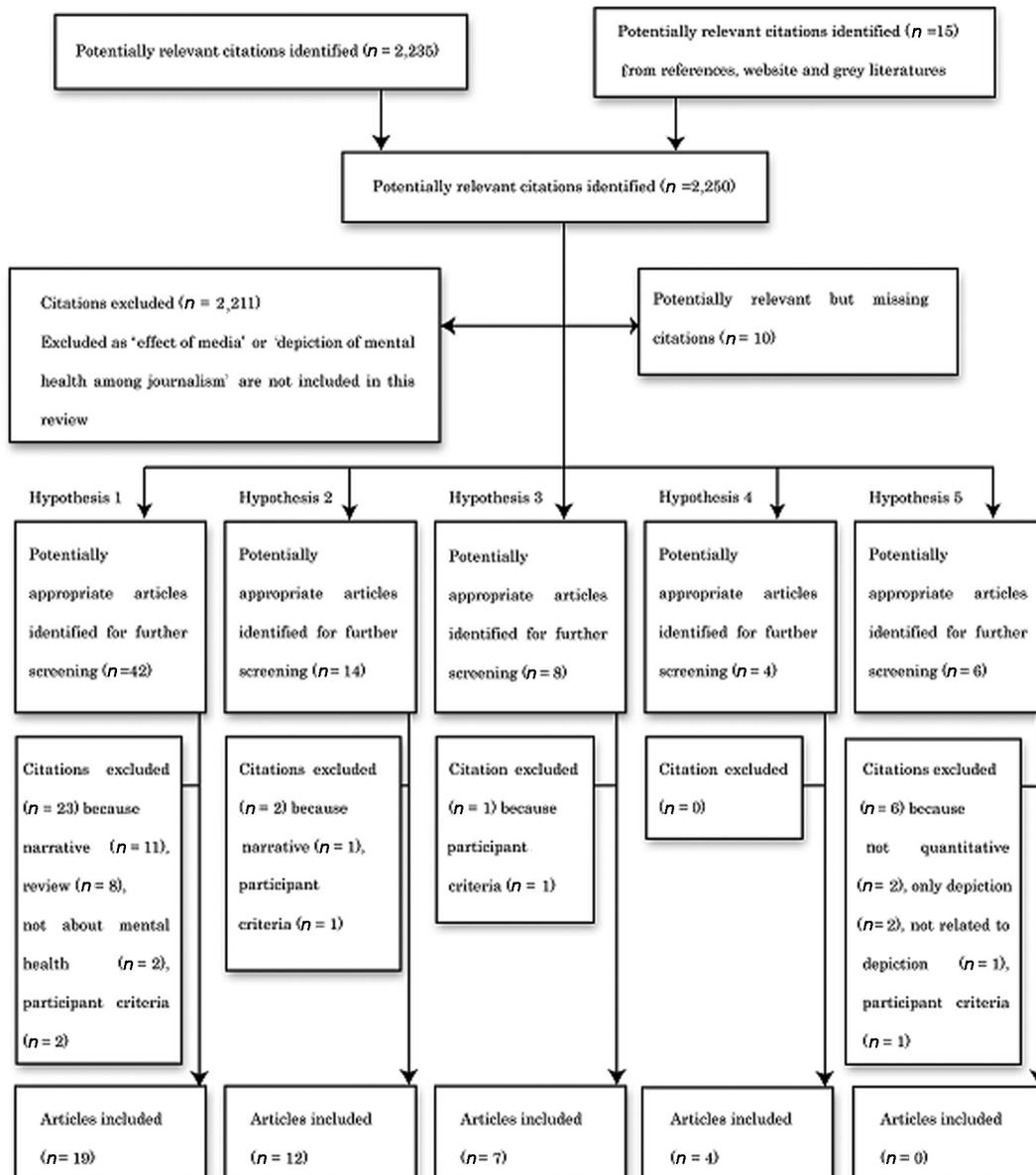


Figure 1. Process of study selection.

Studies Depression Scale (CES-D) (Simpson & Boggs, 1999; Weidmann, Fehm, & Fydrich, 2008) and the Beck Depression Inventory-II (BDI-II) (Engelhard et al., 2007; Feinstein et al., 2002) were used. The General Health Questionnaire (GHQ) (Engelhard et al., 2007; Mastroianni & Noto, 2008; Reed, 2008; Smith, 2009) was also commonly used for evaluation of general mental health.

PTSD. The prevalence of PTSD among journalists ranged from 0% to 33%. The overall prevalence of PTSD from 11 studies (Dworznic, 2008; Feinstein et al., 2002; Feinstein & Nicolson, 2005; Fukuoka, 2008; Hatanaka et al., 2010; Newman et al., 2003; Pyevich et al., 2003; Sin, Chan, & Huak, 2005; Smith, 2009; Teegen & Grotwinkel, 2001; Weidmann et al., 2008) with 15 subgroups ($n = 3,327$) was calculated to be 7.2%. The prevalence of PTSD tended

to be high among journalists who had faced extraordinary events like war or a tsunami. Some studies showed that type and number of traumatic events were independent risk factors for scoring higher on quantitative evaluations of symptoms of PTSD and for the diagnosis of PTSD (Dworznic, 2008; Newman et al., 2003; Pyevich et al., 2003; Simpson & Boggs, 1999). For example, journalists who developed PTSD tended to have reported on more events (Dworznic, 2008). In addition, those who had reported on events involving death or injury were more likely to develop PTSD (Pyevich et al., 2003).

Major depression. There were only two studies by the same author (Feinstein et al., 2002; Feinstein & Nicolson, 2005) about the prevalence of major depression among journalists. Prevalence rates ranged from 5.3% to 21.4%. The samples in

Table 1. Papers identified to test hypothesis 1.

Authors and country	Demographic information			Measure method	Target disease	Tool of evaluation	Diagnostic time frame	Main findings			
	N	Age (years)	Job experience (years)						Male ratio	Response rate	
Weidmann & Papsdorf, 2010 Germany	81	34.1	8.06	49%	N/A	Convenience sampling	Self-report	PTSD	IES-R	Lifetime	MS of intrusion = 7.01 MS of avoidance = 8.22
	65	35.7	8.71	48%	N/A				GHQ-12	Past four weeks	MS = 11.4
	270	35.8	N/A	90%	86%	Convenience sampling	Self-report	PTSD	IES-R	Lifetime	N/A
Hatanaka et al., 2010 Japan	47	19.0	N/A	45%	N/A	Convenience sampling	Self-report	Psychological distress	GHQ-12	Past four weeks	MS = 11.25
Beranuy, Oberst, Carbonell, & Chamorro, 2009 Spain	270	35.8	N/A	90%	86%	Convenience sampling	Self-report	PTSD	IES-R	At the time of exposure	Prevalence of PTSD = 6%
	47	19.0	N/A	45%	N/A	Convenience sampling	Self-report	Psychological distress	GSI	At the time of exposure	MS 0.65:0.74 male: female
Weidmann et al., 2008 Germany	61	39.4	N/A	72%	N/A	Convenience sampling	Self-report	PTSD Depression	PSDI PST PDS	Eight months after traumatic event	1.56:1.62 33.9:33.5 Prevalence of PTSD = 6.6%
Sin et al., 2005 Singapore	12	N/A	N/A	N/A	N/A	Convenience sampling	Self-report	PTSD	CEES-D IES	At the time of exposure	N/A The prevalence of PTSD = 33%
Feinstein & Nicolson, 2005 Canada	38	36.6	13.3	84%	85%	Random sampling	Self-report	PTSD Depression Substance abuse	GHQ-28 IES-R	At the time of exposure	M total score = 2.58 Overall prevalence of PTSD = 15% MS of intrusion = 7.3 MS of avoidance = 5.3 MS of arousal = 3.8 Depression = 7%
	47	38.9	14.5	75%					BDI-II GHQ IES-R		MS = 7.2 MS = 4.3 MS of intrusion = 7.1 MS of avoidance = 5.8 MS of arousal = 4.2

Table 1. (Continued)

Authors and country	Demographic information			Sampling method	Measure method	Target disease	Tool of evaluation	Diagnostic time frame	Main findings
	N	Age (years)	Job experience (years)						
Marais & Stuart, 2006	50	31.9	N/A	64%	N/A	PTSD	BDI-II GHQ IES-R	At the time of exposure	MS = 8.6 MS = 4.3 32% of participants scored 20 or higher
South Africa									
Pyevich et al., 2003	866	35.8	11.5	51%	24%	PTSD	PCL-C	At the time of exposure	Prevalence of PTSD = 4.3%
USA									
Feinstein et al., 2002	140	39.2	15.6	79%	83%	PTSD	IES-R	At the time of exposure	MS = 20.2
Canada						Depression Substance abuse			
	28	N/A	N/A	N/A	N/A	PTSD	BDI-II GHQ N/A	Lifetime	MS = 10.1 MS = 19.8 Prevalence = 28.6%
						Depression		At the time	10.7%
								Pre-war Lifetime	3.6% 21.4%
								At the time	7.1%
						Substance abuse		Pre-war Lifetime	3.6% 14.3%
								At the time	7.1%
								Pre-war	3.6%
	107	39.0	15.5	71%	80%	PTSD	IES-R	At the time of exposure	MS = 9.1
						Depression Substance abuse			
							BDI-II		MS = 6.4

(Continued)

Table 1. (Continued)

Authors and country	Demographic information				Sampling method	Measure method	Target disease	Tool of evaluation	Diagnostic time frame	Main findings
	N	Age	Job experience (years)	Male ratio						
	19	N/A	N/A	N/A	N/A	Interview	PTSD	GHQ	Lifetime	MS = 16.6 Prevalence = 0%
Teegen & Grotwinkel, 2001 Germany	61	37	13	61%	N/A	Systematic sampling (from the population above)	PTSD	N/A	At the time of exposure	Prevalence of PTSD = 13%
Freinkel, Koopman, & Spiegel, 1994 USA	15	37.6	15.2	60%	83%	Convenience sampling	Depression Substance abuse PTSD	CES-D Original questionnaire	N/A One month after exposure	5.3% 5.3%
Cosper & Hughes, 1982 Canada	25	35	N/A	N/A	N/A	Random sampling	Alcoholic problems	Original questionnaire	At the time of exposure	Mean frequency of drinking was 6.84 drink occasions a week
Dworznic, 2008 USA	280	36.8	13.7	87%	N/A	Convenience sampling	PTSD	PCL-C	At the time of exposure	Prevalence of PTSD = 9.3%
Newman et al., 2003 USA	875	36.3	12.4	83%	N/A	Convenience sampling	PTSD	PCL-C	At the time of exposure	Prevalence of PTSD = 6.7%
McMahon, 2001 Australia	32	N/A	9.1	53%	21%	Convenience sampling	PTSD	Original questionnaire IES	At the time of trauma At the time of survey	Prevalence of PTSD = 5.9% MS of intrusion = 19.9 MS of avoidance = 15.7 MS of intrusion = 4.7 MS of avoidance = 5.5

Table 1. (Continued)

Authors and country	Demographic information			Sampling method	Measure method	Target disease	Tool of evaluation	Diagnostic time frame	Main findings
	N	Age	Job experience (years)						
	27	N/A	16.0				GHQ-28	At the time of trauma	MS of somatic = 7.7 MS of anxiety = 9.2 MS of social dysfunction = 8.1 MS of depression = 3.1 N/A
							IES	At the time of survey	N/A
							GHQ-28	At the time of survey	N/A
Matsui, unpublished Japan	753	N/A	N/A	N/A	N/A	PTSD	IES-R	Lifetime survey	Prevalence of PTSD TV Manager (n = 127) Journalist (n = 177) Manager (n = 80) Journalist (n = 219)
Hatanaka, unpublished Japan	12	N/A	N/A	58%	N/A	Work-related stress	Original questionnaire	Lifetime	All reported that they felt stress while working
Smith, 2009 USA	167	42.2	18.5	48%	18%	PTSD	PCL-C	At the time of exposure	Prevalence of PTSD = 9.7%
Simpson & Boggs, 1999 USA	131	N/A	N/A	57%	N/A	PTSD	IES	In the previous week	MS of intrusion = 12.0 MS of avoidance = 12.6

GSI = Global Severity Index, PSDI = Positive Symptom Distress Index, PST = Positive Symptom Total, MS = mean score

these studies were mainly war journalists, although there was one group of domestic journalists as a comparison.

Alcohol abuse or dependence. Not enough information was obtained to discuss alcohol problems among journalists, although some studies (Cosper & Hughes, 1982; Feinstein et al., 2002) suggested that journalists tended to be heavy drinkers and had high rates of abuse of substances such as cannabis.

Objective 2: Journalists' personal attitudes towards mental health problems

Exclusions. From a review of abstracts and references, 14 studies were considered eligible to be read in full for this hypothesis. Among these, two were excluded for not meeting participant criteria and not being quantitative.

Included studies. Twelve studies (Table 2) were eligible and were divided into three thematic categories. For the first category, 'journalists' attitudes towards their own mental health problems', four studies were included (Dworznic, 2008; Greenberg, Gould, Langston, & Brayne, 2009; Reed, 2008; Simpson & Boggs, 1999). All of the studies targeted PTSD and used questionnaires that were not widely used or accepted to assess favourable personal attitudes towards PTSD.

For the second category, 'journalists' attitudes towards mental health problems among other people', five studies were included (Abasiubong, Ekott, & Basse, 2007; Campbell et al., 2009; Finzen, 1996; Gutiérrez-Lobos & Holzinger, 2000; Holzinger, Kaup, & Gutierrez-Lobos, 2002). With the exception of a study from Nigeria (Abasiubong et al., 2007), journalists showed favourable and liberal attitudes towards other people's mental health problems (Gutiérrez-Lobos & Holzinger, 2000; Holzinger et al., 2002). One interventional cohort study was conducted. The survey involved journalism students and psychiatric residents who attended weekend workshops over a six-month period. Professors from both journalism and psychiatry departments gave lectures, and attitudes towards mental illness were evaluated using original questionnaires before the lectures began and after they had been running for six months. Findings suggested that education can change the attitudes of journalists (Campbell et al., 2009).

For the third category, 'journalists' own help-seeking', four studies were eligible (Feinstein et al., 2002; Newman et al., 2003; Ruggiero, Rheingold, Resnick, Kilpatrick, & Galea, 2006; Weidmann et al., 2008). In these four studies, 13% to 39% of journalists stated they were seriously thinking of seeking or had already sought professional help.

Objective 3: Attitudes and support journalists expect or have experienced from colleagues or employers when they have a mental health problem

Exclusions. From a review of abstracts and references, eight studies were considered eligible to be read in full for this

hypothesis. Among these, one was excluded because participants did not meet the inclusion criteria.

Included studies. Seven studies (Cameron, 2007; Greenberg et al., 2009; Hazell, Hazell, Waring, & Sly, 1999; Newman et al., 2003; Pieton, 2009; Reed, 2008; Simpson & Boggs, 1999) were included in the current review. All studies administered original questionnaires or conducted interviews. These studies comprised two groups. One group explored the kinds of reactions journalists expect when they disclose their mental health problems (Cameron, 2007; Greenberg et al., 2009; Reed, 2008). The other investigated support, knowledge or counselling from employers or educators (Hazell et al., 1999; Newman et al., 2003; Pieton, 2009; Simpson & Boggs, 1999).

Expectations. Forty per cent of journalists feared losing the confidence of their employer and colleagues by confessing they had been traumatized (Reed, 2008). In one study, 40% felt some stigma attached to being traumatized and thought it was evidence of weakness (Cameron, 2007) (Table 3).

Support. Only 20% of journalists indicated that their company had support policies for journalists who cover trauma stories (Pieton, 2009), and 11% had been informed of the risk of being traumatized (Newman et al., 2003). Thirty per cent of journalists had employers who offered them one-to-one meetings related to their stress. However, 70% of journalists felt 'stressed out' without any support from colleagues (Simpson & Boggs, 1999).

Objective 4: The effect of journalism's professional culture on the course of mental illness

Exclusions. No studies were excluded.

Included studies. Four studies (Table 4) were eligible. Three reported lack of support (Hatanaka et al., 2010; Newman et al., 2003; Weidmann et al., 2008) as a risk factor for high symptom scores for PTSD, and the other (Smith, 2009) reported that organizational stress was the strongest predictor of high PTSD scores.

Objective 5: The effect of journalism's professional culture on mass media depictions of people with mental illness

Exclusions. From a review of abstracts, six studies were eligible to be read in full for the hypothesis. All studies were excluded because they did not include the original quantitative data ($n = 6$), were not quantitative ($n = 2$), were only about depiction and not the relationship between mental illness and mass media depiction ($n = 2$), were not related to depiction ($n = 1$), or did not meet participant criteria ($n = 1$).

Included studies. None were eligible for the current review.

Table 2. Papers identified to test hypothesis 2.

Authors and country	Demographic information		Sampling method	Measure method	Target disease	Tool of evaluation	Main findings
	N	Age Male ratio					
Journalists' attitudes towards their own mental health problems							
Greenberg et al., 2009 England	124	N/A 64%	N/A	Convenience sampling	Self-report	PTSD	Attitude to PTSD Schedule Help-Seeking Stigma Questionnaire
Reed, 2008 USA	808	N/A N/A	N/A	Convenience sampling	Self-report	PTSD	Original questionnaire
Dworznik, 2008 USA	280	36.8 87%	N/A	Convenience sampling	Self-report	PTSD	Original questionnaire
Simpson & Boggs, 1999 USA	131	N/A 57%	N/A	Snowball sampling	Self-report	PTSD	Original questionnaire
Journalists' attitudes towards mental health problems among other people							
Gutiérrez-Lobo & Holzinger, 2000 Austria	43	38.7 63%	N/A	Not mentioned	Interview	Compulsory admission	Original questionnaire
Campbell et al., 2009 USA ^a	5 16	N/A N/A N/A N/A	N/A	Not mentioned	Self-report	Schizophrenia Depression ADHD	Original questionnaire
Gutiérrez-Lobos & Holzinger, 2000 Austria	43	38.7 63%	N/A	Not mentioned	Interview	Not specified	Original questionnaire
Finzen et al., 1996 Germany	20	N/A 25%	N/A	Not mentioned	Self-report	Schizophrenia	Original questionnaire
Abasiubong et al., 2007 Nigeria	210	39.4 44%	N/A	Random sampling	Self-report	Not specified	Taylor and Dear Inventory of Community Attitude to Mental Health
Journalists' own help-seeking							
Reed, 2008 USA	808	N/A N/A	N/A	Convenience sampling	Self-report	PTSD	Original questionnaire
Weidmann et al., 2008 Germany	61	39.4 72%	N/A	Convenience sampling	Self-report	PTSD Depression	Original questionnaire
Feinstein et al., 2002 Canada	140	39.2 79%	83%	Census survey	Self-report	Not specified	Original questionnaire
Newman et al., 2003 USA	107	39.0 71%	80%	Not mentioned	Self-report	PTSD	Original questionnaire
Newman et al., 2003 USA	875	36.3 83%	N/A	Convenience sampling	Self-report	PTSD	Original questionnaire

^aAll studies but this one were designed as a cross-sectional study, or data from cross-sectional survey in the longitudinal study were included in the current study

Table 3. Papers identified to test hypothesis 3.

Authors and country	Demographic information				Sampling method ^a	Measure method	Target disease	Main findings
	N	Age	Male ratio	Response rate				
Expectation								
Greenberg et al., 2009 England	124	N/A	64%	N/A	Convenience sampling	Self-report	PTSD	38% agreed with the statement: 'I would be less likely to be given roles/tasks of responsibility'
Reed, 2008 USA	808	N/A	N/A	N/A	Convenience sampling	Self-report	PTSD	39% of journalists answered there is some stigma attached to mental health in their workplace
Cameron, 2007 USA	20	N/A	75%	N/A	Not mentioned	Interview Self-report	PTSD	All participants think seeking help is thought to be a sign of weakness
Support								
Pieton, 2009 USA	48	47.5	69%	10%	Stratified sampling	Self-report	PTSD	20.7% of participants answered that their company has policies for journalists who cover trauma stories
Newman et al., 2003 USA	875	36.3	83%	N/A	Convenience sampling	Self-report	PTSD	11% of journalists are warned by their employer that gathering news might be hazardous to mental health
Simpson & Boggs, 1999 USA	131	N/A	57%	N/A	Snowball sampling	Self-report	PTSD	30% of participants said that their employer helped them or others handle stress
Hazell et al., 1999 Australia	23	N/A	N/A	43% ^b	Convenience sampling	Self-report	Suicide	All schools of journalism were categorized into low category regarding knowledge and attitude about suicide and suicide prevention

^aAll studies used original questionnaires as a tool of evaluation

^bParticipants of this survey are faculty of journalism in the university

Table 4. Papers identified to test hypothesis 4.

Authors and country	Demographic information				Sampling method	Measure method	Target disease	Tool of evaluation	Main finding	
	N	Age	Job experience (years)	Male ratio						Response rate
Hatanaka et al., 2010 Japan	270	35.8	N/A	90%	86%	Convenience sampling	Self-report	PTSD	IES-R Original questionnaire	"Social support from supervisor" is statistically significantly correlated with the score of IES
Weidmann et al., 2008 Germany	61	39.4	N/A	72%	N/A	Convenience sampling	Self-report	PTSD Depression	PDS CES-D Original questionnaire	Symptom of depression and PTSD are correlated with low degree of acknowledgment of their supervisor and colleagues
Newman et al., 2003 USA	875	36.3	12.4	83%	N/A	Convenience sampling	Self-report	PTSD	Original questionnaire	Poor social support is a risk factor for developing PTSD
Smith, 2009 USA	174	42.2	18.5	48%	18%	Stratified sampling	Self-report	PTSD	PCL-C Original questionnaire	Organizational stressors were the strongest predictor of PTSD scores

Discussion

This is the first systematic review of studies addressing mental health problems among journalists. The prevalence of

PTSD in this profession tends to be higher than that among the general population relevant for comparison. For example, 11 subgroups of domestic journalists ($n = 3,148$ participants in total) (Dworznic, 2008; Feinstein et al., 2002; Fukuoka,

2008; Hatanaka et al., 2010; Pyevich et al., 2003; Smith, 2009; Weidmann et al., 2008) showed an average prevalence of PTSD of 6.5%, although the samples reported were predominantly male. To compare this figure with that of the general population, it is necessary to consider the diagnostic time frame, the gender ratios in the samples, and their age distribution.

Regarding the diagnostic time frame, four studies with five subgroups reported lifetime prevalence (Feinstein et al., 2002; Fukuoka, 2008; Hatanaka et al., 2008; Weidmann & Papsdorf, 2010). Among the domestic journalist samples, the weighted mean of the lifetime prevalence of PTSD of included studies ($n = 622$) was 7.9%. This rate was equal to the 7.9% lifetime prevalence in the general population (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

On the other hand, six subgroups reported a point prevalence (Dworznic, 2008; Hatanaka et al., 2010; Newman et al., 2003; Pyevich et al., 2003; Smith, 2009; Teegen & Grotwinkel, 2001). The weighted mean of the point prevalence of PTSD of included samples ($n = 2,526$) was 6.4%.

These results should be interpreted cautiously because of possible participant gender bias. It has been reported that women are twice as likely as men to have PTSD at some point in their lives.

Unfortunately, the gender ratio of five domestic samples assessed for lifetime prevalence was not available. Among the six domestic groups assessed for point prevalence, 70% of participants were male. For adult Americans, the lifetime prevalence of PTSD in women and men has been reported as 10.4% and 5.0%, respectively. We calculated the weighted mean point prevalence of PTSD among a 70% male population as 6.6%. To control for gender bias in the total sample of included studies, lifetime prevalence in the current analysis, 7.9%, should be compared with 6.6%.

We used a meta-analytic approach to evaluate gender bias in each of the studies. To assess the effect of gender on the prevalence of PTSD, we performed the Pearson correlation test using the male ratio and the prevalence of PTSD in studies that included that information (Dworznic, 2008; Feinstein & Nicolson, 2005; Hatanaka et al., 2010; Marais & Stuart, 2005; Newman et al., 2003; Pyevich et al., 2003; Smith, 2009; Teegen & Grotwinkel, 2001; Weidmann et al., 2008). Results revealed no correlation between them ($p = .242$). This suggests the importance of other known risk factors for developing PTSD such as perceiving a threat to one's life (Voges & Romney 2003) or factors specific to journalists such as length of career.

The prevalence of PTSD among foreign correspondents who cover extraordinarily disastrous situations such as wars (Feinstein et al., 2002; Feinstein & Nicolson, 2005) and tsunamis (Sin et al., 2005; Weidmann et al., 2008) tends to be higher than among domestic journalists recruited in the included studies who mainly covered less extreme situations that citizens may face as well, such as fires or car accidents. This prevalence ranged from 6.6% to 28.6%, which is similar to the figure among war veterans (Engelhard et al., 2007).

Because of the paucity of information about potential confounding factors except age and gender, we were not able to investigate potential risk factors in the meta-analysis. However, included studies reported length of career (Simpson & Boggs, 1999; Weidmann et al., 2008), type and number of trauma exposures (Dworznic, 2008; Newman et al., 2003; Pyevich et al., 2003; Simpson & Boggs, 1999), and poor social support (Hatanaka et al., 2010; Nairn, Coverdale, & Claasen, 2001; Sin et al., 2005; Weidmann & Papsdorf, 2010) as risk factors for symptoms of PTSD. These suggested risk factors correspond with the psychological resilience model (King, Vogt, & King, 2004). This model is supported by previous studies (Connor, 2006; Gold et al., 2000) and implies the importance of the role of journalists' managing editors in mitigating these risk factors by providing workplace systems to identify and respond to employee mental health problems. Some studies (Pieton, 2009; Simpson & Boggs, 1999) have shown that journalists are neither sufficiently informed of risks nor supported in terms of mental health problems. Journalists' personal attitudes towards mental illness are generally positive (Reed, 2008), but many think they will lose the confidence of employers and colleagues if they disclose that they were traumatized. Considering the anxiety journalists have about being stigmatized as having a 'mental disorder', the prevalence of mental health problems among them should be interpreted with particular caution. Because all included studies except one (Feinstein et al., 2002) relied on self-report questionnaires, the accuracy of the diagnosis is debatable compared with that obtained from interviews (Adkins, Weathers, McDevitt-Murphy, & Daniels, 2008; Brewin et al., 2002; Foa, Riggs, Dancu, & Rothbaum, 1993). The anxiety of being stigmatized could affect accuracy of self-report measures. A convenience sampling method could also affect the estimated prevalence of PTSD.

Although we found no studies with quantitative data that analysed the effect of journalism's professional culture on the depiction of mental illness, some addressed this theme indirectly. They reported that the combination of reporting a few crimes committed by people with mental illness, creating a stereotype of people with mental illness (Mastroianni & Noto, 2008) and the lack of differentiation in other portrayals of mental illness invite the reader to generalize the stereotype to other persons with mental health problems (Nairn et al., 2001). Furthermore, media practices directed at engaging readers require the use of cases and a style of writing that force readers to draw upon common-sense knowledge of mental illness to understand the text (Allen & Nairn, 1997). Last, to sell stories, danger is emphasized (Matas, el-Guebal, Peterkin, Green, & Harper, 1985). The Glasgow Media Group (Henderson, 1996) showed how news stories or dialogues closely resemble fictional writing in the first section after the headline. Although these findings were not evaluated quantitatively, they suggest that journalists write articles to emphasize fear using a stereotype of mental illness to capture readers' interest, even though they personally know the facts are different.

Limitations

Several attributes of the studies reviewed showed that the overall scientific quality of these papers varied. Thus, the current review has a number of limitations. Relying on self-report questionnaires is the major limitation. Previous studies have found that the prevalence of PTSD estimated this way is higher than the figure obtained by structured psychiatric interviews (Engelhard et al., 2007; Ruggiero et al., 2006). The accuracy of a diagnosis of major depression by self-report has been questioned (Eaton, Neufeld, Chen, & Cai, 2000). Furthermore, a convenience sampling method, low response rate or small sample size in some studies limited our ability to draw conclusions. Finally, some studies in the current review included similar but different occupations, and the definition of a journalist was often unclear.

Conclusions

To test the five key hypotheses, we performed a systematic review. The studies included showed that prevalence of PTSD among journalists was higher than among the general population. Some studies showed that journalists were aware of their risk of developing PTSD, and a minority had already used psychiatric services. However, there were perceived disincentives to disclosing mental health problems. It is not clear whether employers are reluctant to inform journalists about the potential for mental health problems and to provide help, or whether they lack the knowledge and resources to do so. Some studies suggested that despite journalists' positive attitudes towards people with psychiatric problems, they write articles in a way contrary to these attitudes to keep readers' attention. However, the lack of evidence for this meant we could not test our fifth hypothesis that the professional culture of non-disclosure adversely affects coverage of mental illness.

Future research

These findings indicate a clear direction for future research. To assess the prevalence of mental health problems among journalists and their attitudes towards people with mental illness, studies of sufficient sample size and response rate are required. Structured diagnostic interviews with well-established properties should be considered. Research regarding the effects of personal attitudes versus perceived professional culture on mass media depiction of those with mental illness requires prospective studies linking news coverage to participants. The interpretation of this would be further enhanced by qualitative interviews with journalists and editors on the apparent contradiction between personal attitudes and coverage. Finally, key issues for future research are: (1) whether development of workplace policies in media organizations to facilitate disclosure and help-seeking for mental health problems would promote positive change in

coverage of mental health-related topics; and (2) whether educational interventions specifically targeted at this type of news coverage are needed.

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Appendix I. Search strategy

The following terms were included:

01. journalist/s
02. journalism
03. news reporter
04. TV reporter
05. Media worker
06. 01 or 02 or 03 or 04 or 05
07. PTSD
08. trauma
09. mental health
10. mental illness
11. mental disorder
12. mentally ill
13. schizophrenia
14. schizophrenic
15. schizotypal
16. delusional disorder
17. paranoid
18. schizoaffective disorder
19. psychotic
20. psychosis
21. depression
22. depressive
23. mania
24. manic
25. cyclothymia
26. dysthymia
27. agoraphobia
28. phobias
29. anxiety disorder
30. mood disorder
31. panic disorder
32. obsessive compulsive disorder
33. adjustment disorder
34. dissociative disorder
35. conversion disorder
36. amnesia
37. dissociative
38. somatoform disorder
39. hypochondriacal disorder
40. somatization disorder
41. neurasthenia
42. depersonalization
43. neurotic
44. neurosis
45. bipolar disorder
46. dependence
47. misuse
48. alcohol related disorder
49. alcoholism
50. alcohol abuse
51. 07 or 08 or 09 or...or 49 or 50
52. 06 and 51