

A quantitative analysis of the differences in quality of reporting about schizophrenia in tabloid versus broadsheet newspapers

by Patricia Karsten

Abstract

Research grounded in the social constructionist perspective pointed to the important influence of mass media in the creation of understandings through language and discourse (Cooper and Kaye, 2007). Appropriate reporting about mental health issues is thought to prevent or reduce stigmatization and discriminatory behaviours towards persons with mental health problems. Expanding on Clement and Foster's (2008) quantitative analysis of 5 UK national newspapers, which assessed changes in quality of reporting about schizophrenia from 1996 to 2005, the current study aimed to assess a possible association between newspaper type and reporting quality. A content analysis was conducted to rate the quality of 60 UK broadsheet and tabloid newspaper articles about schizophrenia from 2008 and 2009. Two thirds of the broadsheet articles about schizophrenia obtained a good quality rating, compared to only one third of the tabloid articles. A chi-square design was applied and found a statistically significant association between newspaper type and reporting quality, $\chi^2 = 8.076$, $df = 1$ ($N=60$), $p = .004$. These results point to the potential for improving society's understanding of schizophrenia, and thus improving the life quality of persons affected by the condition, by targeting educational campaigns at journalists writing for tabloid newspapers.

Introduction

The social constructionist perspective suggests that our understanding of the world is constructed through language and discourse (Cooper and Kaye, 2007). In this view, the mass media exert a major influence on the creation of understandings, through the way in which they present facts and opinions. For example, Nelson Mandela was presented as 'terrorist' or as 'freedom fighter' in the media, representing two completely different understandings of his impact on South African Society (Phoenix, 2007). In a similar way, reporting on mental health issues can have a major impact on the attitude towards persons affected by a mental health condition, manifest for example in an increased desire for social distance from persons with schizophrenia (Angermeyer, Dietrich, Pott, and Matschinger, 2005).

Schizophrenia is among the most negatively portrayed mental health problems and is often associated with violence. This may be reflected in a typical attitude dominated by incorrect ideas about the symptoms and behaviours associated with schizophrenia, as well as an exaggerated perception of threat. Thus, attaching the label 'schizophrenia' may exert a strong stigmatizing effect and can have a profoundly negative impact on the life of the person affected by the condition. This in turn may negatively affect therapeutic efforts and attempts at re-integrating the person, for example after a period of hospitalization (e.g. Świtaj, Wciórka, Smolarska-Świtaj and Grygiel, 2009). Mental health groups like Shift have addressed the problem of stigmatization with guidelines for journalists who report about schizophrenia (Shift 2009). These present examples for appropriate use of language, give correct and up-to-date medical information, and present case studies of persons with schizophrenia in their real-life context.

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In their study on newspaper reporting about schizophrenia, Clement and Foster (2008) analyzed whether quality of reporting had improved between 1996 and 2005 in response to these and similar campaigns. Clement and Foster content analysed 1196 broadsheet and tabloid newspaper articles, using five indicators of poor quality reporting derived from journalist guidelines: Metaphoric use of the term 'schizophrenic' to indicate an inner contradiction; stigmatizing descriptors like 'maniac' or 'nutter'; descriptors which equate the person with the condition, like 'Smith, a schizophrenic'; not putting the risk of violence associated with schizophrenia into perspective when reporting a violent act; and using the term 'released' when reporting discharge from psychiatric hospital. Clement and Foster found little evidence for improvement in the quality of reporting over time, but some signs for differences between broadsheet and tabloid newspapers, for example less use of stigmatizing descriptors in broadsheets.

The current research expanded on Clement and Foster's work by focussing specifically on possible differences in quality of reporting about schizophrenia between tabloid and broadsheet newspapers. To assess reporting quality, Clement and Foster's quality indicators were revised in light of journalist guidelines from several sources (e.g. Lucia Foundation, 1999; National Union of Journalists, 2004; Shift, 2009) and extended to include indicators for good as well as poor reporting quality. 60 UK newspaper articles from broadsheet and tabloid newspapers, published in 2008 and 2009, were content analyzed and each classified as 'overall good' or 'overall poor' reporting quality. The research hypothesis was that there would be an association between newspaper type (broadsheet or tabloid) and quality of reporting of an article (good or poor) with presumably better reporting quality to be found in broadsheet newspapers.

Method

Design

The study was conducted by a research team of 6 female OU students and consisted in a content analysis of 60 UK tabloid and broadsheet newspaper articles, based on a coding scheme which comprised 6 different indicators for good and poor reporting quality. Newspaper articles were classified as representing 'overall good' or 'overall poor' reporting quality, based on the prevalence of positive or negative indicators. The research applied a 2x2 chi-square design with two variables: newspaper type (broadsheet or tabloid) and quality of reporting (good or poor). Inter-rater reliability was assessed using the Kappa statistic.

Participants

There were no participants in the study.

Materials

60 articles about schizophrenia from 6 UK newspapers, 3 broadsheets (The Telegraph, The Guardian, The Times) and 3 tabloids (The Sun, The Daily Mail, The Daily Express) were coded (see appendix H for article references).

The coding scheme (appendix A) comprised guidelines for article selection, 6 different indicators for good and poor quality with illustrating examples, and general rules for coding, for example how to treat quoted sections or irony. The quality indicators were: Descriptions of a person with schizophrenia; reporting admission to and discharge from a psychiatric hospital; reporting

aspects of care and treatment; describing symptoms of schizophrenia; reporting an act of violence committed by a person with schizophrenia; and reporting the risk of violence associated with schizophrenia. For example, it would represent poor reporting quality to equate a person with schizophrenia by writing ‘Smith, a schizophrenic’, and good reporting quality to refer to that person as ‘Smith, a man diagnosed with schizophrenia’.

A coding result sheet (appendix B) listed all articles for one researcher with columns for frequency counts of positive and negative indicators and the resulting overall classification. A Kappa calculation sheet (appendix C) also listed all articles and had columns to assemble results from two researchers and their agreement or disagreement about the classification.

Procedure

To verify the validity of the coding scheme, a pilot study with 6 pre-selected articles about schizophrenia preceded the main study. In two pilot coding phases with intense discussions among researchers, the quality indicators were improved and illustrating examples added. An inter-rater reliability of Kappa = 0.667 was reached, indicating good agreement, before proceeding to the main study (see appendix D for pilot coding results).

In the main study, 60 articles were selected from the chosen newspaper’s online archives by applying the search term ‘schizophrenia’ and choosing the most recent articles from 2008 and 2009 which had schizophrenia as their main subject. Each article was content analyzed by two different researchers by applying the coding scheme. Articles were classified as ‘good quality’ if there were more good quality indicators, and ‘poor quality’ if there were more poor quality indicators. Articles with equal indicator counts were classified as ‘good quality’. In order to meet the independence requirement of the chi-square test, only the first coding served to analyze the possible association between newspaper type and quality of reporting. The second coding was used to assess inter-rater reliability. Results were assembled into the result sheets and statistically analyzed.

Researchers were careful to meet ethics standards by using appropriate language when commenting on the selected materials, guided by the indicators for good quality reporting that had been developed.

Results

For both newspaper types, the total number of articles classified as good or poor quality was counted. An alpha level of .05 was used. Analysis of the frequency data in Table 1 using chi-square showed that newspaper type was significantly associated with quality of reporting, $\chi^2=8.076$, $df = 1$ ($N=60$), $p = .004$ (see appendix E for SPSS output). The quality of broadsheet articles about schizophrenia tended to be good, whereas the quality of tabloid articles tended to be poor. Figure 1 illustrates these findings.

Table 2 presents inter-rater reliability assessment using Cohen’s Kappa. Overall inter-rater reliability was 0.497, indicating moderate agreement. Kappa for individual newspapers varied between 0.167 (The Times) and 0.737 (The Guardian), showing very low to good agreement for specific researcher pairs.

Table 1: Number of good and poor quality articles from broadsheet and tabloid newspapers*

Newspaper type	Article Quality		Total
	Good	Poor	
Broadsheet	20	10	30
Tabloid	9	21	30
<i>Total</i>	29	31	60

* see Appendix F for main study coding results

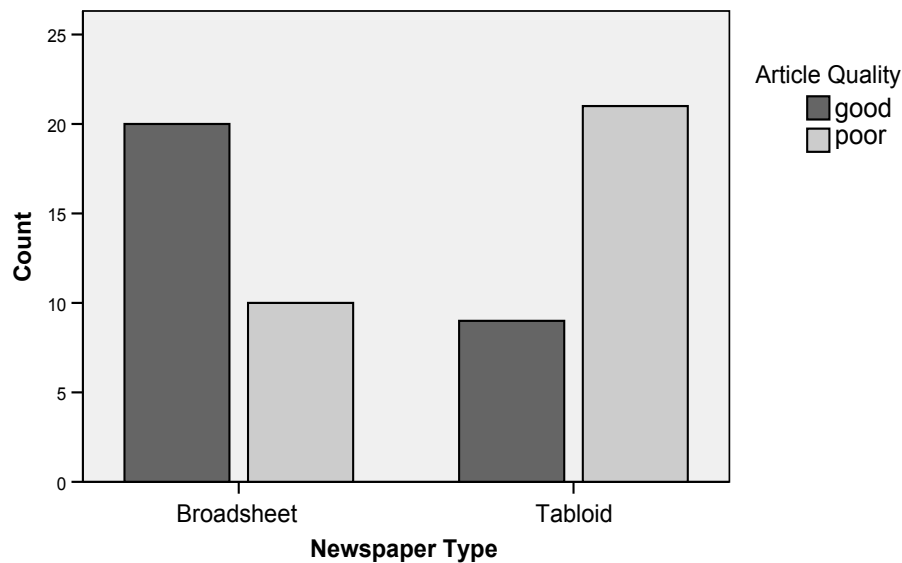


Figure 1: Number of good and poor quality articles from broadsheet and tabloid newspapers

Table 2: Inter-rater reliability (Cohen's Kappa)

Newspaper	Number of articles with agreement	Number of articles with disagreement	Kappa*
The Telegraph	6	4	0.310
The Guardian	9	1	0.737
The Times	6	4	0.167
The Sun	8	2	0.412
The Daily Mail	8	2	0.542
The Daily Express	8	2	0.542
Overall Kappa	45	15	0.497

* see appendix G for main study Kappa calculations

Discussion

The results provided support for the research hypothesis of a correspondence between newspaper type and quality of reporting about schizophrenia, with generally better reporting quality in broadsheet versus tabloid newspapers. Two thirds of the considered broadsheet articles about schizophrenia were rated as 'good quality', and one third rated as 'poor quality'. For tabloids, the proportions were approximately reversed. The research thus presented evidence for Clement and Foster's (2008) findings of signs for better reporting quality in broadsheet than tabloid newspapers.

The results were interesting in light of Angermeyer et al.'s (2005) findings of an increased desire for social distance among readers of tabloid newspapers, as opposed to readers of broadsheet newspapers and persons without newspaper consumption. Angermeyer et al.'s survey was conducted in Germany, but assuming that differences in newspaper reporting styles between broadsheets and tabloids are similar in western cultures, their results may permit generalization and would be in line with the idea that poor reporting quality, which appeared to be predominant in tabloid newspapers, promotes the formation of negative attitudes towards persons with schizophrenia.

Interestingly, when presenting findings about stigmatizing experiences of persons with schizophrenia in Poland, Świtaj et al. (2009) mentioned that negative experiences and stigmatization had not been ubiquitous, as positive experiences of support and understanding in personal relationships had also been reported by participants in their study. This supported the idea that negative attitudes towards schizophrenia can be changed through personal contact and appropriate information. It would thus give further rationale for reporting guidelines to present 'life stories' with information about personal and professional achievements of persons with schizophrenia, as suggested by mental health groups (e.g. Shift 2009) and captured in the good quality indicators for describing persons with schizophrenia that were employed in this study. Thornton and Wahl (1996) showed that reading appropriate information about mental illness is able to positively influence attitudes towards people with mental illness.

Thus, interpreted from the social constructionist perspective with its emphasis on the meaning-making function of language and discourse, the findings of the current research further emphasize the need for campaigns to improve quality of reporting about schizophrenia, and to specifically direct these at journalists writing for tabloid newspapers.

However, with only moderate overall inter-rater reliability ($Kappa = 0.497$) and its high variability between newspapers, the validity of these findings could be questioned. On the other hand, researchers agreed about article classification as good or poor in 75% of the cases, i.e. 45 of 60 articles were rated congruently. Kappa thus was a very conservative measure for inter-rater reliability, possibly under-estimating actual agreement. As a methodological improvement, it would be suggested to delegate the coding to persons naïve to the research question, to prevent possible bias from knowledge about the aims of the research, and to provide a prolonged training phase on a larger sample to achieve consistently high inter-rater agreement. For future research, it is also suggested to include a larger number of articles to provide a broader basis for statistical analyses, and to look more closely at specific indicator types. It would be interesting to know if deficiencies in reporting quality are especially prominent for certain indicators, as this might help to tailor improved educational materials for journalists.

To conclude, the results showed a huge potential for improvements in the quality of reporting about schizophrenia in UK newspapers, and specifically in tabloid newspapers. Better reporting should help to reduce stigmatization and discriminatory behaviour towards persons with schizophrenia, thus improving self-esteem and quality of life for those affected as well as the efficacy of therapeutic efforts and integrative measures.

(1993 words)

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Appendices

- A. Coding scheme
- B. Coding result sheet
- C. Kappa calculation sheet
- D. Pilot coding results
- E. SPSS output
- F. Main study coding results
- G. Main study Kappa calculations
- H. Article references from 6 UK newspapers

Appendix A: Coding scheme

Coding Scheme Part I: Guidelines

Article selection

- Select 10 articles from online newspaper archive
- Search term “schizophrenia”
- Select articles from 2009 (including 2008 if required to obtain 10 articles)
- Select articles with „schizophrenia“ as their main subject
- Select only one article of a given subject per newspaper (eg: not 2 Times articles on Erskine the Strangler)

Coding guidelines

- Include the following information in the coding document
 - o Complete reference of the article (name of the newspaper, title, author, publication date, retrieval date, URL)
 - o your name
 - o your results
 - number of positive items
 - number of negative items
- include title, headline and body of article in the coding
- code every occurrence of an indicator
 - o eg: if there are 2 indicators in a single sentence, like ‘person with schizophrenia’ and ‘discharged’, this counts as 2 items
- ignore the names of organizations
 - o Example: ‘Mental Patient Liberation Front’
- how to treat quoted sections
 - o if the author puts the content of a quote which contains a negative indicator into perspective, the quoted section is ignored (does not count as negative)
 - o if the quote is not put into perspective, it counts as negative
 - o if the quote is used to support the author’s viewpoint, it is coded as a separate item
- how to treat irony
 - o use of irony is treated similar to quoted sections (ignoring negative indicators if they are used to convey a balanced viewpoint)
- Make a brief textual note for each coded item, specifying the relevant indicator
 - o eg: “not putting risk of violence into perspective” or “equating descriptor”
- the term ‘mental illness’ in relation to schizophrenia is considered value-neutral for our coding because it is common understanding that schizophrenia is a mental illness, but we recognize that mental health patient organizations may have sensitivities about the term.

Convenience Suggestions

- Transfer the text (including the title) into a table with 3 columns
 - o first column: article text, 1 phrase or paragraph per row (as convenient)
 - o second column: frequency counts for this phrase or paragraph, eg: 1 neg, 1 pos
 - o third column: textual notes (which indicator)
- Use colour text-marker during coding
 - o mark positive items green, negative items red, and use yellow for things where you are unsure (yellow items are not counted, this serves only a personal indicator)
 - o this makes counting items much easier, and spots attention to items which need a second thought to decide about their coding (the yellow items)

Coding Scheme Part II: Indicators for poor vs good quality reporting about schizophrenia

	Poor quality	Good quality
Describing a person with schizophrenia	<p>Use of equating descriptors with the person's name, eg 'Smith, a schizophrenic', because it equates the person with the disorder;</p> <p>use of derogatory terms like 'psycho', 'schizo' and 'nutter';</p> <p>use of term 'mentally ill' when referring to persons with schizophrenia;</p> <p>use of terms 'suffering from schizophrenia';</p> <p>describing the person's thinking as incoherent and the person as incapable of independent thought;</p> <p>neglecting the autonomy and free will of a person with schizophrenia, eg reporting the person needs 'being managed' or 'supervised';</p>	<p>Avoiding the use of equating descriptors, instead referring to a 'person with schizophrenia', eg 'Smith, a man/woman/teacher with schizophrenia', 'diagnosed with schizophrenia';</p> <p>Avoiding the use of derogatory terms in favour of value-neutral descriptors;</p> <p>Use of the term 'mental health patient';</p> <p>Recognition of intellect, personality and achievements of the person with schizophrenia;</p> <p>Showing respect for autonomy and free will of person with schizophrenia;</p>
Reporting admission to and discharge from a psychiatric hospital	<p>Value-laden and/or derogatory descriptions, eg "locked up", "let loose in the community", "allowed to roam free"</p> <p>Using the term 'release' when referring to discharge from psychiatric hospital, because secure psychiatric hospitals are not prisons – they care for patients, not prisoners or inmates, who are 'discharged', not 'released'</p>	<p>Factual and value-neutral descriptions, eg "admitted to hospital", "return to community";</p> <p>Using the value-neutral term 'discharge'</p>
Reporting aspects of care and treatment	<p>Emphasizing paternalistic and enforced aspects of treatment and care for the person with schizophrenia;</p> <p>emphasizing the expectation to comply with the treatment regime;</p>	<p>Factual and value-neutral description of treatment and care for the person with schizophrenia, eg: "care of a mental health nursing team"</p>
Describing the symptoms of schizophrenia	<p>Reference to 'split personality' (Jekyll and Hyde) or multiple personality disorder as synonyms for schizophrenia, because this would represent an incorrect use of the term;</p> <p>Over-generalizing of other (truly occurring) symptoms, evoking the impression that they occur always and in every case;</p> <p>Value-laden and derogatory reference to symptoms, eg "mad behaviour", "out of control"</p>	<p>Correctly describing clinical symptoms associated with schizophrenia, like withdrawal, delusions (See Lucia Foundation p. 2f)</p> <p>Factual and correct description of the symptoms in an individual case (without over-generalization);</p> <p>Including information that symptoms of schizophrenia can differ between cases and are not present all the time;</p>
Reporting an act of violence committed by a person with schizophrenia	<p>Creating a causal link between the violent act and schizophrenia without putting the risk of violence associated with schizophrenia as a mental health condition into perspective, eg:</p> <p>Equating the person with risk and violence, eg; "schizophrenic killer"</p> <p>Using value-laden, emotive language to describe the violent act, eg "He snapped, pulled out a six inch bladed knife, and aimed a blow at ... Gosbee's head" (Daily Mail)</p>	<p>Putting violence into perspective by including factual information about the true risks of violence associated with schizophrenia as a mental health condition;</p> <p>Making reference to diminished responsibility caused by the health condition when reporting a violent act;</p> <p>Factual and value-neutral description of the crime</p>
Reporting the risk of violence associated with schizophrenia	<p>Using 'shock statistics' to exaggerate the risk of violence associated with schizophrenia, emphasizing the direct association of schizophrenia with violence</p>	<p>Reporting statistics in a balanced way, eg including comparisons with general crime statistics</p>

Appendix B: Coding result sheet

Result sheet

Newspaper:

Newspaper type:

Name of researcher:

Article No.	Publication date (descending order)	Article Title	Number of positive indicators	Number of negative indicators	Ratio positive/negative indicators	Overall classification: Good (+) or poor (-)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Appendix C: Kappa calculation sheet

Part I: Combined results table

Calculation of Kappa for full study

Researcher:

Newspaper:

Item No.	Article Date	Article title	First researcher			Second researcher			Agreement – disagreement (mark x)	
			pos	neg	Overall Quality good (+) or poor (-)	pos	neg	Overall Quality good (+) or poor (-)	Agree	Disagree
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Overall good quality: $P \geq N$

Overall poor quality: $P < N$

The article is considered overall good quality, if the number of positive indicators is larger than or equal to the number of negative indicators.

The article is considered overall poor quality, if the number of positive indicators is lower than the number of negative indicators

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Appendix C: Kappa calculation sheet

Part II: Frequency table and Kappa formula

Frequency table	First researcher – good quality	First researcher – poor quality	Total
Second researcher – Good quality			
Second researcher – Poor quality			
Total			

Kappa formula: $K = (\Sigma a - \Sigma ef) / (N - \Sigma ef)$

Σa = sum of items with agreement (PP, NN or --) = green cells

Σa =

Σef = sum of expected frequencies for cells with agreement (green cells)

$ef = (\text{row total} \times \text{column total}) / \text{Overall total}$

$\Sigma ef =$

$N = \text{number of items} =$

Overall Kappa for this newspaper is

$K =$

Appendix D: Pilot coding results

First Pilot Coding Results

Newspaper	Type*	First Researcher				Second Researcher				Comparison	
		Pos	Neg	Good Q	Poor Q	Pos	Neg	Good Q	Poor Q	Agreement	Disagreement
The Telegraph	B	10	5	x		10	6	x		x	
The Guardian	B	9	0	x		9	0	x		x	
The Times	B	3	5		x	2	4		x	x	
The Sun	T	3	1	x		1	1	x		x	
The Daily Mail	T	1	4		x	1	3		x	x	
The Daily Express	T	0	7		x	0	6		x	x	

* B = broadsheet; T = tabloid

Second pilot Coding Results

Newspaper	Type*	First Researcher				Second Researcher				Comparison	
		Pos	Neg	Good Q	Poor Q	Pos	Neg	Good Q	Poor Q	Agreement	Disagreement
The Telegraph	B	6	14		x	8	9		x	x	
The Guardian	B	14	9	x		16	7	x		x	
The Times	B	7	7	x		6	7		x		x
The Sun	T	1	1	x		2	1	x		x	
The Daily Mail	T	0	8		x	0	7		x	x	
The Daily Express	T	0	8		x	0	7		x	x	

* B = broadsheet; T = tabloid

First Pilot Frequency Table

First Pilot Frequency table	First researcher – good quality	First researcher – poor quality	Total
Second researcher – Good quality	3 $ef = (3*3)/6 = 1.5$	0	3
Second researcher – Poor quality	0	3 $ef = (3*3)/6 = 1.5$	3
Total	3	3	6

$$K1 = (\Sigma a - \Sigma ef) / (N - \Sigma ef) = (6 - 3) / (6 - 3) = 3/3 = \underline{1.0}$$

Second Pilot Frequency Table

Second Pilot Frequency table	First researcher – good quality	First researcher – poor quality	Total
Second researcher – Good quality	2 $ef = (3*2)/6 = 1$	0	2
Second researcher – Poor quality	1	3 $ef = (3*4) / 6 = 2$	4
Total	3	3	6

$$K2 = (\Sigma a - \Sigma ef) / (N - \Sigma ef) = (5 - 3) / (6 - 3) = 2/3 = \underline{0.667}$$

Appendix E: SPSS output

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
newspaper_type * article_quality	60	100,0%	0	,0%	60	100,0%

newspaper_type * article_quality Crosstabulation

			article quality		Total
			1	2	
newspaper_type	1	Count	20	10	30
		Expected Count	14,5	15,5	30,0
	2	Count	9	21	30
		Expected Count	14,5	15,5	30,0
Total		Count	29	31	60
		Expected Count	29,0	31,0	60,0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8,076(b)	1	,004		
Continuity Correction(a)	6,674	1	,010		
Likelihood Ratio	8,268	1	,004		
Fisher's Exact Test				,009	,005
Linear-by-Linear Association	7,941	1	,005		
N of Valid Cases	60				

a Computed only for a 2x2 table

b 0 cells (,0%) have expected count less than 5. The minimum expected count is 14,50.

Appendix F: Main study coding results (The Telegraph, The Guardian)

Article No.	Publication Date	Article Title	First researcher				Second researcher				Inter-rater comparison	
			pos	neg	good Q	poor Q	pos	neg	good Q	poor Q	Agreement	Disagreement
The Telegraph (Broadsheet)												
1	08.11.2009	Orlando shooting: accused was 'mentally ill'	4	0	x		1	4		x		x
2	02.11.2009	Science is on the side of drug dealer	4	0	x		1	0	x		x	
3	23.09.2009	The chance to make a film about mental illness	1	0	x		0	1		x		x
4	21.09.2009	Anger over mental illness patient who was set free	7	16		x	4	8		x	x	
5	18.08.2009	Heath Legers joker exacerbates stereotypes	0	10		x	3	4		x	x	
6	10.08.2009	Fear of schizophrenics is irrational	8	10		x	3	10		x	x	
7	30.07.2009	Schizophrenia is several sub diseases not one	13	2	x		1	0	x		x	
8	12.04.2009	Left handers more at risk of mental illness	4	0	x		2	0	x		x	
9	22.02.2009	Childhood abuse leaves body physically vulnerable to mental illness	1	0	x		0	1		x		x
10	05.02.2009	Schizophrenia link to trauma in pregnancy	4	0	x		1	2		x		x
		Totals			7	3			3	7	6	4
The Guardian (Broadsheet)												
1	14.11.2009	The hidden face of caring: Ray, Rita and Mark	5	1	x		6	1	x		x	
2	03.09.2009	Cannibal killer murdered again after mental care failures	2	6		x	5	9		x	x	
3	31.08.2009	Diagnoses are psychiatry's star signs	15	0	x		11	1	x		x	
4	27.07.2009	Man hacked off neighbour's head after hearing voices	4	7		x	2	3		x	x	
5	12.06.2009	Attitudes to mental illness 'changing for the better'	14	0	x		4	0	x		x	
6	11.06.2009	Education about schizophrenia	4	0	x		21	0	x		x	
7	11.06.2009	Schizophrenia Psychotic symptoms	37	0	x		33	0	x		x	
8	13.05.2009	Hazards of a health safeguard	8	7	x		10	4	x		x	
9	04.04.2009	I talk back to the voices in my head	11	0	x		7	0	x		x	
10	25.03.2009	Man jailed for life for stabbing policeman to death	3	4		x	3	2	x			x
		Totals			7	3			8	2	9	1

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Appendix F: Main study coding results (The Times, The Sun)

Article No.	Publication Date	Article Title	First researcher				Second researcher				Inter-rater comparison	
			pos	neg	good Q	poor Q	pos	neg	good Q	poor Q	Agreement	Disagreement
The Times (Broadsheet)												
1	17.11.2009	'Laughing fraudster' jailed for conning banks out of more than £	3	1	x		3	5		x		x
2	25.09.2009	The Soloist	1	2		x	2	1	x			x
3	22.09.2009	So long as they take their tablets, the mentally ill pose little risk	26	4	x		23	7	x		x	
4	16.09.2009	The illness that dare not speak its name	3	0	x		8	2	x		x	
5	04.09.2009	'Systemic NHS failures' allowed cannibal Peter Bryan to kill twice	5	25		x	3	9		x	x	
6	16.08.2009	Smoking 'can improve schizophrenic minds'	0	11		x	2	5		x	x	
7	27.06.2009	Mentally ill exploited by careless lenders	4	1	x		9	7	x		x	
8	23.05.2009	Cleared of murder after 30 years - Sean Hodgson starts his new battle	6	2	x		0	2		x		x
9	24.03.2009	Hundreds of deaths linked to schizophrenia drug clozapine	18	2	x		8	0	x		x	
10	05.02.2009	Schizophrenia is the modern leprosy	6	14		x	10	7	x			x
		Totals			6	4			6	4	6	4
The Sun (Tabloid)												
1	23.11.2009	I traced my dad... and discovered he is Charles Manson	0	4		x	1	6		x	x	
2	27.10.2009	Crazed teen's game rampage	3	7		x	3	5		x	x	
3	25.10.2009	The Sneak on The Soloist	1	0	x		1	0	x		x	
4	03.09.2009	Blunders let cannibal eat pal	4	5		x	9	10		x	x	
5	02.09.2009	Megan: I have a mental problem	0	5		x	1	2		x	x	
6	13.08.2009	A crime to ignore 'crazy' patients	6	4	x		2	4		x		x
7	15.07.2009	Serial killer wins his appeal bid	4	3	x		1	9		x		x
8	16.04.2009	Phil had his initials on his lapel... just in case he forgot who he was	3	4		x	0	3		x	x	
9	19.09.2008	Our beautiful girl knifed 20 times	3	4		x	2	4		x	x	
10	09.09.2008	How could this happen?	2	6		x	3	9		x	x	
		Totals			3	7			1	9	8	2

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Appendix F: Main study coding results (The Daily Mail, The Daily Express)

Article No.	Publication Date	Article Title	First researcher				Second researcher				Inter-rater comparison	
			pos	neg	good Q	poor Q	pos	neg	good Q	poor Q	Agreement	Disagreement
The Daily Mail (Tabloid)												
1	02.09.2009	Wife Killer allowed to be black cab driver	1	6		x	2	9		x	x	
2	30.07.2009	Cannibal mother who decapitated 3 week old baby	8	7	x		5	4	x		x	
3	14.07.2009	100,000 bill to prove Stockwell Strangler was insane	7	3	x		6	2	x		x	
4	03.07.2009	Schizophrenia and bipolar disorder gene flaws overlap	0	2		x	6	2	x			x
5	06.05.2009	NHS trust apologises foe 'under treating' mental patient	6	8		x	5	10		x	x	
6	28.04.2009	Cannibis smoking mother stabbed two young sons to death	7	12		x	7	13		x	x	
7	20.03.2009	Cannibis addict gripped by paranoia stabbed a stranger to death	7	11		x	6	11		x	x	
8	09.03.2009	Care blunders 'failed to stop' knifeman who went on stabbing spree	9	5	x		6	9		x		x
9	20.02.2009	NHS blunders set schizophrenic patient free to stab woman 21 times	3	15		x	4	7		x	x	
10	10.01.2009	Anti – violence campaigner stabbed to death by mentally ill grandson	7	13		x	7	9		x	x	
		Totals			3	7			3	7	8	2
The Daily Express + Daily Mail (Tabloid)												
1	12.10.2009	'Schizophrenics kill 'a person a week'' (Daily Express)	5	18		x	1	14		x	x	
2	04.09.2009	'Scandal of cannibal freed to kill' (Daily Express)	2	8		x	0	4		x	x	
3	04.09.2009	Wife killer training to become black cab driver cautioned for assault in June (Daily Mail)	0	3		x	1	2		x	x	
4	02.09.2009	'Fox: I'm Schizophrenic' (Daily Express)	1	3		x	1	2		x	x	
5	03.06.2009	Suspect arrested over murder of U.S. abortion doctor was anti-Government activist caught with a bomb 13 years ago (Daily Mail)	1	1	x		1	0	x		x	
6	05.05.2009	'NHS apologises after mother killed' (Daily Express)	3	2	x		2	3		x		x
7	16.04.2009	'Man jailed over child toilet death' (Daily Express)	1	2		x	0	2		x	x	
8	02.04.2009	'A plate of pasta could trigger schizophrenia' (Daily Express)	0	3		x	1	0	x			x
9	28.01.2009	'Who let my mentally ill son knife girl 29 times?' (Daily Express)	2	5		x	0	3		x	x	
10	02.07.2008	'Experts criticised over killer care' (Daily Express)	3	3	x		3	2	x		x	
		Totals			3	7			3	7	8	2

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Appendix G: Main study Kappa calculations

Kappa Calculations – main study – all newspapers

Newspaper	Type	Number of agreements	Number of disagreements	Kappa
The Telegraph	Broadsheet	6	4	0.310
The Guardian	Broadsheet	9	1	0.737
The Times	Broadsheet	6	4	0.167
The Sun	Tabloid	8	2	0.412
The Daily Mail	Tabloid	8	2	0.542
The Daily Express	Tabloid	8	2	0.542
Overall Kappa		45	15	0.497

Overall Kappa calculation

Classification frequency table: All newspapers

Frequency table	First researcher – good quality	First researcher – poor quality	Total
Second researcher – Good quality	19 $E_f = (29*24)/60 = 11.6$	5	24
Second researcher – Poor quality	10	26 $E_f = (31*36) / 60 = 18.6$	36
Total	29	31	60

$$K = (\Sigma a - \Sigma ef) / (N - \Sigma ef) = (45 - 30.2) / (60 - 30.2) = 14.8 / 29.8$$

$$K = 0.497$$

Kappa calculations for individual newspapers

(1) Kappa calculation: The Telegraph

Frequency table	First researcher – good quality	First researcher – poor quality	Total
Second researcher – Good quality	3 $E_f = (7*3)/10 = 2.1$	0	3
Second researcher – Poor quality	4	3 $E_f = (3*7)/10 = 2.1$	7
Total	7	3	10

$$K = (\Sigma a - \Sigma ef) / (N - \Sigma ef) = (6 - 4.2) / (10 - 4.2) = 1.8 / 5.8 = 0.310$$

(2) Kappa calculation: The Guardian

Frequency table	First researcher – good quality	First researcher – poor quality	Total
Second researcher – Good quality	7 $E_f = (7*8)/10 = 5.6$	1	8
Second researcher – Poor quality	0	2 $E_f = (3*2)/10 = 0.6$	2
Total	7	3	10

$$K = (\Sigma a - \Sigma ef) / (N - \Sigma ef) = (9 - 6.2) / (10 - 6.2) = 2.8 / 3.8 = 0.737$$

(3) Kappa calculation: The Times

Frequency table	First researcher – good quality	First researcher – poor quality	Total
Second researcher – Good quality	4 E _f = (6*6)/10 = 3.6	2	6
Second researcher – Poor quality	2	2 E _f = (4*4)/10 = 1.6	4
Total	6	4	10

$$K = (\Sigma a - \Sigma ef) / (N - \Sigma ef) = (6 - 5.2) / (10 - 5.2) = 0.8 / 4.8 = \underline{0.167}$$

(4) Kappa calculation: The Sun

Frequency table	First researcher – good quality	First researcher – poor quality	Total
Second researcher – Good quality	1 E _f = (3*1)/10 = 0.3	0	1
Second researcher – Poor quality	2	7 E _f = (7*9)/10 = 6.3	9
Total	3	7	10

$$K = (\Sigma a - \Sigma ef) / (N - \Sigma ef) = (8 - 6.6) / (10 - 6.6) = 1.4/3.4 = \underline{0.412}$$

(5) Kappa calculation: Daily Mail

Frequency table	First researcher – good quality	First researcher – poor quality	Total
Second researcher – Good quality	2 E _f = (3*3)/10 = 0.9	1	3
Second researcher – Poor quality	1	6 E _f = (7*7)/10 = 4.9	7
Total	3	7	10

$$K = (\Sigma a - \Sigma ef) / (N - \Sigma ef) = (8 - 5.8) / (10 - 5.8) = 2.2 / 4.2 = \underline{0.524}$$

(6) Kappa calculation: Daily Express (with 2 Daily Mail articles)

Frequency table	First researcher – good quality	First researcher – poor quality	Total
Second researcher – Good quality	2 E _f = (3*3)/10 = 0.9	1	3
Second researcher – Poor quality	1	6 E _f = (7*7)/10 = 4.9	7
Total	3	7	10

$$K = (\Sigma a - \Sigma ef) / (N - \Sigma ef) = (8 - 5.8) / (10 - 5.8) = 2.2 / 4.2 = \underline{0.524}$$

Appendix H: Article references from 6 UK newspapers

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