

# Coverage of mental health by journalists: Towards trust and constructive journalism

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*In recent years, mental health has gained prominence in the media as the global prevalence of these disorders continues to rise. This study aims to research the processes of news-gathering and news-making related to mental health by Spanish journalists. It examines how journalists specializing in mental health engage with their sources, how they frame their coverage and the extent to which elements of constructive journalism are featured in their reporting. The analysis draws on theoretical frameworks of trust discourses and models of biocommunicability. Ten in-depth interviews were conducted with experienced specialist journalists covering this topic from various media outlets. The findings reveal that healthcare professionals, patients and their family members are the most frequently consulted sources, all of whom are connected to journalists through relationships of trust. Journalists consider source verification essential, except when consulting high-impact journals or well-known professionals. Unlike general health reporters, journalists specializing in mental health demonstrate a greater trust in official sources and are more likely*

2 *María-Ángeles Chaparro-Domínguez, Jesús Díaz-Campo and Francisco-Javier Olivar-Julían*

*to frame their coverage with a patient-centred approach. While elements of constructive journalism are present in their reporting, they are not fully developed, particularly in terms of providing greater contextual information and engaging in co-authorship with the public.*

*Keywords: media representation, news ethics, journalism practice, health journalism, biocommunicability, Spain*

## **Introduction**

Mental health is increasingly recognized as a significant global public health concern. According to the *IPSOS Health Service Report*, it tops cancer as the most pressing health issue in 31 countries (Ipsos 2024). Mental health is a state of mind marked by emotional stability, adaptive behaviour, minimal anxiety or debilitating symptoms, and the ability to form positive relationships and manage everyday challenges (American Psychological Association 2018). Whereas, a mental disorder involves significant disruptions in thinking, emotions or behaviour, typically causing distress or impairing key areas of daily functioning (World Health Organization 2022). In March 2025, the World Health Organization (2025) issued guidelines calling for urgent transformation of mental health policies, noting that up to 90 per cent of individuals with severe mental disorders lack adequate care. According to the latest National Health System Report, more than one-third of the population of Spain, the country on which this research focuses, suffers from some form of mental disorder. The report states that these disorders are ‘one of the epidemics of our century’ (Ministry of Health 2024: 9).

In this context, health journalism plays a key role, providing relevant information to citizens because it enables them to make informed decisions about their health and well-being, empowers them and increases their literacy in this area (Manisha 2023; Oransky 2020). Hence, the media’s coverage of mental health and its associated disorders shapes societal understanding and influences public policy (Gallagher et al. 2022; O’Brien 2018). To avoid spreading stigma about people suffering from these types of disorders, the media must provide responsible coverage (Ross et al. 2019). Portraying these individuals negatively can make them vulnerable to social rejection and reluctant to seek treatment for fear of being stigmatized (Maiorano et al. 2017). In Spain, negative portrayals of mental health have traditionally been the norm (Revuelta et al. 2017).

For all these reasons, journalists play a prominent role as intermediaries between mental health news events and society (Eichenberg et al. 2023; Holland 2017). However, little research has been conducted into the newsgathering and news-making processes of information professionals in this field (O’Brien 2021; Subramanian 2014). To address this gap, we conducted ten in-depth interviews with seasoned journalists from diverse outlets to investigate their relationship with sources, their focus on the information and the extent to which they practise constructive journalism.

In addition, the research examines the presence of trust discourses and models of biocommunicability in their reporting.

## Theoretical and conceptual framework

### Information sources and trust

Trust is fundamental in journalism, shaped by public perceptions of information, media outlets and journalists themselves (Schmidt et al. 2019; Wenzel 2020). Information sources are pivotal in verifying content (Chaparro-Domínguez et al. 2024; Póvoa Cazetta and Reis 2019). Moreover, trust underpins the relationship between journalists and their sources to the extent that it influences journalists' sourcing practices (Wintterlin 2020). Several factors influence the choice of one source over another. Manninen (2017) terms these influences as *trust discourses*. In his study of Finnish online journalists, Manninen found that when journalists deem it necessary to cross-check information with multiple sources, they enact a consensual discourse. By contrast, accepting a source's reliability without question (typically in official or highly authoritative sources) constitutes an ideological discourse (see Table 1).

Information sources also shape the quality and framing of health news and provide context and humanizing data (Ugarte-Iturrizaga and Catalán-Matamoros 2024). In Spain, tight deadlines often hinder verification and limit access to experts (Saavedra-Llamas et al. 2019). Nevertheless, in recent years, expert sources – medical professionals and researchers – and civil associations – patients and consumer groups – have gained prominence, owing to more professional communications and declining trust in public institutions since the COVID-19 pandemic, attributed to perceived lack of transparency and political bias (Revuelta-De-la-Poza 2019; Ugarte-Iturrizaga and Catalán-Matamoros 2024). According to the Fourth Health Journalism Barometer,

Table 1: Characteristics of trust discourses.

Trust discourse	Basic nature	Frequently observed source types
Ideological	The source is trustworthy by default	Authorities
Pragmatic	The source is deemed sufficiently trustworthy	Authorities, experts, institutions
Cynically pragmatic	The source's trustworthiness is considered irrelevant	Single media sources, politicians
Consensual	The source and/or information is deemed trustworthy because other sources corroborate it	Multiple media sources
Contextual	The source is considered trustworthy in this specific instance	Corporations, NGOs, politicians

Source: Manninen (2017).

hospitals and clinics are the most valued institutional sources, whereas the Ministry of Health and regional health departments rank lowest (ANIS 2024).

In the field of mental health, specifically, journalists tend to prefer experts, chiefly psychiatrists and psychologists, for their credibility and accessibility (Holland 2017; Subramanian 2014). Such mental health professionals can enhance the quality of reporting, present psychiatry and related professions in a more accessible manner, and dispel outdated stereotypes often held by audiences (Chapman et al. 2017; White 2013). When choosing sources, mental health journalists also consider track record, leadership in the field and the role of associations in connecting them with patients willing to share their experiences, narratives that lend humanity to the coverage and foster audience empathy (Holland 2018b).

### ***Biocommunicability and constructive journalism***

In health communication, Briggs and Hallin (2010: 150) defined biocommunicability as the ‘intersection’ of medicine, journalism, politics and advertising, wherein ‘public communication would be central to the process through which medical practices “jump scale” and influence broader ideologies and structures’. Building on this, Briggs and Hallin (2007, 2010) identified three *models of biocommunicability* according to the principal actors involved: medical authority, patient–consumer and public sphere. The medical authority model positions doctors and scientists as primary sources, with journalists relying on their expertise (Holland 2017). According to the patient–consumer model, individuals are seen as responsible for managing their own health, leading journalists to advise audiences on options for understanding and addressing their concerns (Briggs and Hallin 2010; Holland 2018a). The public sphere model views media health information as a tool for citizens and policy-makers to make decisions for the common good, emphasizing health as an inherently policy issue, which makes it contentious (Briggs and Hallin 2010; Holland 2017).

Although these models have seldom been applied to mental health, Holland (2018a) used them in an Australian study that involved interviews and focus groups with journalists, consumers, advocacy-group representatives, mental health professionals and members of the public. She found that the medical authority model dominated media coverage, with journalists effectively colluding with these authorities and portraying individuals with mental disorders as vulnerable. In a follow-up study of nine Australian health journalists, Holland (2018b) observed a shift towards the public sphere model, despite some sources’ reluctance to participate.

In addition to biocommunicability models, there are other approaches to addressing the media coverage of mental health that have received comparatively little attention. *Constructive journalism*, as advocated by From and Nørgaard (2018), asserts that journalists have the capacity to influence society positively through their reporting. This particular form of journalism, frequently termed ‘solutions journalism’, focuses on socially pertinent issues and the methods by which to

resolve them in both local and global contexts (Aitamurto and Varma 2018). It also aims to boost audience engagement, minimize polarization and offer a more accurate portrayal of events (van Antwerpen et al. 2023). According to Hermans and Gyldensted (2019), constructive reporting incorporates: (1) potential solutions to the problems posed; (2) future orientation; (3) contextualization; (4) diverse voices to address polarization; (5) empowerment of victims and experts; and (6) co-creation with the public.

This approach has been applied to major topics such as the climate crisis and the COVID-19 pandemic (Parratt-Fernández et al. 2022; van Antwerpen et al. 2022). In mental health, it yields a positive social impact, particularly for patients and their family members, by counteracting the scarcity of recovery narratives that perpetuate the belief that disorders are untreatable (O'Brien 2021; Wahl 2003). Yet, no study to date has examined constructive journalism in mental health coverage from journalists' own perspectives.

In Spain, outlets such as *Haz* magazine and *Noticias de Gipuzkoa* newspaper have garnered international acclaim for employing constructive journalism in their reports on homelessness and adolescent social media addiction (Chauvet 2025; Premio Roche 2024). Reflecting this ethos, in 2022 the newspaper *El País* launched the newsletter *Correo sí deseado*, which offers 'positive, useful news that proposes solutions' (El País 2022: n.pag.).

### **Literature review: Health journalists and their coverage of mental health**

At the international level, in the last years many studies have analysed mental health reporting, either broadly or focusing on specific disorders (see Graham et al. 2023; Matus Lobos 2023; Perkins and Lorenzo-Dus 2021; Zhang and Firdaus 2024). Far fewer, however, have explored journalists' own perspectives.<sup>1</sup> Subramanian (2014) interviewed eleven journalists from award-winning US newspapers renowned for their mental health coverage, who reported that the quality of their work depended on organizational support, professional and personal experience, including lived experience of mental illness and empathy for patients. Eichenberg et al. (2023) surveyed 184 journalists and 191 mental health professionals across Russia, Germany, Switzerland and Austria, finding that journalists rated media coverage of mental health more favourably than professionals, who were also reluctant to serve as sources. Chapman et al. (2017) surveyed mental health professionals and journalists in southern England about each other's perceptions of coverage, revealing that those with media training were more willing to act as sources. Meanwhile, O'Brien (2021) interviewed eighteen Irish journalists who cover mental health only sporadically. Interviewees cited factors influencing their reporting, including sensitivity to suicide, empathy towards family members and patients, balancing public and private interests, and securing appropriate sources. Ross et al. (2024) interviewed twelve Australian mental health journalists about their coverage and the efficacy of the Mindframe ethical guidelines, concluding that more resources are needed within

media organizations and universities to encourage their use and improve reporting quality.

In Spain, several recent studies have examined media representations of mental health – both in general and with a focus on specific disorders such as suicide – through content, thematic or discourse analyses (Carrasco et al. 2023; Marín et al. 2024; Navarro Moreno and Olmo López 2016; Olivar-Julián et al. 2022a). In-depth interviews with specialist journalists have explored health reporting more broadly, although not exclusively mental health (Peñafiel Saiz et al. 2014; Revuelta-De-la-Poza 2019; Saavedra Llamas et al. 2019; Ugarte-Iturrizaga and Catalán-Matamoros 2024, 2025). Only one study in Spain has focused on mental health – in this case, a single disorder – through interviews with non-specialist journalists: Olivar-Julián et al. (2022b) investigated journalists' and citizens' perceptions of media coverage of suicide and road-traffic-accident coverage. Their four interviewees emphasized that media outlets still have an unfinished educational task in reporting on suicide responsibly and should avoid sensationalist approaches.

Building on these, this study aims to analyse the processes of newsgathering and news-making of Spanish journalists specializing in mental health. It is underpinned by three theoretical frameworks: trust discourses, models of biocommunicability and constructive journalism. To achieve this objective, we will address the following research questions (RQ):

RQ1: How do mental health journalists relate to their sources?

RQ2: To whom do journalists direct their reporting, according to biocommunicability framework?

RQ3: How is constructive journalism incorporated into their coverage?

## **Methodology**

### **Sample selection**

This qualitative study draws on interviews with Spanish journalists who possess substantial experience in mental health reporting. This methodology enables us to gather detailed information on a specific topic, allowing us to gain an in-depth understanding of it (Showkat and Parveen 2017). The interviewees were deliberately selected as professionals with suitable knowledge of the subject matter (Revuelta-De-la-Poza 2019). As well as having extensive professional experience in mental health, selection criteria included being active in the Spanish media and ensuring a balance between the number of men and women, with no more than one interviewee selected per medium. Recruitment was facilitated by the Asociación Nacional de Informadores de la Salud, which represents many of Spain's health correspondents.

A total of ten journalists participated in the interviews: four men and six women with an average age of 53. They work, have recently worked<sup>2</sup> or collaborate as freelancers in the following media outlets: *El País*, *El Periódico de Catalunya*, *65ymás*,

Table 2: Identification and profiles of the interviewed journalists.

ID	Gender	Age	Type of media outlet in which they work or have recently worked	Position
I1	Male	63	Print and online daily newspaper	Reporter
I2	Female	58	Freelance	Reporter
I3	Female	53	Online daily newspaper	Section editor
I4	Male	51	Print and online daily newspaper	Reporter
I5	Female	38	Print and online daily newspaper	Section editor
I6	Male	52	Freelance	Reporter
I7	Female	58	Freelance	Reporter
I8	Female	44	News agency	Reporter
I9	Male	59	Print and online daily newspaper	Reporter
I10	Female	52	Television channel	Executive position

Source: Own elaboration.

*El Mundo*, *elDiario.es*, *Agencia SINC*, *Público*, *Muy Interesante*, *El Confidencial*, *La Razón*, *El Correo* and *RTVE*. Most of the participants worked as reporters, although some section editors were also interviewed (see Table 2). Most hold a bachelor's degree in journalism, and half of them have completed postgraduate training specialized in health. After conducting ten interviews, it was observed that the responses began to show recurring patterns. It was therefore considered that theoretical saturation had been reached, which is understood as the point at which data collection ceases to provide new or relevant information for the study's objectives (Guest et al. 2006).

### **Questionnaire, interview process and data analysis**

Interviews were guided by an open-ended questionnaire structured around the three theoretical frameworks – trust discourses, models of biocommunicability and constructive journalism – and the study's research questions. Questions were organized into four thematic blocks: (1) sociodemographic and professional profile; (2) information sources and trust; (3) approach to coverage and (4) presence of constructive journalism (see Table 3).

Before data collection, ethical approval was obtained from the Research Ethics Committee of the coordinating university, where two authors are based. Prospective participants were contacted by e-mail or instant messaging, provided with an informed consent form, and asked to return a signed copy. The form assured confidentiality and specified that participants would be identified only by an alphanumeric code, consistent with similar qualitative studies on mental health and journalism (Olivar-Julián and Azurmendi 2024).

All interviews were conducted via videoconference between March and May 2025 by two members of the research team. Each lasted approximately forty minutes

Table 3: Questionnaire items structured according to thematic blocks.

Thematic blocks	Items
Professional profile, experience and education	What university degree did you obtain? Do you have any additional specialized training in health information? How many years have you been working as a journalist? How many of those years have you spent covering health-related topics?
Information sources and trust	What sources do you primarily use when preparing texts on mental health? What role does trust play in your relationship with sources in this field? From your perspective, which sources are the most reliable in the field of mental health? Are they so trustworthy that you do not cross-check them with others?
Approach to coverage	Several studies on biocommunicability have identified three actors that influence the framing of health information: (1) medical authorities, (2) patients (and their individual needs) and (3) the general public. When preparing a piece on mental health, which of these three do you tend to focus on, and why?
Presence of constructive journalism	Constructive journalism is gradually gaining ground in Spain, and we wonder if this is also the case in the field of mental health. In your reporting, do you incorporate any of the following six elements, and if so, how: (1) possible solutions to the problems presented, (2) a future-oriented perspective, (3) contextual information, (4) diverse voices in the face of polarization, (5) empowerment of patients and experts and (6) collaborative creation of journalistic pieces with the public?

Source: Own elaboration.

and was transcribed using AI-powered tools in Google Meet and Microsoft Teams. Interviewers then reviewed and corrected the transcript. A mixed thematic or abductive analysis was undertaken, combining deductive coding, based on the theoretical frameworks and research questions, with an inductive process, to allow new themes to emerge (Thompson 2022).

## Results

The findings indicate that healthcare professionals, patients and family members constitute the most frequently consulted sources, all of whom are linked to journalists through relationships grounded in trust. Source verification is regarded by journalists as an essential practice, except in cases where they rely on high-impact journals or well-known professionals. Furthermore, they display a stronger reliance on official sources and are inclined to frame their coverage from a patient-centred perspective. Although elements of constructive journalism can be identified in their reporting, these remain only partially developed, particularly with respect to the

provision of broader contextual information and the pursuit of co-authorship with the public.

### **Relationship with sources (RQ1)**

All interviewees agreed that trust with sources is fundamental in any area of health reporting, and particularly in mental health. They stressed that such trust must be mutual, especially with the most frequently consulted sources (medical professionals, patients and family members) and that coverage should subsequently possess both the required rigour and humanity: 'It must be mutual because, of course, when trust is broken, the relationship doesn't continue' (I4). Another noted: 'With sources, especially when you're talking about people, not so much healthcare professionals but patients or those affected, trust is fundamental because journalists have a bad reputation in both sectors' (I1).

In this regard, the journalists draw out nuances and distinctions among different source types. With professionals (doctors, psychologists or psychiatrists), they consider it crucial to demonstrate professionalism and mastery of medical terminology: 'If you handle their terminology poorly, they'll distrust you a great deal when you conduct an interview' (I7). With patients and family members, the most important quality is empathy: 'Patients [...] are very willing to share their testimony, aren't they? But it depends. You also need to establish closeness; I mean, in mental health it's even more complicated because patients are not always in the right condition' (I8).

Other factors that journalists deem vital for cultivating trust include demonstrating sensitivity when addressing delicate topics, avoiding sensationalism or stigmatization at all costs, and, above all, maintaining rigour through thorough verification: 'We worry about the potential impact that information might have on vulnerable populations, so we always strive to inform in a way that helps, not harms. Health topics are immensely delicate, but mental health is especially so' (I2).

As one journalist explained, 'If you have a study, you've cross-checked it and you have a source to confirm it, you can't go wrong. That's what really matters' (I3). Similarly, another journalist notes, 'We always check that it's a valid source. [...] I always verify the background of anyone I'm going to speak to' (I10).

Journalists specializing in mental health report that they place primary trust in scientific and medical societies, peer-reviewed journals, specialist publications, healthcare professionals, patient associations and official institutions. However, each category carries its own nuance. In the case of societies, journals and specialist publications, reliability is derived from their reputation and academic endorsement: 'I believe that scientific societies and official scientific publications, scientific journals, are one hundred per cent [reliable] for me' (I9).

By contrast, healthcare professionals are valued chiefly for their experience. Patient associations are consulted to complement the more formal, academic perspective

with subjective testimony or concrete lived experience, provided that the underlying data or evidence has been verified:

Sources [...] information needs to be cross-checked with several of them. At least, that's what I always do. I find that clinical medical information is very reliable because it comes from those who work with patients. I really do trust them.

(17)

Along these lines, another journalist observed: 'Of course, mental health depends so much on the patient's self-perception, so it's very complicated because it's based on scales, interviews, personal accounts [...]. It's what the patient says, and you just have to trust that' (16).

Accordingly, the nature of each source also determines whether journalists feel the need to verify information. The prevailing tendency is to cross-check always or almost always, especially when on contentious topics: 'You always have to cross-check, as far as possible, when you're working on a piece. [...] The more people you speak to, the better your understanding of what you're going to write' (14).

Yet some sources enjoy near-absolute trust, rendering additional verification unnecessary from the journalists' point of view. This applies, for example, to clinicians with both extensive professional and academic experience as well as to high-impact scientific journals, whose peer-review process is deemed sufficient. 'Normally you don't cross-check a scientific society or a journal publication, unless there's a dispute' (11). In the same vein, another interviewee observed, 'Institutions such as a Ministry of Health [are reliable]. [...] That type of information seldom needs verification. It's not our job' (18).

Finally, interviewees highlighted the exceptional complexity of mental health, which they describe as marked by greater controversy, debate and supported by less conclusive scientific evidence compared to other medical fields, an aspect that can make their work especially demanding: 'It might take me six to eight weeks to complete a report because I have to read multiple studies, listen to testimonies, and even consult books' (15).

### **Information focus (RQ2)**

When Spanish mental health-specialist journalists prepare a story, they structure their focus in the following order: patients, family members and, lastly, clinicians: 'I think only of the patient, their family members, the disorder and the doctor who's treating them' (13). In the same vein, another interviewee explained, 'I always place patients at the centre of health reporting because I focus health information on the human factor' (19).

They draw a clear distinction between practising clinicians and sectoral authorities responsible for policy and administration, attributing far greater importance to the

former: 'We always focus on patients, then on practitioners [...]. We give less relevance to [sectorial] authorities because there are always policies involved. We value those who see patients in clinical practice, those on the front lines' (I2).

Furthermore, these journalists view public opinion as an abstract concept and instead concentrate on the protagonists of each story, emphasizing first-hand testimony, respectful language and sensitivity to individuals' lived experiences: 'I centre myself on those affected, people at risk, so that they don't remain trapped in their suffering but instead feel understood' (I5).

Another journalist added, 'There's no depression, anxiety, psychosis or schizophrenia without the people behind them. They aren't abstract entities; from that point, clinicians should speak about the science and patients should speak about living with the illness' (I9). The only exception to these general trends in terms of the focus of the information would be specialized publications. In these cases, professionals take into account that these are media specifically aimed at medical professionals.

### **The role of constructive journalism (RQ3)**

Journalists covering mental health also report being attuned to constructive journalism and its five elements: solution orientation; contextualization; inclusion of diverse perspectives to counter polarization; empowerment of both patients and experts; and co-creation of content with the public. However, they acknowledge that these elements are not uniformly integrated into every piece.

They concur that the mental health field lends itself to a solution-focused approach, owing to the intrinsic complexity of many conditions and the existence of established pathways to recovery. Consequently, they pay particular attention to weaving elements of hope, self-help guidance and positivity into their reporting:

It's crucial to speak from a standpoint of positivity because if someone is already struggling with a mental health disorder, they don't need to be told, 'You won't get through this'. That's why I strive to incorporate many self-help measures. A great many.

(I3)

Even so, the journalists draw a firm line where unverified remedies are concerned, favouring rigour and scientific evidence to avoid raising false hopes or fostering unfounded expectations:

[We steer clear] of featuring people who suddenly propose solutions that are neither proven nor supported by scientific evidence. We're very careful to ensure that our reporting doesn't negatively impact the public, so avoid giving visibility to anything unaccredited or lacking scientific basis.

(I2)

They regard future-oriented perspectives as particularly pertinent in mental health journalism because many disorders are chronic and lifelong: ‘Yes, because in mental health, many patients are chronic and will live with their condition indefinitely, so they naturally hope for improvements throughout their lives. Consequently, most health reports tend to focus on advances, not setbacks’ (I1).

However, journalists caution against speculation, given the sensitivity of the subject matter, and the need to respect not only patients’ perspectives but also those of their family members: ‘We could indeed speculate today about the impact of screens on adolescents. There’s scientific research showing those changes. But there are other stories where speculation is problematic, especially in such a sensitive area, because it can alarm families’ (I3).

Providing sufficient context is deemed essential, yet journalists acknowledge space constraints. To address this, they strive to be selective, ensuring at a minimum the inclusion of relevant statistics or, in keeping with the solution-focused approach, links to self-help guides and resources. As one interviewee explained, ‘We always give social visibility so that the issue becomes known, and we also try to include helpline numbers, associations or addresses. This is something we always attempt to do’ (I10).

Journalists also highlight the opportunities afforded by digital journalism to overcome space constraints via hyperlinks and embedded multimedia:

We achieve this mainly through links. You can publish a very focused feature on, say, eating disorders or suicide rates, for example, yet still provide substantial context via background material. Sometimes, we’ve even produced dedicated multimedia reports including text, video and audio. You click on these and get the full picture.

(I4)

Another hallmark of mental health reporting is the inclusion of diverse perspectives. Given the sensitivity and potential controversy of the subject, journalists strive to present multiple viewpoints and to counter stigma, especially the false association between mental illness and violence:

There’s a cultural history of linking aggression with mental illness, which is not true. Most crimes are committed by people without mental disorders, not by those with them. That is a sensitive issue, and fortunately, I believe that perception has changed.

(I3)

In this regard, they consistently seek to draw upon the insights of experts and well-founded, rigorous opinions: ‘[We avoid] people who suddenly propose solutions that aren’t backed up by evidence. We’re very careful that our reporting doesn’t negatively affect the public. So, we try not to give visibility to anything unaccredited or lacking scientific basis’ (I2).

The fifth element of constructive journalism – empowerment of patients and experts – is strongly present in mental health coverage through personal narratives and direct testimony. However, some journalists note challenges in including patients visually:

In audiovisual media, we have a problem with patients: we don't want to black out patients' eyes or blur their faces. That's stigmatizing. Yet at the same time, you can't always show people because it's a sensitive matter. [...] I've often featured people from associations who don't mind because they've become used to it and accepted the risk.

(12)

Finally, the constructive journalism element that met with the greatest reservation is co-producing content with the audience. As one interviewee observed: 'That doesn't exist, does it? You can base pieces on a letter, a comment or a phone call. But articles aren't normally modified unless there is an error' (I1).

According to several journalists, comments sections serve as the primary avenue for incorporating the public's perspective, albeit indirectly.

There is public feedback, of course. But that already exists. From the moment you publish the article online, comments appear below it, and often the author engages with them. [...] You have to read the comments. I always do on my pieces.

(17)

## **Discussion and conclusions**

This aim of this study was to analyse the processes of newsgathering and news-making concerning mental health by Spanish journalists specializing in the field, a topic not previously addressed. More broadly, mental health coverage has seldom been examined through the lenses of trust discourses or constructive journalism, and models of biocommunicability have rarely been applied to media coverage of mental health. In terms of how journalists relate with their sources (RQ1), trust emerges as the foundational value in all relationships between mental health journalists and their sources. The most frequently consulted sources are mental health professionals, patients and their family members. Of these three groups, only mental health professionals are regarded as exceptionally reliable by the interviewed journalists, alongside scientific societies, specialist journals and publications, patient associations and official institutions. The trust placed in these latter sources contrasts with other studies, which indicate that in recent years, particularly since the COVID-19 pandemic, health journalists have become less trusting of official sources (ANIS 2024; Ugarte-Iturrizaga and Catalán-Matamoros 2024). In the Spanish context, therefore, journalists specializing in mental health reporting may engender greater confidence in official institutions.

Viewed through Manninen's (2017) *trust discourses*, specialist mental health journalists tend to cross-check information always or nearly always, particularly on contentious issues. In such instances of multiple-source verification, they enact consensual discourse. Conversely, situations of absolute trust in a single source – which embody an ideological discourse – arise only with these highly experienced healthcare professionals and high-impact scientific journals, whose studies have undergone peer review. Excessive reliance on such professionals can give rise to *obedient news*, whereby journalists present experts' statements as unquestionable truths, overlooking potential biases that serve the interests of the experts or third parties (Colombo 1998). *Obedient news* transpires when journalists are ill-equipped to critically evaluate experts' assertions and accept them without verification (Elías 2008). In Spain, Lobato Martínez et al. (2022), in a Delphi study of science journalists, warned of its widespread prevalence in the media. Future research could investigate mental health coverage in relation to this contentious phenomenon.

According to Briggs and Hallin's (2007, 2010) *models of biocommunicability*, most journalists adopt the patient–consumer model, framing patients as protagonists in their coverage and, consistent with other studies (O'Brien 2021; Subramanian 2014), treating them with empathy (RQ2). The prevalent patient–consumer model identified in our study contrasts with Holland's (2018a, 2018b) observations of mental health coverage in Australia, where the medical authority and public sphere models prevail. As noted, biocommunicability remains an under-used framework in mental health journalism. Future studies in other national contexts will help better define these models and determine whether cultural factors give rise to different patterns.

Returning to the patient–consumer approach that dominates this study, personal testimonies are central to the current trend of storytelling, allowing individuals to narrate their own experiences (Revuelta-De-la-Poza 2019). Moreover, involving people with mental health disorders as sources can help reduce stigma and present them in a more positive light (Subramanian 2014). Accordingly, it is recommended that such patients assume a leading role as information sources (Van Beveren et al. 2020).

The *constructive journalism* approach is evident in mental health coverage (RQ3), as this field is particularly suited to solution-oriented and forward-looking coverage – reflecting the chronic nature of many mental health conditions – while empowering patients and experts and incorporating a broad diversity of voices, especially on sensitive or controversial issues, to counter polarization and stigma of mental health patients. However, journalists acknowledge that certain requirements of constructive journalism, such as providing extensive contextualization, are not always met, partly due to space constraints. In this regard, O'Brien's (2021) study of Irish journalists who occasionally cover mental health warns that audiences may reject in-depth contextualization because they cannot identify with it and find it difficult to grasp. Any lack of context undermines the quality of journalistic pieces and necessitates devising ways to present it more digestibly for today's readers, who are accustomed to 'fast-food' journalism, characterized by rapid creation and consumption of

information. Embedding hyperlinks in the text, as one interviewee suggested, could be a practical solution for providing the necessary background information.

The co-creation of mental health journalism pieces with the public, another hallmark of constructive journalism, has not been undertaken by any of the journalists interviewed, who limit audience participation to spaces provided by each outlet, such as comment sections. This reluctance is not unique to mental health: several studies have shown that journalists generally resist involving the public in the journalistic production process (Chaparro-Domínguez et al. 2021; Tandoc 2014). Nevertheless, the current climate of distrust towards the media compels outlets to consider strategies for regaining lost confidence. Involving the audience in co-authoring content could be one such strategy.

Regarding the limitations of the study, it is exploratory and, as it relies on a single qualitative method despite the large number of interviews conducted, its findings are not generalizable. Future research should complement these results by focusing on audiences and their perceptions of mental health coverage.

A further limitation concerns the sample's age profile: the mean age of interviewees is 52, meaning all are senior journalists – the youngest is 38. This largely reflects the fact that journalistic specialization typically requires extensive professional experience. Future investigations should explore the perceptions of younger journalists, around 30 years of age, to identify any similarities or differences with their more experienced peers. Finally, professional-perception studies on specialized mental health journalists have only been conducted in Australia, the United States, Russia and a few European countries. Research in additional national contexts would support broader comparative analysis, particularly given the growing global impact of mental health.

## **Ethical statement**

The Research Ethics Committee of the International University of La Rioja, which oversees the funded research project to which this study pertains and employs two of its authors, issued a favourable opinion for the study, under the following reference: PI: 003\_2023.

The study comprises ten in-depth interviews with journalists. In all ten cases, prior to the interviews being conducted, participants were provided with an informed consent form outlining their participation and the subsequent publication of the results. All participants signed the form and submitted it to two of the study's authors.

## **Conflict of interest statement**

The authors have no conflicts of interest to declare.

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## Notes

1. The following studies in the main text address journalists' perceptions of mental health coverage in general, rather than specific disorders. Suicide – which is one of the most frequently reported topics – has received particular attention, with numerous investigations based on interviews or surveys with journalists (see Gandy and Terrion 2015; Ribeiro and Granado 2022; Yaqub et al. 2017).
2. Only one of the interviewees was not currently working as a journalist, having left the profession two years earlier. However, given his 24 years of experience reporting on health at a major national newspaper, he was included in the sample.

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